

Missouri Core Jail Standards

Please note that the all sections will remain in draft format until accepted and approved by the membership of the Missouri Sheriffs' Association. The working documents will be review for final formatting after any amendments are addressed.

Thank you,

Captain Joseph N. King

SECTION 4. DETAINEE CARE

GOAL: Provide for the basic needs and personal care of inmates.

STANDARD 1-MCJS 4: Food Service

Food service provides a nutritionally balanced diet. Food service operations are hygienic and sanitary. Revised

EXPECTED PRACTICES

Food

Dietary Allowances

1-MCJS-4A-01

The facilities dietary allowances are reviewed at least annually by a qualified nutritionist or dietician to ensure that they meet the nationally recommended dietary allowances for basic nutrition for appropriate age groups. Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings.

- weekly sanitation inspections of all facility areas by a qualified departmental staff member
- comprehensive and thorough monthly inspections by a qualified departmental staff member
- at least annual inspections by qualified persons

Comment:

- Copies of menu evaluations should be forwarded to the health authority.

Missouri Core Jail Standards

Protocols:

- Written policy and procedure.
- Recommended dietary allowances.

Process Indicators:

- Annual reviews.
- Nutritionist or dietician qualifications.
- Documentation of at least annual review and quarterly menu evaluations.

Therapeutic or Special Diets

1-MCJS-4A-02

Special diets are provided as prescribed by appropriate health care providers or when traditional, ceremonial, or spiritual beliefs requires special diets.

Comment:

- Special diets are prepared and served to inmates according to the orders of the treating clinician or as directed by the responsible health authority official.

Protocols:

- Written policy and procedure.
- Inmate request form.

Process Indicators:

- Health records.
- Diet records or forms.
- Observation.
- Interviews.
- Documentation of administrator's approval.
- Diet manual.

Food Service Facilities

1-MCJS-4A-03

There is documentation by an independent, outside source that food service facilities and equipment meet established government health and safety codes. Corrective action is taken on any deficiencies.

Comment:

- None.

Missouri Core Jail Standards

Protocols:

- Written policy and procedure.
- Health and safety codes.

Process Indicators:

- Documentation of compliance with codes.
- Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

Health Protection for Food Service

1-MCJS-4A-04

There is adequate health protection for all inmates and staff in the facility and for inmates and other persons working in food service. All persons involved in the preparation of the food are free from contagious illnesses.

Comment:

- None.

Protocols:

- Written policy and procedure.
- Laws, statutes, and regulations.

Process Indicators:

- Inspection reports, completed forms, including documentation that identified deficiencies were corrected.
- Observation.

Food Service Inspection

1-CORE-4A-05

If food services are provided by the facility, there are weekly inspections of all food service areas, including dining and food preparation areas and equipment. Water temperature is checked and recorded daily.

Comment:

- None.

Protocols:

- Written policy and procedure.

Missouri Core Jail Standards

- Inspection forms and formats.

Process Indicators:

- Observation.
- Records of meals served and times served.
- Facility records and logs.

GOAL: Provide for the basic needs and personal care of inmates.

STANDARD 1-MCJS 4: Hygiene

Inmates maintain acceptable personal hygiene practices.

1-MCJS-4B-01

Bedding Issue

Inmates are issued suitable, clean bedding and linens. There is provision for linen exchange, including towels, at least weekly.

Comment(s):

- None.

Protocols:

- Written policy and procedure.

Process Indicators:

- Documentation of issue and exchange.

Clothing

1-MCJS-4B-02

Inmates are issued clothing that is properly fitted and suitable for the climate. There are provisions for inmates to exchange clothing at least twice weekly.

Comment:

- none

Protocols:

- Written policy and procedure.

Process Indicators:

Missouri Core Jail Standards

- Observation.
- Documentation of cleaning and storage.
- Documentation of clothing issue.

