

# **Standards for the Accreditation of Medical Care and Health Services in Jails.**

**Spring, 1978**

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

48080  
08087

NCJRS

JUN 23 1978

ACQUISITIONS

Preface to AMA Standards for the Accreditation  
of Medical Care and Health Services in Jails

Statement of Purpose

The AMA Standards for the Accreditation of Medical Care and Health Services in Jails is the result of over two years of deliberations by the AMA Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions. The objectives of the Advisory Committee are: to involve organized medicine on all levels in the establishment and improvement of ongoing medical care and health services for the inmates of the nation's detention centers and correctional institutions, with the assistance of local officials and other appropriate disciplines and professions; to develop nationally applicable medical guidelines for these institutions at a level that will ensure an acceptable standard of medical care; and to establish an Accreditation Program to recognize facilities which comply with AMA standards. Through the publication of the Standards, the establishment of the Accreditation Program and the daily operation of accredited medical care and health services programs in jails across the country, the objectives of the Advisory Committee will have been met.

Introduction

AMA Standards for the Accreditation of Medical Care and Health Services in Jails forms the basis of the national Accreditation Program, effected by the American Medical Association through various state medical societies. The Standards have been accepted by The Commission on Accreditation for Corrections and American Correctional Association.\*

The accreditation of a jail's medical care program is based on meeting Standards which covers various aspects of medical care delivery. From the viewpoint of organized medicine, Standards reflects the definition of "adequate" medical care insisted upon by the courts, and serves as a basis for advising physicians, jail authorities and health care providers about the services and resources necessary to provide adequate medical care and health services to inmates.

---

\*In addition, the Standards have been reviewed by the National Sheriffs' Association Detention and Correction's Committee and will be presented to their general membership for approval in July, 1978.

Implementation of the Standards ensures that the mechanisms for the delivery of adequate medical care are operational. In most instances, compliance with a standard can be obtained in a variety of ways. Regardless of the approach taken, the official legally responsible for the jail, the physician responsible for the medical care delivery system of the jail and the medical society assisting the jail, should strive to meet both the letter and spirit of each standard. Non-compliance with either may result in the jail not being credited with compliance for a given standard. In the event that state and local jurisdictions have enacted standards which exceed the AMA Standards, the state and local standards should prevail.

The Standards may be construed broadly, bearing in mind the intent from which they were developed. Compliance, for the purpose of accreditation, will be measured in terms of the specific language. Thus, if the language of a standard requires that written physician-approved standard operating procedures (SOPs) exist for the screening of each inmate for designated conditions within a specified period after admission to the jail, it is necessary that the jail have not only the SOPs but also operate the program as outlined in the procedures for each eligible inmate in order for compliance to be obtained. In other words, SOPs must be supported by documented evidence that SOP is followed in order to meet the standard for the purpose of accreditation.

#### Format and Compliance

The (numbered) standards set out the items to be measured for compliance. All items contained in a standard must be complied with in order to obtain compliance. The "Discussion" is intended to set the tone or spirit of the standard and, in some instances, provides descriptive information to aid the official legally responsible for the jail, the physician responsible for the jail's medical care delivery system and the medical society in assisting the jail to interpret the standard.

Standards are identified as either Essential or Important. A jail must fully comply with the letter and the spirit of 90% of the Essential and 80% of the Important standards in order to be granted Full Accreditation. Jails fully complying with at least 75% of the Essential standards and 66% of the Important standards may be granted Provisional Accreditation which cannot be renewed.

1001 A physician licensed in the state is responsible for the organization and operation of the facility's medical services pursuant to a written agreement between the governmental funding agency responsible for the facility and/or the facility administrator and the responsible physician or qualified medical authority.

(Essential)

Discussion: The medical authority may be a health department, a physician group, a hospital, a clinic or a county medical society. A physician representative from the medical authority is identified as the person responsible for the facility's medical services. The physician or medical authority responsibility includes arranging for all levels of medical care.

1002 The physician has no restrictions imposed upon him by the facility administration regarding the practice of medicine; however, security regulations applicable to facility personnel also apply to the medical personnel.

