

# **IDAHO JAIL STANDARDS**

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*MINIMUM STANDARDS FOR  
DETENTION FACILITIES*

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*IDAHO SHERIFFS' ASSOCIATION*

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# CHAPTER 11

## MEDICAL CARE SERVICES

### Health Medical Care Authority

- 11.1 The facility must have a written agreement with a physician or nurse practitioner licensed in the State of Idaho who has ultimate responsibility for the ~~health-care~~ **medical care** provided to inmates within the facility. The physician or nurse practitioner with ultimate authority for the ~~health-care~~ **medical care** service provided is the Medical Director for the facility. **(M)** (Revised 12/09)

If the facility has contracted with a hospital or clinic to provide ~~health-care~~ **medical care** services for inmates in the facility, that hospital or clinic shall identify a physician or nurse practitioner licensed in the State of Idaho who will have ultimate responsibility for the ~~health-care~~ **medical care** service provided by that hospital or clinic. (Revised 12/09)

### Medical Care Services

- 11.2 All matters of ~~health-care-service~~ **medical care** judgment shall be the sole province of the responsible Medical Director. **For purposes of this Chapter, the term “medical care” shall include medical care, dental care and mental health care. “Dental care” shall be defined as dental treatment (not limited to extractions) where the health of the inmate during confinement might otherwise be adversely affected. “Mental health care” shall be defined as a severe mental health issue such that the health of the inmate during confinement might otherwise be adversely affected.**
- 11.3 The facility shall have written policies and procedures to govern the delivery of medical, mental health and dental services. The written policies and procedures shall address, at a minimum, the following: **(M)** (Revised 12/09)
- a. Receiving screening;
  - b. Collection of health appraisal data;
  - c. Non-emergency medical services;
  - d. Emergency medical and dental services;
  - e. First-aid;
  - f. Screening, referral, and care of ~~mentally ill, suicide prone,~~ developmentally challenged and disabled inmates; (Revised 12/15)
  - g. Arrangements for providing chronic and convalescent care;
  - h. Arrangements for providing close medical supervision of inmates with special medical or psychiatric problems. A process for inmates to report severe mental health issues, including contemplated suicide**
  - i. A policy for the appropriate prescription and administration of behavior-altering and/or mental health medications;**
  - j. A policy for supervision of inmates with suicidal tendencies;**
  - k. Delousing procedures;
  - l. Arrangements for providing detoxification;
  - m. Handling of pharmaceutical; and
  - n. Notification of next of kin in case of serious illness, injury or death.

### Health Care ~~Medical Care~~ Staffing

- 11.4 All state licensing, certification, and/or registration requirements and restrictions shall apply to health services personnel. Copies of current credentials for each health service employee shall be kept on file in the facility. In addition, the medical director and each medical provider (meaning PA or Nurse Practitioner) must maintain and provide proof of malpractice insurance. **(M)** (Revised 12/09)
- 11.5 The facility shall have written job descriptions for all health services personnel which define their respective roles in the facility's ~~health care~~ **medical care** system. **(M)** As basic guidance, the following are provided:

(Revised 12/09)

- **Medical Director**: a physician, or nurse practitioner who has ultimate responsibility for the ~~health care~~ **medical care** of inmates within a facility.
  - **Medical Provider**: Medical Doctors, Physician's Assistants (Pas), or Nurse Practitioners (NPs) who are licensed in the State of Idaho to do medical evaluations and write prescriptions.
  - **Health Services Staff ~~Medical Care Staff~~**: Nurses, medical assistants, EMTs and other medically trained personnel who provide medical services inside a facility. These individuals operate under the direction of the facility Medical Director.
  - **Health Services ~~Medical Care~~ **Support Staff****: Clerical support staff.
- 11.6 At a minimum, each detention facility must have medical clinics staffed by a medical provider, which is a physician, physician's assistant or nurse practitioner. If the facility uses a Physician Assistant to provide ~~health care~~ **medical care** to inmates, the Medical Director of the facility must be the supervising physician for these practitioners and will have ultimate responsibility for the medical care they provide. **(M)**

Each detention facility should also have one person who is responsible for running the day-to-day medical operations of the facility. Inmates are not used in the provision of ~~health care~~ **medical care** services. In a small facility, this may be a deputy who has a medical background, or additional medical training. However, in most facilities this would be a nurse, medical assistant (MA) or an EMT/paramedic. The Medical Director must supervise whichever method of delivery the facility uses. **(R)** (Revised 12/03)  
(Revised 12/09)

### Health Care ~~Medical Care~~ Facilities and Equipment

- 11.7 The facility administrator and Sheriff shall make reasonable efforts to provide space, equipment, supplies, and materials to provide ~~health care~~ **medical care** services. **(M)** (Revised 12/09)
- 11.8 The facility administrator has established procedures for the strategic location of first-aid kits and for the monthly inspection and maintenance of the kits. AED's shall also be available and maintained. **(M)** (Revised 12/09)

