



STANDARDS FOR HEALTH SERVICES IN PRISONS

JULY 1979

64682

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

AMERICAN MEDICAL ASSOCIATION
STANDARDS FOR HEALTH SERVICES IN PRISONS

July, 1979

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

This project was supported by Grant Number 77-ED-99-0026, 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.

AMERICAN MEDICAL ASSOCIATION
STANDARDS FOR HEALTH SERVICES IN PRISONS

Preface

The AMA's Standards for Health Services in Prisons are the result of deliberations by the AMA Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions, three special national task forces and AMA staff. Equally important, several hundred correctional health care administrators and health care providers throughout the United States have contributed substantially to the prison standards. A "prison" is defined as an adult post-conviction correctional facility, under the management of state or federal auspices, which has custodial authority over adults sentenced to confinement for more than a year.

The standards reflect the viewpoint of organized medicine regarding the definition of "adequate" medical care and health services insisted upon by the courts. Many correctional facilities are under one form or another of legal action for failure to provide adequate health care. The trend in court decisions has been to respond positively to systems which are attempting to improve health care services, even though they have not met all minimum standards.

The health service program must function as part of the overall institutional program. The Standards call for close cooperation and coordination between the medical staff, other professional staff, correctional personnel and facility administration.

Past experience has shown that the AMA's Standards for Health Services in Jails have been met by jails which range from the smallest local to the largest metropolitan facilities. The AMA's Standards for Health Services in Prisons which are basically similar to the jail health service standards are expected to serve equally well for varying sized prison facilities.

Implementation of the prison standards ensures that the mechanisms for the delivery of adequate health care are operational. In most instances, compliance with a standard can be obtained in a variety of ways. Regardless of the approach taken, those responsible for the health care system should strive to meet both the letter and spirit of each 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 is measured in terms of the specific language. Thus, if a standard requests a written policy and defined procedure requiring screening of each inmate for designated conditions within a specific period after arrival to the facility, it is necessary that the facility have not only the policy and procedures but also operate the

program as outlined for each eligible inmate. In other words, there is supported documented evidence of the implemented procedure.

There are twenty-three standards identified in this document as Essential. These standards are recognized by organized medicine as critical for a viable health care delivery system. The remaining forty-six standards are considered important to complete a prison health care delivery system.

How to Use This Document

There are sixty-nine standards included in this document. They are arranged numerically within specific topic areas (e.g., administrative, personnel, etc.). The actual standard on any given issue appears to the right of the number. Following each standard is a "Discussion." The discussion elaborates on the conceptual basis of the standard and in some instances, identifies alternative approaches to compliance. In addition, definitions of key terms may be found in the discussion sections. The first time a key term appears, it is underlined in the standard itself and if not defined in the standard, it is defined in the discussion.

TABLE OF CONTENTS

<u>PREFACE</u>		i
<u>STANDARDS</u>		iii
Section A.	ADMINISTRATIVE	1
101	Responsible Health Authority (Essential)	2
102	Medical Autonomy (Essential)	2
103	Administrative Meetings	3
104	Administrative Reports (Essential)	3
105	Policies and Procedures (Essential)	3
106	Policy, Procedure, Program Updating	5
107	Support Services	5
108	Liaison Staff	6
109	Peer Review	6
110	Public Advisory Committee	7
111	Sharing of Information	7
112	Decision Making: Psychiatric Patients	8
113	Transfer of Patients with Acute Illnesses	8
114	Monitoring of Services	8
115	Health Trained Correctional Officers (Essential)	9
116	First Aid Kits	9
117	Access to Diagnostic Services	10
118	Routine Transfer of Inmates	10
119	Notification of Next of Kin	11
120	Postmortem Examination	11
121	Disaster Plan	11
Section B.	PERSONNEL	12
122	Licensure (Essential)	13
123	Job Descriptions (Essential)	13
124	Staff Development and Training	13
125	Professional Publications	14
126	Health Appraisal Personnel (Essential)	14
127	Medications Administration Training (Essential)	14
128	Training for Emergency Situations (Essential)	15
129	First Aid Training	15
130	Training of Staff Regarding Mental Illness and Chemical Dependency (Essential)	15
131	Health and Hygiene Requirements: Food Service Workers	16
132	Utilization of Volunteers	16
133	Inmate Workers (Essential)	17

