



National Commission on  
Correctional Health Care

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July 7, 2008

Greg Ahern  
Santa Rita Jail and Glenn Dyer Detention Facility  
5325 Broder Boulevard  
Dublin, CA 94568

Dear Sheriff Ahern:

**Congratulations!** The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), during its meeting on June 20, 2008, voted to continue to accredit the Santa Rita Jail and Glenn Dyer Detention Facility for its compliance with NCCHC *Standards for Health Services in Jails*.

NCCHC congratulates you on your achievement and wishes you continued success in the future. Your Certificate of Accreditation and accreditation plaque will be sent under separate cover. It is anticipated that the next scheduled on-site survey of the facility will occur sometime prior to June 2011. If we can be of any assistance to you, please feel free to call us at any time.

Enclosed is the Accreditation Report of your facility which documents its compliance with the *Standards*.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer E. Kistler", is written over a horizontal line.

Jennifer E. Kistler, MPH  
Director of Accreditation

Enclosure

cc: Edward A. Harrison, NCCHC President  
Bill Wilson

COR 4322



ACCREDITATION REPORT OF  
THE HEALTH CARE SERVICES AT  
Santa Rita Jail and Glenn Dyer Detention Facility

Dublin, CA

June 20, 2008

National Commission on Correctional Health Care  
1145 W. Diversey Pkwy.  
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COR 4323

Santa Rita Jail and Glenn Dyer Detention Facility, CA  
Accreditation Report #217  
June 20, 2008

The National Commission on Correctional Health Care (NCCHC) health services accreditation is a voluntary program for jails that strive for national recognition that they adhere to benchmark health care standards. The NCCHC's standards were originally promulgated by the American Medical Association and since 1980, NCCHC has maintained the standards and its accreditation program through a network of correctional health care professionals and organizations.

The Santa Rita Jail and Glenn Dyer Detention Facility voluntarily applied for and was initially awarded NCCHC accreditation in 1989 and has been continuously accredited since. On April 15-18, 2008, NCCHC conducted its review for continued accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review.

The NCCHC's team of experienced certified correctional health administrative, nursing and medical professionals utilized NCCHC's 2003 *Standards for Health Services in Jails* as the basis of its health services analysis. This report focuses primarily on issues in need of correction or enhancement. It is most effective when read in conjunction with the *Standards* manual. A synopsis of the report follows.

There are 35 essential standards; 35 are applicable to this facility and 35 were found to be compliant with the standards (100% of the applicable essential standards must be compliant for accreditation). Our findings include:

Essential Standards Not in Compliance

None

Essential Standards Not Applicable

None

There are 38 important standards; 37 are applicable and 35 (95%) were found to be compliant with the standards (at least 85% compliance is required for accreditation). Our findings include:

Important Standards Not in Compliance

J-B-03	Kitchen Sanitation and Food Handlers
J-F-04	Personal Hygiene

Important Standard Not Applicable

J-C-08	Health Care Liaison
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Decision: On June 20, 2008, NCCHC's Accreditation Committee awarded the facility accreditation.

## I. Facility Profile

Type of Facility:	Jail
Total admissions population for 2007:	50,000
Design-rated capacity:	4,000
Average daily population:	3,950
Average daily intake:	140
Satellites:	1 (B)
Satellite Average Daily Population:	410

### Description of Facility

This jail was constructed in 1989 and serves as the receiving/booking facility for a large number of police agencies in the county. The facility is located on 13 acres, approximately 45 miles from a major metropolitan area in the western United States. It is considered a "mega-jail" and is the third largest in the country.

The jail is single story, linear in design, one-half mile long and one quarter-mile wide. A core building in the center of the complex houses administrative offices, classrooms for inmates and staff, the intake/booking area, the gymnasium, the staff dining room, and the health services unit (including mental health and medical administrative offices, the main examination and clinic rooms, and the 24-bed infirmary). Inmate housing units and surrounding outdoor recreation areas are located on both ends of the core building. Eleven of the 18 housing units are of single and double celled, split-level configuration opening to a day room. The remainder is dormitory-style housing units for minimum custody males. Four of the housing units are designated to house state DOC inmates. Segregation housing for males is in two of the units on the maximum side of the complex. Segregation for females is part of one of their housing units. Above each of the housing units is a control tower, which can view several housing units. There is a medical exam room in each housing unit (18 exam rooms) and a small inside recreation area between every two housing areas.

