

**GEORGIA STANDARDS
FOR ADULT
PRETRIAL DETENTION
FACILITIES**



**GEORGIA SHERIFFS' ASSOCIATION
JAIL ASSISTANCE DIVISION**

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Chapter Fourteen Medical and Health Care

Principle: The sheriff and the facility administrator have the responsibility for obtaining medical care for inmates in the facility. The kind and amount of medical services provided will depend on the number of "special" inmates the facility receives. In assessing this responsibility, many courts have ordered sweeping provisions for medical and health care. Although these orders differ in detail, the common elements are that reasonable care and adequate medical attention be readily available to the inmate population.

Designation of Responsible Physician

14.01 The provision of medical services for the facility shall be the responsibility of a designated medical doctor pursuant to a written agreement between the governmental funding agency responsible for the facility, the sheriff, and the responsible qualified medical authority.

Comment:
None

Designation of Receiving Medical Facility

14.02 The provision of medical services for the facility shall be the responsibility of a designated medical doctor pursuant to a written agreement between the governmental funding agency responsible for the facility, the sheriff, and the responsible qualified medical authority.

Comment:
None

Licensing of Medical Personnel

14.03 State licensors and/or certification requirements and restrictions shall apply to health care personnel working in the facility, which are the same as those working in the community.

Comment:
None

Prohibition Against Restrictions

- 14.04** The responsible physician shall have no restrictions imposed upon him / her by the facility administration regarding the practice of medicine.

Comment:
None

Conformance to Security Regulations

- 14.05** Appropriate facility security regulations shall be followed by medical personnel.

Comment:
None

Operating Procedures

- 14.06** Written policy and procedures, approved by the responsible physician shall be followed to include:

- Sick cell
- Receiving screening
- Health appraisal data collection
- Non-emergency medical services
- Emergency medical and dental services
- Management of inmates with transmittable, medically documented, communicable diseases
- Job descriptions for medical personnel

Comment:
None

Delivery Plan

14.07 The facility shall provide 24-hour emergency medical and dental care, as outlined in a plan approved by the responsible physician. This shall include 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 dental services when the emergency facility is not located in a nearby community

Comment:
None

Preparation of Medical Records

14.08 There shall be a quarterly report prepared by the physician and/or his designee for the physicians comments and approval on the health delivery system and the health environment of the facility, and an annual statistical summary made. These documents shall be submitted to the sheriff.

Comment:
None

Treatment by Other Individuals

14.09 Treatment by medical personnel other than the responsible physician shall be performed pursuant to standing or direct orders from the physician.

Comment:
None

Provision of Treatment Space

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

Comment:
None

Notification of Availability of Services

- 14.11** At the time of admission to the facility, inmates shall receive written/oral orientation information on the procedures for gaining access to medical services. Such information shall also be posted conspicuously within the facility.

Comment:
None

Medical Screening at Time of Booking

- 14.12** Receiving screening shall be performed by the booking officer or designee on all inmates upon admission to the facility and before their placement in the general population or housing area. The findings shall be recorded on a printed screening form approved by the responsible physician. The screening shall be reviewed by medical personnel upon completion of inquiry into:

- Current illnesses and health problems
- Medications taken and special health requirements
- Behavior observation, including state of consciousness and mental status to include risk of suicide
- Notation of body deformities, tattoos, trauma marking, bruises, lesions, jaundice, ease of movement, condition of skin, including rashes and infestations
- Disposition/referral of inmates to qualified medical personnel on an emergency basis

Comment:
None

Completion of Health Appraisal

- 14.13** A health appraisal data collection shall be completed for each inmate who remains in the detention facility for more than fourteen (14) days and shall include:

- Review of the earlier receiving screening
- Additional data to complete the medical and psychiatric history
- Laboratory and diagnostic tests to detect communicable diseases, including venereal diseases and tuberculosis as approved by the facility physician
- Height, weight, pulse, blood pressure and temperature
- A standardized medical examination with appropriate comments about medical and dental status

Further, qualified medical personnel may collect inmate health histories, vital signs and other health appraisal data. All health appraisal data shall be recorded on the health data forms approved by the responsible physician. The responsible physician or designated medical personnel shall review the results of the medical examination, tests and problem identification.

Comment:
None

Method of Identifying Medical Complaints

14.14 Inmates medical complaints shall be collected daily and responded to by medically trained personnel in a timely fashion.

Comment:
Inmates should not be used to collect complaints.