<u>STANDARDS (Cont.)</u>	<u>PAGE</u>
Section C. CARE AND TREATMENT	18
134 Levels of Care	19
135 Treatment Philosophy	19
136 Continuity of Care	20
137 Access to Treatment (Essential)	20
138 Direct Orders (Essential)	20
139 Standing Orders	21
140 Receiving Screening (Essential)	21
141 Delousing	22
142 Health Appraisals (Essential)	22
143 Dental Care	23
144 Interim Health Appraisals: Mentally Ill and Retarded	24
145 Daily Triaging of Complaints (Essential)	24
146 Sick Call (Essential)	25
147 Medical Evaluation: Inmates in Segregation	25
148 Chemically Dependent Inmates	25
149 Detoxification (Essential)	26
150 Special Medical Program	27
151 Infirmary Care (Essential)	27
152 Hospital Care	28
153 Preventive Care	28
154 Emergency Services (Essential)	29
155 Chronic and Convalescent Care	29
156 Pregnant Inmates	30
157 Nutritional Requirements	30
158 Special Diets	30
159 Use of Restraints	31
160 Prostheses	31
161 Exercising	31
162 Personal Hygiene	32
Section D. PHARMACEUTICALS	33
163 Management of Pharmaceuticals (Essential)	34
Section E. HEALTH RECORDS	35
164 Health Record (Essential)	36
165 Confidentiality of the Health Record	36
166 Transfer of Health Records and Information	37
167 Records Retention	37
Section F. MEDICAL LEGAL ISSUES	38
168 Informed Consent	39
169 Medical Research	40

A. ADMINISTRATIVE

Various aspects of management of the health care delivery system in a correctional institution, including processes and resources, are addressed. The method of formalizing the health care system is outlined. However, the standards do not dictate organizational structure.

RESPONSIBLE HEALTH AUTHORITY
(Essential)

101 The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract or job description. The health authority may be a physician, health administrator or agency. When this authority is other than a physician, final medical judgments rest with a single designated responsible physician licensed in the state.

Discussion: Health care is the sum of all action taken, preventive and therapeutic, to provide for the physical and mental well-being of a population. Health care, among other aspects, includes medical and dental services, personal hygiene, dietary and food services, and environmental conditions.

The health authority responsibility includes arranging for all levels of health care and assuring quality and accessibility of all health services provided to inmates. It may be necessary for the facility to enter into written agreements with outside providers and facilities in order to meet all levels of care.

A responsible physician is required in all instances; he or she makes the final medical judgments. In most situations the responsible physician will be the health authority. In many instances the responsible physician also provides primary care.

MEDICAL AUTONOMY
(Essential)

102 Matters of medical and dental judgment are the sole province of the responsible physician and dentist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Discussion: 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 official responsible for the facility provides the administrative support for accessibility of health services to inmates.

Health personnel have been called upon to provide non-medical services to inmates: "talking to troublemakers," providing special housing for homosexuals or scapegoats in the infirmary or to medicate unruly inmates. These are examples of inappropriate use of medical care.

ADMINISTRATIVE MEETINGS

- 103 Health services are discussed at least quarterly at documented administrative meetings between the health authority and the official legally responsible for the facility.

Discussion: Administrative meetings held at least quarterly are essential for successful programs in any field. Problems are identified and solutions sought. Health care staff are also encouraged to attend other facility staff meetings to promote a good working relationship among all staff.

Regular staff meetings which include the health authority and the official legally responsible for the facility with discussion of health care services meet compliance.

ADMINISTRATIVE REPORTS (Essential)

- 104 There is, minimally, a quarterly report on the health care delivery system and health environment and an annual statistical summary.

Discussion: The health authority submits a quarterly report to the facility administrator on the health care delivery system and the health environment. Minutes of the administrative meetings noted in Standard 103 above may also be used to meet this requirement for a quarterly report, which includes: the effectiveness of the health care system, description of any health environment factors which need improvement, changes effected since the last reporting period, and if needed, recommended corrective action.

The annual statistical report indicates the number of inmates receiving health services by category of care, as well as other pertinent information (e.g., operative procedures, referrals to specialists, ambulance services, etc.).

Reports done more frequently than quarterly or annually satisfy compliance.

POLICIES AND PROCEDURES (Essential)

- 105 There is a manual of written policies and defined procedures approved by the health authority which includes the following:

105
cont.