(Essential)

Discussion: The provision of care, although delegated to medical people, is a joint effort and can be achieved only with mutual trust and cooperation. Access to care is such an effort in that the responsible physician arranges for the availability of medical services; the official responsible for the facility provides the administrative support that ensures accessibility of medical services to the inmates,

1003 There is a quarterly report on the health delivery system and health environment and an annual statistical summary. (Essential)

Discussion: The responsible physician or medical authority submits a quarterly report to the facility administrator which includes: The effectiveness of the medical care system; description of any health environment factors which are substandard; changes effected since the last reporting period; and recommended changes. The annual statistical report indicates the number of inmates receiving medical services by category of care as well as other pertinent information; (e.g.: operative procedures, referrals to specialists, ambulance services).

1004 Written standard operating procedures approved by the responsible physician exist for the following:

Receiving screening;

Health appraisal data collection;

Non-emergency medical services;

Emergency medical and dental services;

Deciding the emergency nature of illness or injury;

Dental screening, hygiene, examination and treatment;

Provision of medical and dental prostheses;

First aid;

Notification of next of kin or legal guardian in case of serious illness, injury or death;

Chronic care;

Convalescent care;

Medical preventive maintenance;

Screening, referral and care of mentally ill and retarded inmates;

Implementing the special medical program;

Delousing

Detoxification

Pharmaceuticals.

(Essential)

Discussion: The standard operating procedures govern the provision of all care to inmates and are signed by the responsible physician.

1005 State licensure and/or certification requirements and restrictions apply to health care personnel. Verification of current licensing and certification credentials is on file in the jail. (Essential)

Discussion: In order to assure that the qualifications of health care providers in the facility are similar to the qualifications of health care providers in the community, licensure and/or certification requirements for facility health care providers are subject to professional supervision as they are in the community.

Verification may consist of (a) copies of credentials, or (b) a letter from the state licensing or certifying body regarding current credential status.

1006 The work of qualified medical personnel is governed by written job descriptions approved by the responsible physician. (Essential)

Discussion: Qualified medical personnel are physicians, dentists and other professional and technical workers who engage in activities that support, complement or supplement the functions of physicians and/or dentists and who are licensed, registered or certified as appropriate to their qualifications to practice.

1007 Treatment by medical personnel other than a physician is performed pursuant to written standing or direct orders.

(Essential)

Discussion: Standing orders are written by the responsible physician to medical personnel for the definitive treatment of identified minor self-limiting conditions and for on-site treatment of emergency conditions.

Direct orders are those from a physician to qualified medical personnel, allied health personnel or medically trained correctional officers that instruct them to carry out a specific treatment, test or medical procedure on a given patient.

Allied health personnel are the professional, technical and supportive workers who engage in activities that support, complement or supplement the professional functions of physicians and/or dentists.

1008 All examinations, treatments and procedures affected by informed consent standards in the community are likewise observed for inmate care. In the case of minors, the informed consent of parent, guardian or legal custodian applies where required by law.

(Essential)

Discussion: Informed consent is the agreement by the patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination or procedure. Medical treatment of an inmate without his/her consent (or without the consent of parent, guardian or legal custodian where the inmate is a minor) could also result in legal complications.

1009 If medical services are delivered in the facility, adequate space, equipment, supplies and materials, as determined by the responsible physician, are provided for the performance of primary health care delivery.

(Essential)

Discussion: The type of space and equipment for examining room will depend upon the level of sophistication of medicine required in the jail and the capabilities of the health providers. In all facilities space should be provided where the inmate can be examined and treated in private.

Basic equipment generally includes: thermometers, blood pressure cuffs, stethoscope, ophthalmoscope, otoscope, percussion hammer, scale, examining table, goose neck light, wash basin and transportation equipment, e.g., wheel chair and litter.

If female inmates receive medical services in the jail, appropriate equipment should be available, i.e., specula, pap and special testing equipment.

1010 First aid kit(s) are on hand in all facilities. The responsible physician approves the contents, number, location and procedure for periodic inspection of the kit(s).

(Essential)

1011 Receiving screening is performed on all inmates upon admission to the facility before being placed in the general population or housing area, with the findings recorded on a printed screening form approved by the responsible physician. The screening includes inquiry into:

Current illnesses and health problems including those specific to women;

Medications taken and special health requirements;

Screening of other health problems designated by the responsible physician;

Behavioral observation, including state of consciousness and mental status;

Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, etc;

Condition of skin and body orifices, including rashes and infestations; and

Disposition/referral of inmates to qualified medical personnel on an emergency basis.