Service buildings are located to the rear of the facility and include a warehouse, carpenter shop, laundry, bakery, kitchen, machine shop, paint shop, and the central plant; including emergency generators and computerized building maintenance systems. There is a unique computerized system for delivering food and linen to the housing units, as well as for trash removal.

Located 45 miles to the west is a satellite facility, which consists of six housing levels that were open and staffed by county deputies on the day of the survey. The satellite is used as an overflow facility to support the main jail. The satellite also performs intake; however, pregnant inmates are immediately transferred to the main jail. Full-time health staff, including physician, nursing and mental health coverage, are available for the 410 inmates housed at the satellite facility. The health services administrator (HSA) from the main facility is the responsible health authority (RHA) for the satellite as well. The eight-level satellite has a health service unit with examination rooms, a blood draw area, secure medication room and office space, kitchen, administrative offices, and six floors with split-level housing on each floor. Inmates have access to a day room on each floor and a gymnasium on the roof. Inmates in need of care not available at the satellite are transferred to the main jail.

A total of 470 correctional officers (COs) are scheduled on duty during three work shifts at both jails.

#### Inmate Population Characteristics

On the day of the survey, there were a total of 4,000 inmates of all three security classifications, including 3,574 adult males, 425 adult females, and one male juvenile.

#### Facility's Health Services

A national correctional health services contractor has provided medical and dental health services since 1989. Pharmaceutical, radiology, laboratory, and dialysis services are subcontracted. The county mental health department provides mental health services. The medical contractor is responsible for medical and dental health services at the satellite while the county is responsible for mental health services.

#### Staffing

Health staff are on site 24 hours a day, seven days a week at the main jail and at the satellite. At the time of the survey, there were over 150 full-time equivalent staff at both the main jail and the satellite. Contractually, PRN nurses fill vacant nursing positions until permanent full or part-time staff can be hired.

## **II. Survey Method**

The on-site survey consisted of touring the clinic area; inmate housing areas, including segregation; recreation areas; laundry; and the kitchen at the main jail. In addition, the on-site survey consisted of touring the clinic area; inmate housing areas, including segregation; recreation areas; and the kitchen at the satellite. Documentation reviewed included 35 medical records; 12 death records; policies and procedures; provider licenses; administrative, health staff, and quality improvement meeting minutes; statistical and environmental inspection reports; and health service personnel and correctional officer training records. Interviews were conducted on a structured and confidential basis. Those interviewed included the jail commander, facility medical contract manager, responsible physician, HSA, physician assistant, nurse practitioner, mental health director, psychiatrist, two mental health clinicians, dentist, director of nursing (DON), infectious disease nurse, seven health care providers, pharmacist, two medical records supervisors, food services director, training officer, 17 COs, and 21 randomly selected inmates.

### III. SURVEY FINDINGS AND COMMENTS

#### A. GOVERNANCE AND ADMINISTRATION

The standards in this section address the foundation of a functioning correctional health services system and the interactions between custody and health services authorities. Any model of organization is considered valid, provided the outcome is an integrated system of health care in which medical orders are carried out and documented appropriately and the results are monitored as indicated. Policies and procedures are to include site-specific operating guidelines.

#### Standard Specific Findings

**J-A-01 Access to Care (E).** Inmates have access to health care. Patients are seen by a qualified clinician and receive care for their serious medical, mental health, and dental needs.

There is a fee-for-service program in place. Inmates are assessed \$3.00 for self-initiated visits only. All inmates receive care regardless of ability to pay. The standard is met.

**J-A-02 Responsible Health Authority (E).** The RHA is a national correctional health care corporation whose on-site representative is the HSA. He is on site five days a week. Medical services and mental health services operate under separate authorities. Documented evidence indicates a coordinated system of health care. The standard is met.

**J-A-03 Medical Autonomy (E).** Clinical judgments rest with a designated responsible physician who is on site five days a week. We noted excellent cooperation between custody and medical staff. The standard is met.