Personal Hygiene

1-CORE-4B-03

Articles and services necessary for maintaining proper personal hygiene are available to all inmates including items specifically needed for females.

Comment:

- None.

Protocols:

- Written policy and procedure.

Process Indicators:

- Documentation that items are provided.
- Observation.

Plumbing Fixtures

1-CORE-4A-04

Inmates, including those in medical housing units or infirmaries, have access to showers, toilets, and washbasins with temperature controlled hot and cold running water twenty-four hours per day. Water for showers is thermostatically controlled to temperatures ranging from 100 degrees to 120 degrees Fahrenheit.

Comment:

- None.

Protocols:

- Written policy and procedure.
- Facility plans/specifications as approved by Missouri Core Jail Standards.
- Applicable building codes and regulations.
- Documentation of periodic measurement of water temperature.

Process Indicators:

- Observation.
- Inmate housing records.
- Measurement.

Missouri Core Jail Standards

- Inspection/Maintenance records or reports.
- Ratio documentation.

STANDARD 2-MCJS 4: Continuum of Health Care Services

1-CORE-4C-01

GOAL: Inmates maintain good health. Inmate have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.

At the time of orientation all inmates are informed about procedures to access health services. There is a process for all inmates to access health care services on a daily basis by means of sick call, inmate request or staff referral. When the necessary medical, dental, mental health, or substance abuse care is not available at the facility, inmates are referred to and given timely access to the needed clinical services in another appropriate health care facility. Inmates may also request access to traditional healing practitioners or medicinal services.

Comment:

- No member of the correctional staff will deny inmate requests for health care services. When the facility frequently has non-English speaking inmates, procedures should be explained and written in their language.

Protocols:

- Written policy and procedure.
- Inmate handbook.
- Grievance procedure.

Process Indicators:

- Documentation that inmates are informed about health care and grievance system.
- Inmate grievances.
- Financial records.
- Sick call request form.
- A health record.
- Clinical provider schedules.
- Observation.

Continuity of Care/Referrals

1-CORE-4C-02

Missouri Core Jail Standards

The designated health care provider will provide for continuity of care from admission to transfer or discharge from facility.

Comment:

- None

Protocols:

- Written policy and procedure.
- Referral transfer/consult form.
- Memorandum of Agreement (MOA) with health care provider.

Process Indicators:

- Completed feral, transfer, consult forms.
- Health records.
- Facility logs.
- Interviews.
- Transportation logs.

Emergency Plan

1-CORE-4B-03

Inmates have access to twenty-four hour emergency health care services, including on-site first aid, basic life support, and transfer to health care facilities as necessary.

Comment:

- In the event that primary health services are not available, and particularly in emergency situations, back-up facilities or providers should be predetermined. The plan may include the use of an alternative hospital emergency services or physician on-call service.

Protocols:

- Written policy/procedure.

Process Indicators:

- Designated Facility.
- Provider lists
- Transportation logs.

Pregnancy Management

1-CORE-4C-04

Missouri Core Jail Standards

Pregnant inmates have access to obstetrical services by a qualified provider, including prenatal, peripartum, and post-partum care.

Comment:

- None.

Protocols:

- Written policy and procedure.
- Inmate handbook.
- Contract or agreement.

Process Indicators:

- Health records entries.
- Laboratory records.
- Interviews.

Communicable Disease and Infection Control Program

1-CORE-4C-05

Communicable diseases are managed in accordance with a written plan developed in consultation with, and approved by, the designated health authority. The plan includes provisions for the screening, surveillance, treatment, containment, and reporting of infection diseases. Infection control measures include the availability or personal protective equipment for staff and hand hygiene promotion throughout the facility. The plan also provides for handling bio-hazardous waste and decontaminating medical and dental equipment must comply with applicable tribal or federal regulations.

Comment:

- Because of their serious nature, methods of transmission, and public sensitivity, these diseases require special attention. Plans for the management of tuberculosis may be based on incidence and prevalence of the disease within the agency's population and the surrounding community.