### Medical Screening and Health Appraisal

- 11.9 Medical Screening. The facility must have a process in place for the medical screening of all arrestees

during the booking process. Medical conditions requiring an immediate referral to a medical facility for a medical clearance include arrestees with any of the following conditions: **(M)** (12/04/2006) (Revised 12/09)

- a. Unconscious;
- b. Uncontrolled bleeding;
- c. Involved in a significant motor vehicle accident;
- d. Significant injuries from an altercation;
- e. Significant injuries from handcuffs or other restraint devices;
- f. Knife wounds, gunshot wounds, or lacerations;
- g. Individuals who have had pepper spray, Taser devices, or blunt trauma force used upon them during arrest;
- h. Intoxication to a degree that the individual cannot speak coherently or cannot stand or walk unaided;
- i. Recent drug overdose;
- j. Suspected or known complications of pregnancy;
- k. Active seizures;
- l. Suspected or known complications of diabetes;
- m. Patients who are a danger to themselves or others;
- n. TB and other serious contagious disease;
- ~~o. Actively suicidal; and~~
- o. Actively suicidal or suffering from a severe mental health condition such that the health of the inmate during confinement would otherwise be adversely affected; and
- p. Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel.

It is much better medically for the arresting officer to take an arrestee with any of the above conditions to an emergency department for a medical clearance **prior** to taking the arrestee to the detention facility. The IJA strongly recommends that facilities work cooperatively with local law enforcement agencies to set up medical clearance protocols for arrestees.

Disposition:

Based upon the information obtained during the screening process, disposition will be one of the following:

- General population, or other appropriate cell assignment;
- General population, or other appropriate cell assignment and timely referral to appropriate ~~health-care~~ **medical care** services; or
- Immediate referral to ~~health-care~~ **medical care** services prior to housing

**11.10** A health appraisal for each inmate is provided within fourteen (14) days of admission. That appraisal includes, at a minimum, the following: **(M)** (Revised 12/09)

- a. Review of earlier medical screening information;
- b. Collection of additional data to complete medical, dental, ~~psychiatric~~ **mental health**, and immunization histories;
- c. Recording of height, weight, pulse, blood pressure, and temperature;
- d. Administration of other tests and examinations, as appropriate; and
- e. Initiation of therapy, as appropriate.

Health assessment data shall be recorded on forms approved by the facility physician.

## **Medical Records**

- 11.11** Each facility shall keep appropriate records of the medical care provided to inmates in a manner approved by the medical director of the facility. **(M)** (Revised 12/09)
- 11.11.1 When inmates are seen by medical personnel within the facility, the facility must keep records of those encounters, and store the record in a secure location within the facility.
- 11.11.2 When facility inmates are seen by medical providers outside of the facility, the outside provider who sees the inmates is responsible to keep appropriate medical records and to make them available to the facility.
- 11.11.3 Facilities shall maintain medical records of inmates for a minimum of ten (10) years from the date of the inmate's release.
- 11.11.4 It is recommended that records of immunizations, such as TB and hepatitis B, be kept indefinitely.
- 11.11.5 Facilities using electronic medical records shall make arrangements for redundant back-up so that medical records will not be permanently lost during any system failure.
- 11.11.6 Facility medical records shall be kept confidential. Medical records should be stored in a secure location and access to medical records should be restricted. Facilities must have written policies and procedures outlining how medical records will be kept confidential and secure, and who is authorized to have access to the records.

### **Non-emergency Services**

- 11.12** Inmate requests for ~~medical treatment~~ **medical care** shall be collected daily. Inmate requests for ~~medical treatment~~ **medical care** shall be reviewed by ~~health services staff~~ **medical care staff** or the designated medically trained employee to determine appropriate disposition and referred directly health services personnel. **(M)** Non-health services personnel shall never diagnose or treat an illness. **(M)** (Revised 12/09)
- 11.13** Facilities shall conduct sick call staffed by a Medical Provider at least once each week at which time inmates may report non-emergency injuries and illnesses, and may receive appropriate treatment or referral. **(M)** (Revised 12/09)
- 11.14** All treatment provided by ~~Health Services staff~~ **medical care staff** other than physicians and dentists shall be performed pursuant to standing or direct orders. Such standing orders must conform to Idaho state law and to the rules of the Idaho Board of Medicine and Board of Nursing. **(M)** (Revised 12/09)
- 11.15** Inmates suspected of having contagious or infectious diseases, excluding the common cold or other similar common ailments, shall be placed in restrictive housing immediately from other inmates and shall be examined by the facility ~~Health Services staff~~ **medical care staff** within twenty-four (24) hours. The instructions of the Medical Provider regarding care of the patient and sanitizing of eating utensils, clothing, and bedding shall be carefully followed. **(M)** (Revised 12/09) (12/14)
- ~~**11.16** Dental care and treatment, not limited to extractions, shall be provided to inmates when the health of the inmate during the confinement would otherwise be adversely affected. **(M)** (Revised 12/09)~~
- 11.17** Arrangements may be made for providing detoxification programs for alcohol and drug-dependent inmates, when determined to be necessary by health services personnel. **(M)** (Revised 12/09)
- 11.18** All examinations, treatments, and procedures affected by informed consent standards in the state shall be observed for inmate care. In the case of a minor, the informed consent of a parent, guardian, or legal custodian shall apply when required by law. **(M)** (Revised 12/09)