Sick Call

14.15 Sick call, conducted by a physician and/or other qualified medical personnel, shall be available to each inmate as follows:

- Small facilities of less than fifty (50) inmates shall hold sick call once per week, at a minimum
- Medium-sized facilities of fifty (50) to two-hundred (200) inmates shall hold sick call at least three (3) times per week
- Large-size facilities of over two-hundred (200) inmates shall hold sick call a minimum of five (5) times per week.

Comment:
None

Medical Training for Facility Staff

14.16 Facility personnel shall be satisfactorily trained in emergency care procedures. Such training shall incorporate the following steps:

- Awareness of potential emergency situations
- Notification or observation in determining that an emergency is in progress
- Transfer to the appropriate medical provider
- Recognition of systems of illness most common to the facility
- Look at 14.21

Comment:

Policy shall be written to provide for proper monitoring referral and follow up on inmates at risk for suicide.

First Aid Training and Preparation

- 14.17** All personnel shall have current training in basic first aid equivalent to that defined by the American Red Cross. First aid kits shall be available with the responsible physician approving the number, content, location and procedure for periodic inspection of the kit(s).

Comment:

None

Cardiopulmonary Resuscitation (CPR) Training and Certification

- 14.18** At least one (1) person per shift shall have current training in receiving screening, in recognition of symptoms of the conditions most common to the facility, and in basic life support, cardiopulmonary resuscitation (CPR) certification.

Comment:

None

Provision of Prostheses

- 14.19** As determined by the responsible physician, medical and dental prostheses shall be provided when the health of the inmate would otherwise be adversely affected.

Comment:

None

Provision of Dental Care

- 14.20** Dental care shall be provided to each inmate upon the commendation of the responsible physician.

Comment:

None

Screening of Mentally Disordered Inmates

- 14.21** Screening, evaluation and referral for care shall be provided to mentally disordered or retarded inmates whose adaptation to the detention environment is significantly impaired. The responsible physician shall have designated in advance specific referral sources.

Comment:

Go to 14.16. Staff should be trained to identify the signs of suicide risk in inmates.

Actions Regarding Mentally Disordered Inmates

- 14.22** Written policy and procedures shall require consultation between the facility administrator and the responsible physician or designated mental health professional prior to the following actions taken regarding inmates who reasonably appear to be mentally disordered or retarded.

- Housing assignments (see Chapter 11.07)
- Program assignments
- Disciplinary measures
- Transfer in and out of institution

Comment:

None

Provision of Detoxification Services

- 14.23** When not provided in a community health facility, detoxification from alcohol, opiates, barbiturates and other drugs shall be performed at the facility under close supervision as approved by the responsible physician.

Comment:

None

Procedures for Use of Pharmaceuticals

14.24 The facility's policy and procedures, as approved by the responsible physician, for the proper management of pharmaceuticals shall include:

- A formulary
- Policy regarding the prescription of all medications with particular attention to behavior modifying medications and those subject to abuse
- Policy regarding medication dispensing and administration
- Policy regarding the maximum security storage and weekly inventory of all controlled substances, syringes, needles and surgical instruments
- Policy excluding the use of inmates to dispense medication
- Policy that inmates shall not have access to medications

Comment:

None

Procedures for the Administration of Medication

14.25 The person administering medication shall receive training from the responsible physician or appropriate facility. The facility administrator shall be accountable for administering medications according to orders and shall record the administration of medications in a manner and on a form approved by the responsible physician.

Comment:

None

Components of Medical Record File

14.26 The medical record file shall contain:

- The completed receiving screening form
- Health appraisal data collection form
- A record of all findings, diagnosis, treatments, dispositions, prescriptions and administration of medications
- Notes concerning patient education and notations of place, date and time of medical encounters
- Discharge from medical treatment

The method of recording entries in the medical record, and the form and format of the record shall be approved by the responsible physician.

Comment:

None

Maintenance and Security of Medical / Mental Health Records

- 14.27** Access to the medical/mental health record shall be controlled by the responsible physician. The physician-patient privilege applies to these records which shall not be in any way a part of the confinement record. Summaries or copies of summaries or copies of the medical / mental health record file shall be routinely sent to the facility to which the inmate is transferred.

Comment:

Inmates shall be excluded from access to all medical / mental health files.

Consent for Treatment

- 14.28** Informed written consent shall be obtained for all examinations, treatments and procedures. In the case of minors, the informed written consent of parents, guardian or legal custodian is necessary.

Comment:

None

Prohibition Against Medical Experimentation

- 14.29** The conduct of medical or pharmaceutical testing or treating for experimental or research purposes shall be prohibited.

Comment:

None