Protocols:

- Written policy and procedure, codes, and regulations and treatment guidelines.

Process Indicators:

- Health records.
- Chronic care forms and clinic visit logs.
- Interviews.
- Documentation of waste pick up, and/or cleaning logs.

Missouri Core Jail Standards

Chronic Care

1-CORE-4C-06

Inmates with chronic medical conditions, such as diabetes, hypertension, and mental illness receive periodic care by a qualified health care provider in accordance with individual treatment plans that include monitoring of medicines and laboratory testing.

Comment:

- Professional recognized chronic care guidelines are available from disease-specific organizations and various medical and physicians associations.

Protocols:

- Written policy and procedure.
- Chronic care protocols and forms.

Process Indicators:

- Health records
- Chronic care logs.

Dental Care

1-CORE-4C-07

Access to routine and emergency dental care is provided to inmates.

Comment:

- None.

Protocols:

- Written policy and procedure.
- Inmate request form.

Process Indicators:

- Dental records.
- Admission logs.
- Referral and consultation records.
- Dental request forms.

Health Screens

1-CORE-4C-08 (Mandatory)

Missouri Core Jail Standards

Intake physical and mental health screening commences upon the inmate's arrival at the facility unless there is documentation of a medical screening within the previous 90 days or the inmate is an intra-system transfer. Screening is conducted by health-trained staff or by qualified health care personnel in accordance with protocols established by the health authority. The screening includes at least the following:

- **Current or past medical conditions, including mental health problems and communicable diseases**
- **Current medications, including psychotropic medications**
- **History of hospitalization, including inpatient care**
- **Suicidal risk assessment, including suicidal ideation or history of suicidal behavior**

Observation of the following:

- **Behavior, including state of consciousness, mental status, appearance, conduct, tremor or sweating**
- **Body deformities and other physical abnormalities**
- **Ease of movement**
- **Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or other indications of injection drug use**
- **Symptoms of psychosis, depression, anxiety and/or aggression**

Medical disposition of the inmate:

- **Refusal of admission until inmate is medical cleared**
- **Cleared for general population**
- **Cleared for general population with prompt referral to appropriate medical or mental health care services**
- **Referral to appropriate medical or mental health care services for emergency treatment**
- **Process for observation for high risk events, such as seizures, detoxification, head wounds, and so forth**

Comment:

- Health screening is a system of structured inquiry and observation to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the general population and to identify inmates who require immediate medical attention. Receiving screening can be performed at the time of admission by health care personnel or by a trained correctional officer. Examples of symptoms of serious, infectious or communicable diseases include a chronic cough, lethargy, weakness, weight loss, loss of appetite, fever, or night sweats that are suggestive of such illness.

Missouri Core Jail Standards

Protocols:

- Written policy and procedure.
- Screening protocols.
- Mental health screening form.

Process Indicators:

- Health records.
- Completed mental health screening forms.
- Transfer logs.

Intra-System Transfer and Health Screening

1-CORE-4C-09

When inmates are transferred to another facility, copies of health information maintained in the detention records are transferred with inmates to the receiving facility. At a minimum, health information may include the following:

- **A review of the inmate's medical, dental and mental health problems**
- **Current medications**
- **Current treatment plan**

Comment:

- The transfer of health care information is necessary to identify inmates who pose a health or safety threat to themselves or others and who may require immediate health care.

Protocols:

- Written policy and procedure.
- Screening form.

Process Indicators:

- Completed screening forms.
- Transfer logs.

Health Appraisal

1-CORE-4C-10 (Mandatory)

A health appraisal is completed for each inmate within 14 days after arrival at the facility in accordance with protocols established by the health authority, unless a health appraisal has been completed within the previous 90 days. The health appraisal includes the review of the previous receiving screening, a medical history

Missouri Core Jail Standards

and physical examination by a qualified health care provider, and an individual treatment plan.