**J-A-04 Administrative Meetings and Reports (E).** The HSA and the jail captain meet monthly to discuss administrative matters; these meetings are documented through minutes. The responsible physician, DON, mental health director, chief pharmacist, and other deputies also attend. The jail captain receives a copy of the monthly health services statistics. The county mental health oversight committee (whose membership includes representatives from all disciplines) meets monthly. Minutes are documented and available for review. Health services staff meet monthly to discuss health service operations. Attendees include the responsible physician, HSA, medical record supervisor, and staff. The HSA and the responsible physician meet monthly with the mental health oversight committee. The county mental health director at the jail is a member of the quarterly CQI committee, and is a regular attendee at the MAC. County mental health staff also meet monthly, as evidenced by documented minutes. Attendance includes the mental health director, staff psychiatrists, and mental health clinicians. In addition to the monthly administrative meetings, the Criminal Justice Oversight Committee convenes afterwards. The standard is met.

**J-A-05 Policies and Procedures (E).** The health services policy manual is site-specific. The health authority and responsible physician, as evidenced by the signature page, last reviewed the manual in February 2008. The standard is met.

**J-A-06 Continuous Quality Improvement Program (E).** The continuous quality improvement (CQI) program monitors major aspects of health care through a multi-disciplinary committee that

meets at least quarterly. The membership includes the responsible physician, HSA, DON, mental health director, nursing supervisors, dentist, chief pharmacist, CQI nurse, and the administrative assistant for credentialing. An outcome CQI study assessed hospital emergency department referrals, while a process CQI study examined MRSA and norovirus. There is a contract monitor who is a physician. He reviews all outside trips for appropriateness each month as well as 30-70 charts. Process studies conducted by the RHA include those on intake, sick call, and diabetes. The standard is met.

**J-A-07 Emergency Response Plan (E).** Disaster drills included a MRSA outbreak during which multiple inmates were triaged and a fire at the satellite unit. The satellite unit staff also participated in a county-wide disaster drill in which more than 1,000 people were evacuated; the satellite was the hub of the event. "Man down" drills have been documented as well. The standard is met.

**J-A-08 Communication on Special Needs Patients (E).** Communication between designated correctional and health services staff with regard to inmates' special health needs occurs through the "Detail Office Special Request", which is completed and signed by health staff and given to the housing units as appropriate. The standard is met.

**J-A-09 Privacy of Care (I).** Staff report efforts to maintain privacy of clinical encounters. The standard is met.

**J-A-10 Procedure in the Event of an Inmate Death (I).** Since the last survey, we were told that there have been 23 deaths, of which 14 were reported to be due to natural causes and seven by unexpected causes. Three suicides occurred in 2005 and 2006. There have been two deaths in 2008 to date, but the autopsy results had not been returned at the time of the survey. In addition to the on-site mortality review conducted by the medical director and HSA, the AIMS committee (Adult Inmates Medical Services and comprised of physicians) meets to review all mortalities. The mortality reviews are discussed in the Criminal Justice monthly administrative committee (MAC) meeting and shared with the Department of Corrections (DOC). The standard is met.

**J-A-11 Grievance Mechanism for Health Complaints (I).** The health services grievance procedure is a separate process and inmates are provided with the appropriate information. The standard is met.

**J-A-12 Federal Sexual Assault Reporting Regulations (I).** The jail commander described the facility as compliant with the 2003 Federal Prison Rape Elimination Act. The standard is met.

## B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

The standards in this section addresses the importance of preventative monitoring of the physical plant. Health staff have a crucial role in identifying issues that could have a negative impact on the health and safety of facility staff and the inmate population if left unaddressed.

### Standard Specific Findings

**J-B-01 Infection Control Program (E).** Infection control matters are addressed at the infection control, CQI, and health staff meetings. Inmates with communicable diseases can be treated in the medical isolation rooms. There are seven negative air pressure rooms in the infirmary. At the time of the survey, one was not operational; staff were aware of the situation and a work order was in place. A negative pressure room is also available at the satellite. A bloodborne pathogen program is in place. All staff are tested for TB and are offered Hepatitis B immunizations. All inmates are also tested for TB at intake. The standard is met.

**J-B-02 Environmental Health and Safety (E).** Health staff appear to work under safe and sanitary conditions. The facility appeared very clean and well maintained. We reviewed the comprehensive building and maintenance inspection program. Both the main jail and satellite unit were in excellent repair and exceptionally clean. During the survey, repairs and work orders were in place for sinks, toilets, and hot water generators in two particular cellblocks. The standard is met.