### **Emergency Services**

- 11.19 Emergency medical and dental care shall be available at all times. **(M)** Written policies for emergency services shall include arrangements for the following: **(M)** (Revised 12/09)
- a. Emergency evacuation of inmates from the facility;
  - b. Use of an emergency vehicle;
  - c. Use of emergency rooms or other appropriate ~~health care~~ **medical care** facility;
  - d. Emergency physician and dental services when the emergency ~~health care~~ **medical care** facility is not located nearby; and
  - e. Security procedures that provide the immediate transfer of inmates when appropriate.

### **Management of Pharmaceutical**

- 11.20 Written procedures shall be established to provide for the proper management of pharmaceuticals. **(M)** (Revised 12/09)

These procedures should include: **(M)** (Revised 12/09)

1. How pharmaceuticals may enter the facility.
  2. Proper storage of pharmaceuticals in the facility
  3. How pharmaceuticals will be dispensed to inmates in the facility.
  4. How pharmaceutical dispensing records will be kept.
  5. How pharmaceuticals will be released to inmates after incarceration.
  6. How excess pharmaceuticals will be disposed of.
  7. That all pharmaceutical procedures must conform to state and federal law.
  8. The IJA recommends that facilities receive regular inspections by a pharmacist or other qualified individual to insure that proper procedures are being followed.
- 11.21 The facility has a policy requiring that no inmate is subjected to medical or pharmaceutical testing for research purposes. **(M)** (Revised 12/09)
- 11.22 The facility has a policy regarding the notification of those individuals so designated by the inmate in the case of serious illness, injury, or death. **(M)** (Revised 12/09)
- 11.23 In the event of an inmate's death, the coroner and sheriff are notified immediately. **(M)** (Revised 12/03) (Revised 12/09)
- 11.24 Medical personnel have access to information in the inmates' confinement records, when needed. **(M)** (Revised 12/09)
- 11.25 Facility employees are apprised of inmates' medical conditions when they have a need to know to ensure the safety of the inmate or others. **(M)** (Revised 12/03) (Revised 12/09)
- 11.26 Deputies attending POST Basic Academy will receive training in CPR, basic first aid and awareness for recognition of selected emergency medical conditions.

Following the Basic Detention Academy, personnel shall attend training as needed to maintain CPR certification and AED proficiency. **(M)**

It is highly recommended that additional training at least every two years with appropriate ongoing refresher training be provided to all facility staff on confidentiality (HIPPA), infectious diseases (such as TB, viral hepatitis and MRSA), suicide prevention and other important medical and mental health

conditions.

In facilities where deputies or other non-medical personnel pass medications to inmates, it is strongly recommended that these personnel receive appropriate training regarding this function on at least an annual basis. **(R)**

### **Transfer Between Correctional Facilities**

**11.27** The facility has written policy that establishes for the transfer of medical information and medications during inmate transfers between correctional facilities. **(M)**

**11.27.1** The facility has written policy that requires medical transfer documentation will, at a minimum, include: **(M)**

- a. Active medical and mental health problems.
- b. TB screening results, if done.
- c. A list of currently prescribed medications
- d. Active infectious diseases (e.g. MRSA)
- e. A summary of recent pertinent medical and/or mental health clinical visits.  
(Example: If the day before being transferred an inmate was sent to the hospital for chest pain, this fact should be noted on the transfer documents).
- f. The name and phone number of a contact person who the receiving facility can call with any medical or mental health questions.

**11.27.2** The facility has written policy which requires that a one week supply of all currently prescribed medication be provided to the transferring agency. **(R)** (Revised 03/11)

**11.27.3** A full copy of the inmate's medical records does not routinely need to be sent with the inmate.

- a. If the receiving facility requests a copy of the full medical record, the transferring facility should supply a copy of the medical record within five (5) working days.

### **Continuity of Care – Transfers Other Than Correctional Facilities**

**11.28** The facility has written policy to provide for the transfer of medical information and medication during inmate transfers to and from outside health-care facilities. This policy should include: **(M)**

**11.28.1** When sending an inmate to an outside medical facility, the facility should include a document that provides the following information, at a minimum:

- a. The reason for the transfer.
- b. A list of pertinent medical problems
- c. A list of currently prescribed medications
- d. The name and phone number of a contact person who the medical facility can call with any medical or mental health questions.
- e. Space for the outside agency to communicate back to the facility medical staff.

This communication should include:

- i. Diagnosis.
- ii. Recommended medications
- iii. Recommended other therapy (example: wound care, physical therapy)

iv. Recommended follow-up

**Staff TB Screening and Hepatitis Inoculation**

**11.29** The facility has a written policy and procedure to provide testing on employees for TB on an annual basis, immunization for Hepatitis A and B and Tetanus. Any employees who voluntarily refuse such testing or immunization shall sign a waiver releasing the County from liability. **(R)**