Comment:

- Information regarding the inmate's physical and mental status also may dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse and other related problems.

Protocols:

- Written policy and procedure.
- Health appraisal form.

Process Indicators:

- Health records.
- Completed health appraisal forms.
- Transfer logs.

Access to Mental Health & Substance Abuse Services

1-CORE-4C-11 (Mandatory)

Inmates have access to mental health, and chemical substance abuse services as clinically warranted in accordance with protocols established by the health authority that include:

- **Screening for mental health problems**
- **Referral to outpatient services, including psychiatric care**
- **Crisis intervention and management of acute psychiatric episodes**
- **Stabilization of the mentally ill and prevention of psychiatric deterioration in the facility**
- **Referral and admission to inpatient facilities**
- **Informed consent for treatment**

Comment:

- The designated health care provider should have available an adequate level of mental health services and substance abuse services to deal with inmate who have severe mental health problems and to advise/train correctional staff in managing inmates with mental health needs.

Protocols:

- Written policy and procedure.
- Screening form.

Process Indicators:

Missouri Core Jail Standards

- Health records.
- Completed screening forms.

Suicide Prevention

1-CORE-4C-12

The facility has specific procedures, developed in consultation with the health authority, for handling intake, screening, identifying, and consulting supervising the suicide-prone inmate. All staff responsible for supervising suicide-prone inmates are trained annually on program expectations.

Comment:

- None.

Protocols:

- Written policy and procedure.
- Training curriculum and lesson plans.
- Suicide watch logs or forms.

Process Indicators:

- Documentation on staff training.
- Documentation on suicide watches and critical incident debriefings.
- Observation.

Social Detoxification

1-CORE-4C-13

Specific criteria are established for referring symptomatic inmates suffering from withdrawal or intoxication for more specialized care at a hospital or detoxification center. A medical clearance from a health provider is required upon re-entry to the facility.

Comment:

- None.

Protocols:

- Written policy and procedure.

Process Indicators:

- Transfer records.

Missouri Core Jail Standards

Pharmaceuticals

1-CORE-4C-14

Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with tribal and federal laws and regulations. The polices require dispensing and administering prescribed medications by qualified personnel, adequate management of controlled medications, and provision of medications to inmate in special management units. Prescription medication must be prescribe and/or verified from a health care provider. Over the counter medication must be approved by the health care provider and administration must documented.

Comment:

- The formulary should include all prescription and non-prescription medications stocked in a facility or routinely procured from outside sources.

Protocols:

- Written policy and procedure.
- Federal and Tribal laws and regulations.
- Format for documentation of medication, inventory, and storage of medication.

Process Indicators:

- Health records.
- Completed medication administration, inventory, and storage forms.
- Documentation of compliance with federal and Tribal laws.

PERFORMANCE STANDARD: Health Services Staff

1-CORE-4D-01

GOAL: Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.

EXPECTED PRACTICES

Health Authority

The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description.

Missouri Core Jail Standards

The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program.

Comment:

- The health services authority and health services administrator may be the same person. The responsibility of the health authority includes arranging for all levels of health services, assuring the quality of all health services and assuring that inmates have access to them. Health services should ensure the physical and mental well-being of the inmate population and should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education, and attending to environmental conditions.

Protocols:

- Written policy and procedure.
- Sample agreement or contract requirements with health care provider or authority.
- Job description.

Process Indicators:

- Documentation of health authority designation.
- Contract.
- Billing records.
- Interviews.
- Documentation of mission statement, operational policies and procedures, scope of services and required personnel, coordination of care, and a quality management program.

Health Care Quarterly Meetings

1-CORE-4D-02

The health authority meets with the facility administrator at least quarterly.

Comment:

- Minutes of the quarterly administrative meetings may be used to meet the requirements for a quarterly report.

Protocols:

- Written policy and procedure.