**J-B-03 Kitchen Sanitation and Food Handlers (I).** Food is prepared at the main jail by a contracted food service company. Approximately 100 inmates are employed in the food service operations. Food is prepared in a cook-chill method and sent to each housing unit to be heated in pre-set ovens. Electric carts known as "robo carts" are used to distribute the food and retrieve the utensils after meal times. The county health department inspects the kitchen annually, most recently in September 2007. Corrective action for citations noted during the inspection was available for review.

However, several deficiencies were found in the kitchen. Temperatures were not properly maintained for the freezers, and only partial use of beard and hair covers by the inmates was observed. Food in the refrigerators was uncovered and unlabeled. Although, all deficiencies had been corrected by the conclusion of the survey. **The standard is not met.**

Corrective action for Compliance Indicator #3 and #5d, and 5f: Verification that kitchen sanitation is consistently maintained is needed to demonstrate compliance to this standard. Accepted documentation includes any of the following: (a) recent health department inspection; or (b) a plan by the RHA to ensure that the health staff monitors kitchen sanitation. For accreditation, documentation may be submitted that demonstrates compliance.

**J-B-04 Ectoparasite Control (I).** Only infected inmates are treated for ectoparasites, after consideration of possible contraindications. The standard is met.



### C. PERSONNEL AND TRAINING

The standards in this section address the need for a staffing plan adequate to meet the needs of the inmate population, and appropriately trained and credentialed health staff. Correctional officers are to have a minimum amount of health-related training in order to step in during an emergency, if health staff are not immediately available.

#### Standard Specific Findings

**J-C-01 Credentialing (E).** Health professionals have current licenses and other appropriate credentials on file. The standard is met.

**J-C-02 Clinical Performance Enhancement (I).** Peer reviews for medical, mental health, and dental staff were completed in 2007. The standard is met.

**J-C-03 Continuing Education for Qualified Health Care Professionals (E).** Health staff have the required number of continuing education credits. All health staff are current in CPR training. The standard is met.

**J-C-04 Training for Correctional Officers (E).** Correctional staff have the required training in health-related topics and more than 75% are current in CPR training and first aid. Additionally, they receive training in suicide prevention, patient confidentiality, MRSA, and mental illness. The contractor has developed fact sheets for the officers on asthma, diabetes, HIV, and hypertension. The standard is met.

**J-C-05 Medication Administration Training (E).** Nurses administer medications at the main jail and at the satellite. The standard is met.

**J-C-06 Inmate Workers (E).** Inmates do not have any role in the provision of health services. The standard is met.

**J-C-07 Staffing Plan (I).** Full-time equivalent health staff for the main jail and the satellite includes:

Medical Contractor	
Health Service Administrator (HSA)	1.0
Medical Director	1.0
Assistant HSA	3.0
Physicians	5.0
Mid-level Providers (NP/PA)	3.0
Dentist	1.0
Dental Assistant	1.0
Registered Nurses	33.0
Licensed Vocational Nurses	42.3
Medical Assistants	6.8
OB/GYN MD	0.1
Orthopedics	0.2
PT	0.4

Methadone Counselor	0.6
Perinatal Coordinator	0.8
Perinatal Educator	0.2
Chief Pharmacist	1.0
Staff Pharmacists	3.3
Pharmacy Technicians	4.5
Medical Records Supervisor	1.0
Medical Records Clerks	15.3
Laboratory Technician	1.0
Administrative Secretaries	3.0
Subcontract	
Dialysis Nurse	0.5
Nephrologist	0.15/month
Mental Health - County	
Mental Health Director	0.9
Psychiatrists	4.5
Clinical/Operations Supervisor	1.0
ITR mental health	2.0
Rehabilitation Counselors	4.0
Psychiatric Social Workers	5.6
Psychologist	1.5
Administrative Support	1.0
Clerical	6.0

A pool of PRN nurses is utilized (as required in the contract with the jail) to fill vacant nursing positions until permanent personnel can be hired. Mental health services reported three vacancies at the time of the survey and also use a temporary assessment pool to cover vacancies.

There is only one dentist and one assistant for both facilities comprising 4,000 inmates. In recent years there has been an increase in intake admissions of inmates requiring dental services. It is recommended that an additional dental assistant be hired. The standard is met.

**J-C-08 Health Care Liaison (I).** Health staff are on site 24 hours a day, seven days a week at the main jail and at the satellite. The standard is not applicable.