(Essential)

Discussion: Receiving screening is a system of structured observation/initial health assessment designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the facility's general population and to rapidly get them to medical care. The receiving screening can be performed by allied health personnel or by a trained correctional officer at the time of booking.

The initial assessment of health needs and the general condition of the inmate at this crucial point may prevent further complications such as communicable disease epidemics, rapid states of health regression, suicides and assaults. The welfare of the inmate, other inmates, the correction staff and the community can be protected.

1012 The health appraisal data collection is completed for each inmate within 14 days after admission to the facility, which includes:

Review of the earlier receiving screening;

Additional data to complete the medical and psychiatric history;

Laboratory and diagnostic tests to detect communicable disease including venereal diseases and tuberculosis;

Height, weight, pulse, blood pressure and temperature;

Other tests and examinations as appropriate; and,

Standardized medical examination with appropriate comments about mental and dental status.

(Essential)

Discussion: Collection of health data and medical examination should be viewed as the completion of the health appraisal. This assures that the health status of the inmate is known and recorded. Information regarding the inmate's physical and mental status may dictate housing and activity assignments. It also assures the inmate that his health status is recorded and known by the appropriate authorities.

1013

Health history and vital signs are collected by medically trained or qualified medical personnel. Collection of all other health appraisal data is performed only by qualified medical personnel. Review of the results of the medical examination, tests and identification of problems, is done by a physician or designated qualified medical personnel. All health appraisal data is recorded on the health data forms approved by the responsible physician.

(Essential)

1014

At the time of admission to the facility, inmates receive a written communication explaining the procedures for gaining access to medical services. (Essential)

Discussion: The facility should follow the policy of explaining access procedures orally to inmates unable to read and where the facility frequently has non-English speaking inmates, procedures should be written in their language. Signs posted in the booking area do not meet compliance.

1015 Inmates' medical complaints are collected daily and acted upon by medically trained correctional officers or allied health personnel. Appropriate triage and treatment by qualified medical personnel follows. (Essential)

Discussion: Triage is the sorting and allocation to treatment of patients according to priorities of need.

1016 Sick call is conducted by a physician and/or other qualified medical personnel and is available to each inmate as follows:

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

Medium-sized facilities of 50-200 inmates hold sick call at least three times per week; and

Large-sized facilities of over 200 inmates hold sick call a minimum of five times per week. (Essential)

Discussion: Sick call is the procedure through which each inmate reports and receive appropriate medical services for non-emergency illness or injury.

1017 When sick call is not conducted by a physician, the responsible physician arranges for the availability of a physician at least once each week to respond to inmate complaints regarding services which they did or did not receive from other medical providers; further, regardless of complaints, the responsible physician reviews the medical services delivered, as follows:

At least once per month in jails with less than 50 inmates;

At least every two weeks in facilities of 50-200 inmates; and

At least weekly in facilities of over 200 inmates.

Discussion: This standard emphasizes the responsible physician's role in assuring accessibility and availability of those levels of care appropriate to the inmate's need when these services are not provided by a physician. Availability means that the physician responds in person to inmates' complaints if they exist.

1018 The facility provides 24-hour emergency medical and dental care availability as outlined in a written plan which includes arrangements for:

- Emergency evacuation of the inmate from the facility;
- Use of an emergency medical vehicle;
- Use of one or more designated hospital emergency rooms or other appropriate health facilities;
- Emergency on-call physician and dentist services when the emergency health facility is not located in a near-by community.

(Essential)

Discussion: Emergency care must be provided with efficiency and speed. Referral to the professional or facility appropriate to the health need of the inmate as well as the inmate's initial care are governed by triage and written guidelines. Security procedures provide for the immediate transfer of inmates.

1019 Facility personnel are trained in basic first aid equivalent to that defined by the American Red Cross and use emergency care procedures. Written standard operating procedures and training of staff incorporate

the following steps:

Awareness of potential emergency situations;

Notification or observation - determination that an emergency is in progress;

First aid and resuscitation;

Call for help; and,

Transfer to appropriate medical provider.