Missouri Core Jail Standards

Process Indicators:

- Documentation of meetings.
- Minutes and reports.

Provision of Treatment

1-CORE-4D-03

Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians. Medical decisions shall be made only by licensed medical professionals and shall not be changed, modified or overturned by non-licensed medical professionals.

Comment:

- The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the responsible clinician determines what services are needed; the official responsible for the facility provides the administrative support for making the services available.

Protocols:

- Written policy and procedure.

Process Indicators:

- Health records entries.

Personnel Qualifications/Credentials

1-CORE-4D-04

All health care professional staff are in compliance with applicable tribal, state and federal licensure, certification, or registration requirements. Verification of current credentials is on file at the facility. If inmates are assessed or treated by unlicensed health care personnel, such as traditional practitioners, the care is provided pursuant to traditional, spiritual and ceremonial practices.

Comment:

- Standing medical orders are for the definitive treatment of identified conditions and for the on-site emergency treatment of any person having such condition. Direct orders are those written specifically for the treatment of one person's particular condition.

Missouri Core Jail Standards

Protocols:

- Written policy and procedure.
- Job descriptions.
- Standing orders.
- Copies of licensure requirements.

Process Indicators:

- Personnel records.
- Copies of credentials or licensure
- Documentation of compliance with standing orders.
- Health record entries.
- Documentation of current credentials.

Emergency Response

1-CORE-4D-05

Emergency medical care, including first aid and basic life support, is provided by all health care professionals and those health-trained correctional staff specifically designated by the facility administrator. All staff responding to medical emergencies are certified in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization. The facility has policies and procedures, developed in consultation with the health authority, that ensure that emergency supplies and equipment, which may include including automatic external defibrillators, are readily available and in working order.

Comment:

- The facility administrator and the health care authority may designate those correctional officers who have responsibility for responding to health care emergencies.

Protocols:

- Written policy and procedure.
- Lesson plans and curriculum.

Process Indicators:

- Verification of training.
- Records and certificates.

Notification

Missouri Core Jail Standards

1-CORE-4D-06

Individuals designated by an inmate are notified in case of serious illness, serious injury, or death, unless security reasons dictate otherwise.

Comment:

- The persons to be notified should be designated in writing as part of the facility's admission procedures.

Protocols:

- Written policy and procedure.
-

Process Indicators:

- Notification records.

Confidentiality

1-CORE-4D-07

Information about an inmate's health status is confidential. Non-medical staff may access specific medical information on a "need to know" basis in order to preserve the health and safety of the specific inmate, other inmates, volunteers, visitors, or correctional staff. The active health record is maintained separately from the confinement case record and access is controlled in accordance with state, Tribal and federal laws.

Comment:

- The principle of confidentiality protects inmate patients from disclosure of confidences entrusted to a health care provider during the course of treatment.

Protocols:

- Written policy and procedure.

Process Indicators:

- Observation.

Informed Consent

1-CORE-4D-08

Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies, when required by law. Inmates have the right to refuse health care services.

Missouri Core Jail Standards

Comment:

- None

Protocols:

- Written policy and procedure.
- Consent or authorization forms.

Process Indicators:

- Completed consent forms.
- Completed refusal forms.

Research

1-CORE-4D-09

The use of inmates in medical, pharmaceutical, or cosmetic experiments is prohibited. This expected practice does not preclude inmate access to investigational medications on a case-by-case basis for therapeutic purposes in accordance with tribal and federal regulations.

Comment:

- Experimental programs include aversive conditioning, psychosurgery, and the application of cosmetic substance being tested prior to sale to the general public.

Protocols:

- Written policy and procedure.
- Laws and regulations.

Process Indicators:

- Health records.

Privacy

1-CORE-4D-10

Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates' privacy.

Comment:

- None

Missouri Core Jail Standards

Protocols:

- Written policy and procedure.
- Facility floor plan.