**J-C-09 Orientation for Health Staff (I).** Health and mental health staff have documentation of having received the necessary orientation. The standard is met.

#### D. HEALTH CARE SERVICES AND SUPPORT

The standards in this section address the manner in which health services are delivered, the adequacy of space, the availability and adequacy of materials, and, when necessary, documented agreements with community providers for health services.

##### Standard Specific Findings

**J-D-01 Pharmaceutical Operations (E).** Pharmaceutical services are sufficient to meet the needs of the inmates. Services are contracted with a national company and are provided by the on-site pharmacy. A local pharmacy provides back up services when necessary. The standard is met.

**J-D-02 Medication Services (E).** The pharmacy is licensed by the state as a retail pharmacy. The expiration date on the license is February 2009. A staff pharmacist inspects all clinic areas for compliance with pharmaceutical policies and procedures. All medications at the main jail are dispensed in unit dose form. The satellite utilizes a blister card system supplied by the contracted pharmacy. As prescriptions are filled in the pharmacy, an eight-day supply is placed in the inmate's medication pouch, which is attached to the inmate's medication administration record (MAR). Nurses assigned to the housing units transport the medication pouches and MARs in a cart for each medication pass. Controlled medications are stored in a secure area in the pharmacy with appropriate logs and records. Each housing unit exam room has emergency medications in a secure box that are reviewed for expiration dates by on-site pharmacy staff. The housing unit exam rooms have over-the-counter medications and some stock medications that are reviewed by nursing staff regularly. There is a formulary, which is reviewed and modified annually by the Pharmacy and Therapeutics Committee. A pharmacist is on call to facilitate obtaining drugs when the pharmacy is closed. There is no "keep-on-person" program. The standard is met.

**J-D-03 Clinic Space, Equipment, and Supplies (I).** The clinic area is located in the center of the jail complex and includes a 24-bed infirmary (including three safe cells), a two-chair dental operatory with panorex capability, an x-ray unit, a two-chair dialysis unit, a fully equipped emergency /trauma room, several examinations rooms, a secure medical records area, several administrative offices, a pharmacy suite, a laboratory, inmate waiting rooms, and several mental health counseling rooms and offices. Each of the housing units (18) has a clinic area where the nurse and physician conduct routine sick call.

The satellite has a nurses' station, medication room, waiting area for inmates, two exam rooms, and a blood draw room. In addition, each floor that houses inmates has an appropriately equipped clinic/exam room. We were told that there is a need for additional mental health offices. Our observations during the survey support this claim. There are three administrators in one office and several mental health counselors in another. Additional administrative space could be helpful to the conduct of inmate mental health care. The standard is met.

**J-D-04 Diagnostic Services (I).** The jail does not possess a CLIA waiver. Radiograph services are subcontracted and x-ray equipment is available on site. Inmates housed in the satellite unit obtain x-ray services at the main jail's hospital.

Service contracts were reviewed, including those for ultrasound, radiology, orthopedics, and physical therapy. The standard is met.

**J-D-05 Hospital and Specialty Care (I).** A letter of understanding documents arrangements with a nearby community hospital for inpatient medical and specialized medical outpatient care. There are also agreements in place for psychiatric facilities. The standard is met.

### **E. INMATE CARE AND TREATMENT**

The standards in this section address the core of a health services program: that all inmates have access to health services, how they are to request emergency and non-emergency care, that health histories are obtained, that assessments and care can be demonstrated to be provided in a timely fashion, and that discharge planning is considered. In short, health care for the inmates is to be consistent with current community standards of care.

#### **Standard Specific Findings**

**J-E-01 Information on Health Services (E).** At the time of booking, inmates receive a handbook (available in English and Spanish) that contains information on the availability of health care services and the health-related grievance procedures. Signs explaining health service access and the co-pay policy are also posted in the intake area and in all of the housing units. The standard is met.

**J-E-02 Receiving Screening (E).** Both the main jail and the satellite are receiving facilities. Admissions are received directly from community policing agencies and from courts. Trained registered nurses complete receiving screening. All inmates receive a TB test during booking as well. Female inmates are tested for pregnancy.

At the main jail, trained deputies conduct the initial intake screening and the nurses complete a second screening. If the inmate has a medical problem, the deputy notifies the nurse immediately. Both forms ask essentially the same questions, but due to the number of inmates booked some days, this process was initiated so that receiving screening could be conducted in a timely manner. The standard is met.