(Essential)

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

1020

At least one person per shift within sight or sound of all inmates has training in receiving screening, basic life support cardiopulmonary resuscitation (CPR), and recognition of symptoms of the illnesses most common to the facility.

(Essential)

Discussion: It is the responsibility of the physician to assure that the custodial staff have an understanding of basic health care; it is the responsibility of the facility administration to assure that trained staff are available on each shift and within sight or sound of all inmates.

1021 Chronic care, convalescent care and medical preventive maintenance are provided to inmates of the facility.

(Essential)

Discussion: Chronic care is medical service rendered to a patient over a long period of time.

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

Medical preventive maintenance is health education and medical services provided to take advance measures against disease and instruction in self-care for chronic conditions.

1022 Medical and dental prostheses are provided when the health of the inmate-patient would otherwise be adversely affected as determined by the responsible physician.

(Essential)

Discussion: Prostheses are artificial devices to replace missing body parts or compensate for defective bodily functioning. The responsible physician in consultation with specialist physicians and dentists determines when the health of the inmate-patient would otherwise be adversely affected.

1023 Dental care is provided to each inmate under the direction and supervision of a dentist licensed in the state as follows:

Dental screening within 14 days of admission;  
Dental hygiene services within 14 days of admission;  
Dental examinations within three months of admission; and  
Dental treatment, not limited to extractions, within three months of admission when the health of the inmate would otherwise be adversely affected.

(Essential)

Discussion: Dental screening and hygiene are performed by medically trained correctional officers, allied health personnel or dentists; dental hygiene consists of measures taken to protect the health of the mouth and chewing apparatus such as instruction in proper brushing of teeth. Dental examination and treatment are performed only by a dentist or designated assistant.

1024 Facility personnel are trained regarding recognition of symptoms of mental illness and retardation.

(Essential)

Discussion: In order to detect mentally ill and retarded persons it is essential to have all staff trained in the recognition of such symptoms.

1025 Screening and referral for care are provided to mentally ill or retarded inmates whose adaptation to the jail environment is significantly impaired.

The responsible physician has provided a written list of symptoms or behavior indicative of mental illnesses and retardation and has designated, in advance, specific referral sources.

(Essential)

Discussion: Many mentally ill and retarded persons are now being confined instead of being provided with the care they need in the open community. Incarceration frequently occurs because of minor charges which would not have been processed except to confine the suspected mentally ill person. Some law enforcement administrators have adopted a policy stating that their officers will not place charges against suspected mentally ill persons for the sole purpose of detention. Admission to appropriate health care facilities in lieu of detention should be sought for all suspected mentally ill or retarded inmates.

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

1026

A special program exists for inmates requiring close medical supervision. A written individual treatment plan for each of these patients is developed by a physician which includes directions to medical and nonmedical personnel regarding their roles in the care and supervision of these patients.

(Essential)

Discussion: There are some inmates whose special medical conditions dictate close medical supervision. In these cases, the facility must respond appropriately by providing a program directed to these needs. The program need not necessarily take place in an infirmary, although a large facility may wish to consider such a setting for the purposes of efficiency.

The special medical program serves a broad range of health problems.

A treatment plan is a series of written statements which specify the particular course of therapy and the roles of medical and nonmedical personnel in carrying out the current course of therapy as well as the future planning for the medical management of a specific inmate's medical condition.

1027 Detoxification from alcohol, opiates, barbiturates and similar drugs, when not provided in a hospital or community detoxification center, is performed at the facility under medical supervision.

(Essential)

Discussion: Detoxification is a medically supervised procedure designed to remove the poisonous properties of alcohol or drugs from the system.

1028 The facility's standard operating procedures for the proper management of pharmaceuticals include:

A formulary specifically developed for the facility when stock medications are maintained within the facility;

The requirements that the facility adheres to regulations established by the State Board of Pharmacy regarding medications;

A policy regarding the prescription of all medications with particular attention to behavior modifying medications and those subject to abuse;

The policies regarding medication dispensing and administration; and

The policies regarding the maximum security storage and weekly inventory of all controlled substances, syringes, needles and surgical instruments.