Peer review (Standard 109)*
Sharing of information (111)
Decision-making; psychiatric patients (112)
Transfer of patients with acute illnesses (113)
Health trained correctional officers (115)
Access to diagnostic services (117)
Routine transfer of inmates (118)
Notification of next of kin (119)
Postmortem examination (120)
Disaster plan (121)
Health appraisal personnel (126)
Medications administration training (127)
Training for emergency situations (128)
First aid training (129)
Training of staff regarding mental illness and
chemical dependency (130)
Health and hygiene requirements: food service
workers (131)
Utilization of volunteers (132)
Inmate workers (133)
Levels of care (134)
Treatment philosophy (135)
Continuity of care (136)
Access to treatment (137)
Receiving screening (140)
Delousing (141)
Health appraisal (142)
Dental care (143)
Interim health appraisals: mentally ill and
retarded inmates (144)
Daily triaging of complaints (145)
Sick call (146)
Medical evaluation: inmates in segregation (147)
Chemically dependent inmates (148)
Detoxification (149)
Special medical program (150)
Infirmary care (151)
Preventive care (153)
Emergency services (154)
Chronic and convalescent care (155)
Pregnant inmates (156)
Special diets (158)
Use of restraints (159)
Prostheses (160)
Exercising (161)
Personal hygiene (162)
Management of pharmaceuticals (163)
Confidentiality of health record (165)
Transfer of health records and information (166)
Record retention (167)

*Numbers in parentheses denote the number of the standard to which
policy and/or procedures pertain.

POLICY, PROCEDURE, PROGRAM UPDATING

- 106 Each policy, procedure and program in the health care delivery system is reviewed at least annually and revised as necessary under the direction of the health authority. Each document bears the date of the most recent review or revision and signature of the reviewer.

Discussion: Regular review of policies, procedures and programs is considered good management practice. This process allows the various changes made during the year to be formally incorporated into the agency manual instead of accumulating a series of scattered documents. More importantly, the process of annual reviews facilitates decision making regarding previously discussed but unresolved matters.

SUPPORT SERVICES

- 107 If health services are delivered in the facility, adequate staff, space, equipment, supplies and materials as determined by the health authority are provided for the performance of health care delivery.

Discussion: The type of space and equipment for the examination/treatment room will depend upon the level of health care provided in the facility and the capabilities and desires of 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., wheelchair and litter).

If female inmates receive medical services in the facility, appropriate equipment should be available for pelvic examinations.

LIAISON STAFF

- 108 In facilities without any full-time qualified health personnel, a health trained staff member coordinates the health delivery services in the facility under the joint supervision of the responsible physician and facility administrator.

Discussion: Invaluable service can be rendered by a health trained corrections officer or social worker who may, full or part time, review receiving screening forms for follow-up attention, facilitate sick call by having inmates and records available for the health provider, and help to carry out physician orders regarding such matters as diets, housing and work assignments.

Qualified health personnel are physicians, dentists, and other professional and technical workers who by state law 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.

Health trained staff may include correctional officers and other personnel without licenses who are trained in limited aspects of health care as determined by the responsible physician.

PEER REVIEW

- 109 Written policy defines the medical peer review program utilized by the facility.

Discussion: Quality assurance programs are methods of insuring the quality of medical care. Funding sources sometimes mandate quality assurance review as a condition for funding medical care.

The American Medical Association Resolution 121 (A-76) on quality assurance passed by the AMA House of Delegates (1976) reads, "RESOLVED, That the American Medical Association endorse the principle that correctional facilities provide adequate medical care to their inmates which is subject to physician peer review in each community."

PUBLIC ADVISORY COMMITTEE

- 110 If the facility has a public advisory committee, the committee has health care services as one of its charges. One of the committee members is a physician.

Discussion: Correctional facilities are public trusts but are often removed from public awareness. Advisory committees fill an important need in bringing the best talent in the community to help in problem-solving. The role of the advisory committee is to review the facility's program and advise those responsible. Such a monitoring process helps the staff identify problems, solutions and resources.

The committee may be an excellent resource for support or facilitation of medical peer review processes which are carried out by the medical society or other peer review agencies.

The composition of the committee should be representative of the community and the size and character of the correctional facility. The advisory committee should represent the local medical and legal professions and may include key lay community representatives.