**J-E-03 Transfer Screening (E).** Both jails utilize a transfer screening form when inmates are transferred from one facility to another. There are as many as 200 inmates transferred back and forth on any given day. Nurses at the satellite unit review all transfer records within 12 hours of an inmate's arrival from the main jail. The standard is met.

**J-E-04 Health Assessment (E).** Trained registered nurses completed the health assessments, which are reviewed by a physician. A review of the health assessment records indicated that approximately 10% of the inmates refused the health assessment. Other records indicated that health assessments were performed in a timely manner. A procedure is in place to provide annual health assessments. The standard is met.

**J-E-05 Mental Health Screening and Evaluation (I).** Trained registered nurses also complete the mental health evaluation and dental screening at the time of health assessment. Mental health staff are assigned to the intake area 20 hours a day. If the intake nurse feels that a new

inmate has mental health issues, he or she is referred to a mental health clinician. The RN conducts mental health screens on all inmates at the time of booking. The standard is met.

**J-E-06 Oral Care (E).** Nurses, mid-level practitioners, or physicians provide oral screening at the time of the health assessment. Dental services include extractions, fillings, and denture realignment. Dental emergencies are seen immediately or on the next business day. The RHA has surveyed community dental agencies and other jail systems and has found that they are compatible with community standards. The standard is met.

**J-E-07 Non-Emergency Health Care Requests and Services (E).** Routine sick call is available in the main jail seven days a week. Inmates place a sick call request in a locked sick call box located in each housing unit. The inmate retains a copy of the form. Nurses assigned to each housing unit triage the sick call slips at least once every 24 hours. If the triage process requires a face-to-face assessment, the inmate is seen in sick call within 24 to 48 hours during the week and within 72 hours on a weekend. When a referral to the physician, mid-level practitioner, mental health clinician, dentist, or a specialist is necessary, clinical need dictates timing. Nurses, physicians, and mid-level staff see inmates for sick call in the housing unit examination rooms.

Sick call in the satellite is provided seven days each week. Inmates place sick call slips in the housing units' locked boxes; nurses triage the requests within 24 hours; and inmates are seen by a nurse, mental health clinician, or physician within 24 to 48 hours, or 72 hours on a weekend, based on need. Policy, procedure, and practice indicate that the satellite population is generally healthy. When clinically indicated, inmates from the satellite would be transferred to the main jail for more extensive services. The standard is met.

**J-E-08 Emergency Services (E).** Emergency services are found to be adequate by the interviewed COs, AEDs are available throughout the facility, and there is a process to manage psychotic emergencies. The standard is met.

**J-E-09 Segregated Inmates (I).** Conditions of segregation at this facility require health rounds at least three times per week. In practice, nurses visit segregation cells daily and make notations on a segregation form. Rounds are documented on a computer print out. The nursing code describes the notations made. The standard is met.

**J-E-10 Patient Escort (I).** Patients are escorted to appointments as needed. The standard is met.

**J-E-11 Nursing Assessment Protocols (I).** Corporate nursing protocols are used. The standard is met.

**J-E-12 Continuity of Care During Incarceration (E).** We confirmed that continuity of care is appropriate. The standard is met.

**J-E-13 Discharge Planning (I).** Discharge planning is provided for AIDS and mental health patients, pregnant inmates, and those on methadone maintenance. A 10-day supply of medications is provided for these patients at their local pharmacy. At times, a bus pass is issued so that they can attend their first follow-up appointment. A letter is sent to the last known

address of inmates with serious medical conditions advising them to follow up and a list of community clinics and hospitals is provided. The standard is met.

#### F. HEALTH PROMOTION AND DISEASE PREVENTION

The standards in this section address health and lifestyle education and practices, as well as patient-specific instruction during clinical encounters.

##### Standard Specific Findings

**J-F-01 Health Education and Promotion (I).** Nursing clinics have a variety of health-related literature which is utilized during sick call. Each housing unit has information regarding MRSA and TB posted in both English and Spanish. The standard is met.

**J-F-02 Nutrition and Medical Diets (I).** At the time of the survey, approximately 310 medical diets were being prepared at each meal for patients with specific dietary needs. There is a "heart-healthy" general diet. Food service is contracted to a national food service contractor. A dietitian reviews menus semi-annually. The standard is met.