(Essential)

Discussion: A formulary is a written and exclusive list of medications used in the treatment of inmate patients in a specific facility.

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

Dispensing is the issuance of one or more doses of a prescribed medication from a stock or bulk container. The dispensed medication is correctly labeled to indicate the name of the patient, the contents and all other vital information needed to facilitate correct patient usage and drug administration.

A controlled substance is a medication that requires a written prescription listing the prescribing physician's federal Bureau of Narcotics and Dangerous Drugs registration number.

The policy regarding the prescription of psychotropic medications states that these medications are dispensed only when clinically indicated and as one facet of a program of therapy. This policy also states that the administration of psychotropic medications is not allowed for disciplinary reasons and also discourages long term use of the minor tranquilizers.

1029 The person administering medications: has training from the responsible physician and the official responsible for the facility; is accountable for administering medications according to orders; and, records the administration of medications in a manner and on a form approved by the responsible physician.

(Essential)

1030 The medical record file contains the completed receiving screening form, health appraisal data collection forms, all findings, diagnosis, treatments, dispositions, prescriptions and administration of medications, notes concerning patient education, notations of place, date and time of medical encounters and terminations of treatment from long term or serious medical or psychiatric treatment. The method of recording entries in the medical record, and the form and format of the record, are approved by the responsible physician.

(Essential)

Discussion: The problem-oriented medical record structure is suggested. The record is complete and all findings recorded. All inmate-perceived health problems must be recorded as well as the dispositions thereof.

The receiving screening form becomes a part of the medical record at the time of the first medical encounter.

- 1031 Access to the medical record is controlled by the responsible physician. The physician-patient privilege applies to the medical record. (Essential)

Discussion: The physician-patient privilege is the theory of law which protects the patient from disclosure of confidences entrusted to a physician during the course of treatment. The specific statutes governing this privilege vary considerably from state to state although all states recognize the existence of this privilege in some form.

- 1032 The medical record file is not in any way part of the confinement record. (Essential)

Discussion: The physician should share with the facility administrator information regarding an inmate's medical management and security.

The confidential relationship of doctor and patient extends to inmate patients and their physician. Thus it is necessary to maintain medical record files under security, completely separate from the patient's confinement record.

- 1033 Summaries or copies of the medical record file are routinely sent to the facility to which the inmate is transferred. Written authorization by the inmate is necessary for transfer of medical record information

unless otherwise provided by law or administrative regulation having the force and effect of law. Medical record information is also transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.

(Important)

Discussion: An inmate's medical record or summary follows the inmate in order to assure continuity of care and to avoid the duplication of some tests and examinations.

1034 Each inmate is allowed a minimum of one hour of exercising daily away from the cell on a planned, programmed basis. (Important)

Discussion: It is recognized that many jails do not have a separate facility/room for exercising and that the day room adjacent to the cell will be used for this purpose. This meets compliance if planned, programmed activities are directly supervised by staff and/or trained volunteers; otherwise, the "designated" hour would not be different from any of the other hours of the day.

When a separate room, gymnasium or yard is used, it is not required that staff and/or volunteers constantly supervise activities.

1035 Every detention facility that would normally expect to detain an inmate at least 72 hours, furnishes bathing facilities in the form of either a tub or shower with hot and cold running water.

(Essential)

- 1036 Regular bathing (shower) is permitted twice each week.  
(Important)
- 1037 In jails without air temperature control, daily bathing (shower) is permitted in hot weather.  
(Important)
- 1038 To maintain personal hygiene, inmates are furnished with the following items:  
Non-irritant soap;  
Toothpaste or powder;  
A toothbrush;  
Toilet paper; and  
Feminine hygiene supplies when required.  
(Essential)
- 1039 Implements for shaves and haircuts are made available to inmates.  
(Important)
- 1040 All inmates and other persons working in the food service are free from diarrhea, skin infections and other illnesses transmissible by food or utensils.  
(Essential)  
Discussion: All inmates and other persons working in the food service must have a pre-service physical examination. Periodic re-examinations are conducted in accordance with local requirements regarding restaurant and food service employees in the community.