SHARING OF INFORMATION

- 111 Written policy requires that the responsible physician or his/her designee has access to information contained in the inmate's confinement record when the physician believes information contained therein may be relevant to the inmate's health.

Discussion: Arrested persons frequently are in a state of high anxiety and forget details of their lives which may be important from a health standpoint. A review of the record regarding previous drug and alcohol arrests, condition at the time of arrest and possession of medications, may be important to the physician in determining the inmate's total health picture. Additionally, particularly in states which have decriminalized public inebriacy, information on previous alcohol usage, diagnosis and treatment should be reviewed.

DECISION MAKING - PSYCHIATRIC PATIENTS

- 112 Written policy requires consultation between the facility administrator and the responsible physician or their designees prior to the following actions being taken regarding patients who are diagnosed as having a psychiatric illness:

Housing assignments;
Program assignments;
Disciplinary measures;
Transfer in and out of institution.

Discussion: Maximum cooperation between custody personnel and health care providers is essential so that both groups are made aware of movements and decisions regarding psychiatric patients. Psychiatric problems may complicate work assignments or disciplinary management. Medications may have to be adjusted for safety at the work assignment or prior to transfer.

TRANSFER OF PATIENTS WITH ACUTE ILLNESSES

- 113 Written policy and defined procedures require that patients with acute psychiatric and other serious illnesses as defined by the health authority, who require health care beyond the resources available in the facility, are transferred or committed to a facility where such care is available.

Discussion: All too often seriously ill inmates have been maintained in correctional facilities in unhealthy and anti-therapeutic environments. The following conditions should be met if treatment is to be provided in the facility:

- 1) Safe, sanitary humane environment as required by sanitation, safety and health codes of the jurisdiction.
- 2) Adequate staffing/security to help inhibit suicide and assault, i.e., staff within sight or sound of all inmates.
- 3) Trained personnel available to provide treatment and close observation.

MONITORING OF SERVICES

- 114 The monitoring of health services rendered by providers other than physicians and dentists is performed by the responsible physician

114 who reviews the health services delivered, as follows;
cont.

- At least once per month in facilities with less than 50 inmates;
- At least every two weeks in facilities of 50 to 200 inmates; and
- At least weekly in facilities of over 200 inmates.

Discussion: The responsible health authority must be aware that patients are receiving appropriate care and that all written instructions and procedures are properly carried out.

HEALTH TRAINED CORRECTIONAL OFFICERS (Essential)

115 Written policy and defined procedures exist regarding the provision of an adequate number of health trained correctional officers as follows:

- Inmates are within sight or sound of at least one health trained correctional officer at all times; and
- Minimally, one health trained correctional officer per shift is trained in basic cardio-pulmonary resuscitation (CPR) and recognition of symptoms of illnesses most common to the inmates.

Discussion: Health protection can best be achieved by providing an adequate number of correctional officers who are trained in various aspects of health care. At a minimum a health trained correctional officer is skilled in basic first aid. The standard also requires that at least one officer per shift has additional training in CPR and symptom recognition.

FIRST AID KITS

116 First aid kit(s) are available in designated areas of the facility. The health authority approves the contents, number, location and procedures for monthly inspection of the kit(s).

Discussion: Examples of content for first aid kits include: roller gauze, sponges, triangle bandage, adhesive tape, band aids, etc., but not emergency drugs.

Kits can be either purchased or can be assembled

116
cont.

from improvised materials. All kits, whether purchased or improvised, meet compliance if the following points are observed in their selections:

The kits should be large enough and should have the proper contents for the place where it is to be used.

The contents should be arranged so that the desired package can be found quickly without unpacking the entire contents of the box.

Material should be wrapped so that unused portions do not become dirty through handling.

ACCESS TO DIAGNOSTIC SERVICES

- 117 Written policy and defined procedures require the outlining of access to laboratory and diagnostic services utilized by facility providers.

Discussion: Specific resources for the studies and services required to support the level of care provided to inmates of the facility, e.g., private laboratories, hospital departments of radiology and public health agencies, are important aspects of a comprehensive health care system and need to be identified and specific procedures outlined for their use.

ROUTINE TRANSFER OF INMATES

- 118 Written policy and defined procedures require that medical aspects are included for the routine transfer of inmates to other facilities.

Discussion: The medical aspects may address:

Suitability for travel based on medical evaluation;
Preparation of a summary or copy of pertinent health record information;
Medication or other therapy required en route;
Instructions to transporting personnel regarding medication or other special treatment.