**J-F-03 Exercise (I).** All classes of inmates have the ability to exercise daily in either the courtyards attached to the housing area or in the yard for pregnant and minimum-security inmates. Basketball, volleyball, and weights are available in the yard. In the courtyard, basketball and a pull-up bar are available. The standard is met.

**J-F-04 Personal Hygiene (I).** Outer clothing and underwear are changed weekly. Inmates receive two pairs of boxers and two changes of clothes.

The standard requires all inmates to have the opportunity to shower daily, however, segregated inmates are not permitted to shower daily. **The standard is not met.**

Corrective action is required for Compliance Indicator #3 Personal hygiene practices can be particularly beneficial for those experiencing mental health difficulties or substance abuse problems. For many patients, self-esteem is enhanced as hygiene improves. Documentation of corrective action is required to demonstrate that all inmates are allowed to shower daily. The following is acceptable documentation for compliance: A signed memorandum from the jail commander to correctional staff indicating that all inmates, including segregated ones, will be allowed to shower daily.

**J-F-05 Use of Tobacco (I).** Smoking is not allowed in this facility. The standard is met.

### G. SPECIAL NEEDS AND SERVICES

The standards in this section address the needs of inmates with chronic conditions or other health conditions that require a multidisciplinary approach to treatment. These special needs include mental health issues.

#### Standard Specific Findings

**J-G-01 Special Needs Treatment Plans (E).** When required by the health condition(s) of the patient, special needs treatment plans define the required care for the individual. The standard is met.

**J-G-02 Management of Chronic Disease (I).** The RHA uses a combination of guidelines from the National Institutes of Health (NIH) and NCCHC to provide chronic care services. Care as reflected in the health record appears in compliance with current community standards. The standard is met.

**J-G-03 Infirmary Care (E).** The infirmary, known as the outpatient housing unit, is located adjacent to the main clinic and had 24 beds in operation at the time of the survey (the capacity is 27). Two of the beds are used for dialysis. There are seven negative air pressure rooms. Three rooms are considered safety cells for mental health patients. These rooms are suicide proof. Documentation of negative air pressure testing was available. The infirmary has a nurses' station and an intercom connected to each infirmary bed, providing a continuous means of summoning nursing staff. Registered nurses are on duty 24 hours, seven days a week. We reviewed the procedure manual. The standard is met.

**J-G-04 Mental Health Services (E).** Mental health services include on-site crisis intervention, short-term follow up, individual therapy, and psychotropic medication management. Substance abuse services are offered through "Inmate Programs", which is a separate division of the jail.

The mental health staff, including the psychiatrists, see patients on the units in order to be more efficient in meeting inmate needs. The providers ensure that the confidentiality of the encounter is not compromised. The standard is met.

**J-G-05 Suicide Prevention Program (E).** There is a suicide prevention program that addresses each of the 12 aspects of planning as described by the standard. There have been three suicides since the last survey (in 2005 and 2006). The mental health director has made an intensive effort to teach suicide prevention to deputies and health care staff and has emphasized everyone's responsibility to note changes in inmates' psychological appearance and notify mental health staff accordingly. Risk factors are identified on the back of all mental health screening forms. Documentation in the mortality reviews by the medical contractor and the county mental health provider included some discussions of corrective action. A multi-disciplinary Suicide Prevention Committee to review all suicides and attempted suicides in a comprehensive and coordinated approach to prevention has been established. There is one safety unit (a padded room) and two isolation cells on each housing unit. In the intake unit, there is a padded cell and a "sobering" room for substance abusers. There are three safety (padded) cells located in the medical housing unit. The standard is met.

**J-G-06 Intoxication and Withdrawal (E).** Individuals with intoxication or withdrawal are managed on site. A methadone program is also available on site and correctional staff are trained in recognizing addiction problems in inmates. The standard is met.

**J-G-07 Care of the Pregnant Inmate (E).** There is a well-coordinated program to care for the needs of pregnant inmates. Specialists in OB/GYN are available. A mid-level practitioner is responsible for this program, which includes education, parenting, exercises, and housing options after discharge. Ultrasounds are performed on site. The standard is met.