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

1041 All food handlers wash their hands upon reporting to duty and after using toilet facilities.

(Essential)

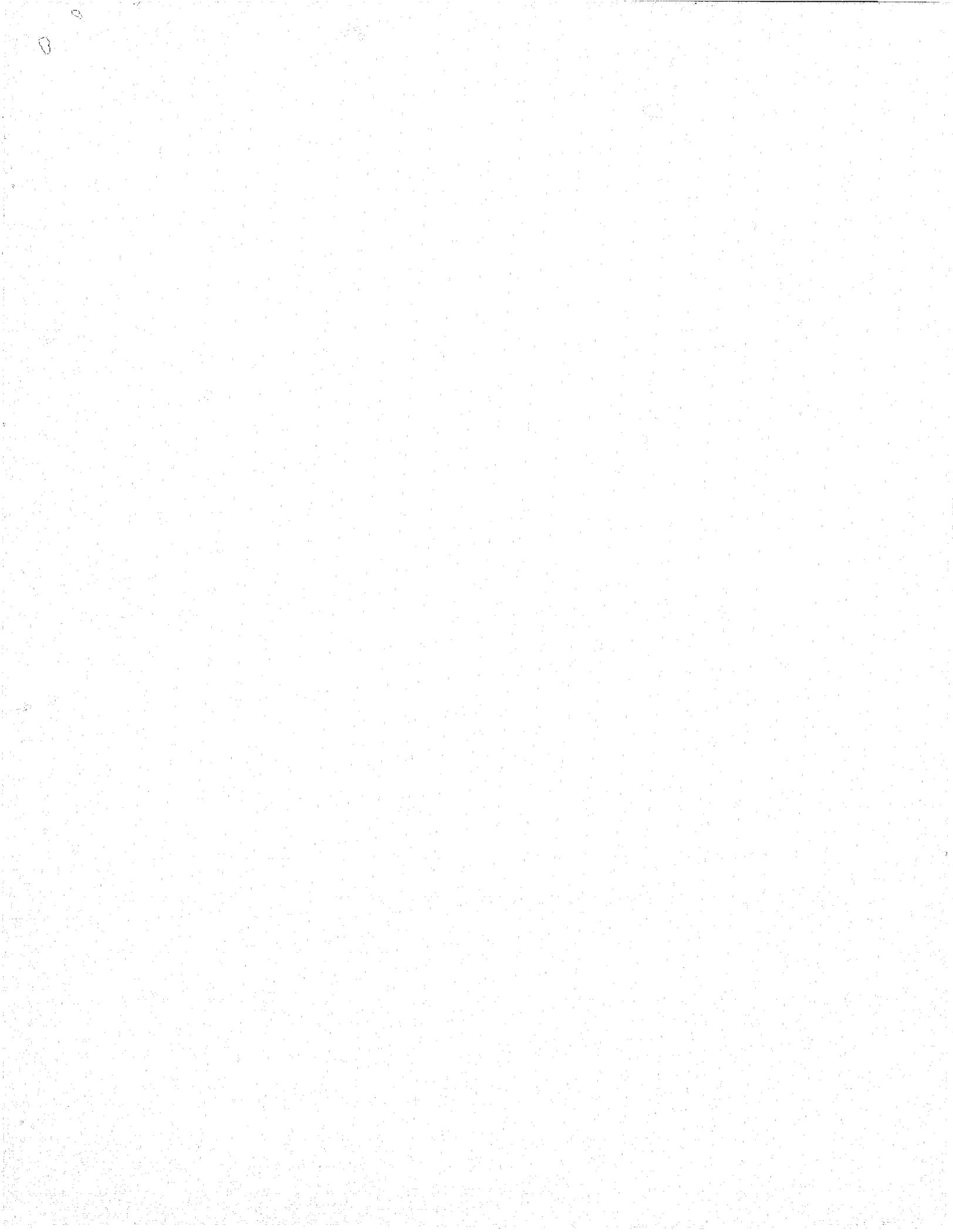
1042 Special medical diets are prepared and served to inmates according to the orders of the treating physician or as directed by the responsible physician.

(Essential)

---

This project was supported by Grant Number 78ED-AX-0023 awarded by the Law Enforcement Assistance Administration United States Department of Justice. Points of view or opinions stated in this publication are those of the American Medical Association and do not necessarily represent the official position of the United States Department of Justice.

4/27/78



**END**