Process Indicators:

- Observation.

Sexual Assault

1-CORE-4D-11

Information is provided to inmates about sexual abuse/assault including:

- **Prevention/intervention**
- **Self-protection**
- **Reporting sexual abuse/assault**
- **Treatment and counseling**

This information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility.

Comment:

- Provisions of the Prison Rape Elimination Act must be reflected in facility policy and training.

Protocols:

- Written policy and procedure.

Process Indicators:

- Observation.
- Inmate interviews
- Inmate handbook
- Completed receipt forms

Sexual Conduct of Staff

1-CORE-4D-12

Sexual conduct between staff and detainees, volunteers or contract personnel and detainees, regardless of consensual status, is prohibited and subject to administrative, disciplinary and criminal sanctions.

Comment:

Missouri Core Jail Standards

- Pursuant to the Prison Rape Elimination Act (PREA)

Protocols:

- Written policy and procedure.

Process Indicators:

- Screening records
- Admission logs
- Classification records
- Documentation of staff awareness
- Annual in-service training curriculum

Investigation of Sexual Assault

1-CORE-4D-13

An investigation is conducted and documented whenever a sexual assault or threat is reported.

Comment:

- The agency should report occurrences/allegations of sexual assault or threat in accordance with the laws of the jurisdiction. The investigation may be limited by what is allowed by the laws of the jurisdiction.

Protocols:

- Written policy and procedure.

Process Indicators:

- Referral records
- Investigative reports

Victims of Sexual Assault

1-CORE-4D-14

Victims of sexual assault are referred under appropriate security provisions to a health care facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used:

- **A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if the referral to another medical facility is indicated. With the victims consent, the**

Missouri Core Jail Standards

examination includes collection of evidence from the victim, using a kit approved by the appropriate authority.

- **Provisions is made for testing for sexually transmitted diseases (including but not limited to, HIV, gonorrhea, hepatitis, herpes, and other diseases) and counseling, as appropriate.**
- **Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.**
- **Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.**
- **A report is made to the facility administrator or designee to assure separation of the victim from his or her assailant.**

Comment:

- None

Protocols:

- Written policy and procedure.
- Referral documents

Process Indicators:

- Completed referral forms
- Medical records
- Classification records

Inmate Death

1-CORE-4D-15

Authorities having jurisdiction are immediately notified of an inmate's death. There is a protocol that described actions to be taken in the event of an inmate death.

Comment:

- The medical examiner or coroner should be notified of the inmate's death immediately. A postmortem examination should be performed, according to the laws of the jurisdiction, if the cause of death is unknown, the death occurred under suspicious circumstances, or the inmate was not under current medical care.

Protocols:

- Written policy and procedure.

Process Indicators:

- Documentation actions taken

Missouri Core Jail Standards

Inmate Death/Health Care Internal Review and Quality Assurance

1-CORE-4D-16

The health authority approves policies and procedures for identifying and evaluating major risk management events related to inmate health care, including inmate deaths, preventable adverse outcomes, and serious medication errors.

Comment:

- Evaluating data should result in more effective access, improved quality of care, and better utilization resources.

Protocols:

- Written policy and procedure.
- Records review format.

Process Indicators:

- Documentation of completed record review.
- Quality improvement committee minutes.
- Quarterly report.

Health Records

1-CORE-4D-17

An individual health record is maintained for all inmates in accordance with policies and procedures established in consultation by the health authority and in accordance with applicable tribal and federal regulations. The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are established in consultation with the health authority. The health record is made available to, and is used for documentation by all practitioners.

Comment:

- The receiving screening form should become a part of the record at the time of the first health encounter. Records may be maintained electronically. Examples of health service reports include emergency department, dental, mental health, telemedicine, or other consultations.

Protocols:

- Policy and procedure.
- Health record forms.

Missouri Core Jail Standards

Process Indicators:

- Health records.
- Completed forms.

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