**J-G-08 Inmates With Alcohol or Other Drug Problems (I).** There is a narcotic treatment program and it is licensed to issue methadone to inmates that were receiving it prior to incarceration. Methadone is also available to pregnant inmates. The opioid treatment program (OTP) is accredited and there are written clinical guidelines for the management of AOD patients.

Self-help substance abuse programs and Deciding, Educating, Understanding, Counseling, and Evaluation (DEUCE) are held on a regular basis. It is a three-phase, 90-day course. Alcoholics Anonymous is also available in Spanish. The standard is met.

**J-G-09 Procedure In The Event Of Sexual Assault (I).** Victims of sexual assault are always referred to a community facility for treatment and the gathering of evidence. The standard is met.

**J-G-10 Pregnancy Counseling (I).** There is a pregnancy counseling program with extensive educational materials. The standard is met.

**J-G-11 Orthoses, Prostheses, and Other Aids to Impairment (I).** Aids to impairment, such as eyeglasses, are made available when clinically necessary. The standard is met.

**J-G-12 Care For The Terminally Ill (I).** Although it would be rare for a terminally ill inmate to be held, procedures are in place to make the appropriate accommodations. Consistent with state regulations, qualified health staff (responsible physician or regional medical director) initiate a request for the early release of terminally ill inmates. If this were to be denied, the inmate would be transferred to the local hospital. A referral system to hospices in the area for terminally ill inmates has been established. The standard is met.

## H. HEALTH RECORDS

The standards in this section address the importance of accurate health record documentation, health record organization and accessibility, and need to ensure that medical and mental health information is communicated when those records are separate documents.

### Standard Specific Findings

**J-H-01 Health Record Format and Contents (E).** Inmate medical and mental health records are maintained in separate hard copy formats. The medical record has a copy of the mental health treatment plan and copies of progress notes by mental health clinicians. We confirmed



that critical health information is shared among medical and mental health staff on an ongoing basis. The standard is met.

**J-H-02 Confidentiality of Health Records and Information (E).** Confidentiality of medical records is maintained. The standard is met.

**J-H-03 Access To Custody Information (I).** Qualified health care professionals have access to information in the inmate's custody record. The standard is met.

**J-H-04 Availability and Use of Health Records (I).** The health record is available for clinical encounters and documents each patient care encounter. The standard is met.

**J-H-05 Transfer of Health Records (I).** With written authorization from the inmate, pertinent health information accompanies him or her during a transfer outside the correctional system's jurisdiction. The standard is met.

**J-H-06 Retention of Health Records (I).** Health records are retained by the Sheriff's Office for 25 years. The standard is met.

### **I. MEDICAL-LEGAL ISSUES**

The standards in this section address the most complex issues facing correctional health care providers. While the rights of inmate-patients in a correctional setting are generally the same as those of a patient in the free world, the correctional setting often adds additional considerations when patient care is decided. The rights of the patient, and the duty to protect that patient and others, may conflict; however, ethical guidelines, professional practice standards, and NCCHC's standards are the determining factors regarding these interventions and issues.

#### **Standard Specific Findings**

**J-I-01 Use of Restraint and Seclusion in Correctional Facilities (E).** The policy of the jail does not permit either clinically ordered or custody ordered restraints. The use of tasers has just been implemented. The jail commander reviews all incident reports involving tasers and medical personnel must examine all inmates on whom tasers have been employed. Interviews with health staff and custody staff confirm this practice. The standard is met.

**J-I-02 Emergency Psychotropic Medication (E).** Policy and procedure state that emergency forced psychotropic medication is not employed at this facility. The standard is met.

**J-I-03 Forensic Information (I).** Health staff are prohibited from participating in the collection of forensic information. The county mental health provider, in accord with state penal code, completes court orders for psychiatric evaluations. The reports are confidential and do not discuss forensic issues, such as the inmate's competency or potential danger to the community. The standard is met.

**J-I-04 End-Of-Life Decision Making (I).** Advance directives are available to seriously ill inmates upon request and they are informed of their diagnosis, prognosis, care options, consequences, and the availability of palliative and hospice care. The standard is met.

**J-1-05 Informed Consent (I).** Informed consent is documented for invasive procedures or any treatment associated with some risk to the patient. The standard is met.

**J-1-06 Right to Refuse Treatment (I).** Refusals of treatment or procedures are documented. The standard is met.

**J-1-07 Medical and Other Research (I).** Health-related research is not conducted at this facility. The standard is met.