NOTIFICATION OF NEXT OF KIN

- 119 Written policy and defined procedures require notification of the inmate's next of kin or legal guardian in case of serious illness, injury or death.

POSTMORTEM EXAMINATION

- 120 Written policy and defined procedures require that in the event of an inmate death:

The medical examiner or coroner is notified immediately; and
A postmortem examination is requested by the responsible health authority if the death is unattended or under suspicious circumstances.

Discussion: If the cause of death is unknown or occurred under suspicious circumstances or the inmate was unattended from the standpoint of not being under current medical care, a postmortem examination is in order.

DISASTER PLAN

- 121 Written policy and defined procedures require that the health aspects of the facility's disaster plan are approved by the responsible health authority and facility administrator.

Discussion: Policy and procedures for health care services in the event of a man-made or natural disaster, riot or internal or external (e.g., civil defense, mass arrests) disaster must be incorporated in the correctional system plan and made known to all facility personnel.

B. PERSONNEL

Standards pertaining to qualifications and training of facility staff, work appraisal and staff supervision are included.

LICENSURE
(Essential)

- 122 State licensure, certification or registration requirements and restrictions apply to health care personnel who provide services to inmates. Verification of current credentials is on file in the facility.

Discussion: When applicable laws are ignored or not applied, the quality of health care is compromised.

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

Health care employees in Federal institutions must meet USPHS Commission Corps or Federal Civil Service Commission requirements for the job in which they are functioning.

JOB DESCRIPTIONS
(Essential)

- 123 Written job descriptions define the duties and responsibilities of personnel who provide health care and are in accordance with their roles in the facility's health care system. These are approved by the health authority.

STAFF DEVELOPMENT AND TRAINING

- 124 A written plan approved by the health authority provides for all health services personnel to participate in orientation and training appropriate to their health care delivery activities.

Discussion: Providing health services in a detention/correctional facility is a unique task which requires particular experience or orientation for personnel. These needs should be formally addressed by the health authority based on the requirements of the institution.

All levels of the health care staff require regular continuing staff development and training in order to provide the highest quality of care. The written plan should outline the frequency of continuing training sessions for each staff position.

Proper initial orientation and continuing staff development and training may serve to decelerate "burn-out" of

- 124 health providers and help to re-emphasize the goals and
cont. philosophy of the health care system.

PROFESSIONAL PUBLICATIONS

- 125 Professional staff have available for reference, standard and current publications as determined by the responsible health authority.

HEALTH APPRAISAL PERSONNEL
(Essential)

- 126 Written policy and defined procedures for the collection and recording of health appraisal data require that:

The forms are approved by the health authority;
Health history and vital signs are collected by
health trained or qualified health personnel;
and
Collection of all other health appraisal data
is performed only by qualified health personnel.

Discussion: Please refer to Standard 108 for definitions of the different levels of health personnel.

Please refer to Standard 142 for a definition of health appraisal.

MEDICATIONS ADMINISTRATION TRAINING
(Essential)

- 127 Written policy and defined procedures guide the training of personnel who administer or distribute medication and require:

Training from the responsible physician and the facility administrator or their designees.

Training regarding:

Accountability for administering or distributing medications in a timely manner according to physician orders; and

Recording the administration or distribution of medications in a manner and on a form approved by the health authority.

Discussion: Training from the responsible physician encompasses the medical aspects of the administration or distribution of medications; training from the facility administrator encompasses security matters inherent in the administration or distribution of medications in a

127
cont.

correctional facility.

The concept of administration or distribution of medications according to orders includes performance in a timely manner.

Please refer to Standard 163 for the definition of administration or distribution of medication.

TRAINING FOR EMERGENCY SITUATIONS
(Essential)

128 Written policy and a training program, established by the responsible health authority in cooperation with the facility administrator, guides the training of all correctional personnel who work with inmates to respond to health-related emergency situations. The training covers at least the following:

Types of and action required for potential emergency situations;
Signs and symptoms of an emergency;
Administration of first aid;
Methods of obtaining emergency care; and
Procedures for transferring patients to appropriate medical facilities or health care providers.

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

Please refer to Standard 134 for the definitions of first aid and emergency care.

FIRST AID TRAINING

129 Written policy requires that all correctional personnel have been trained within the past five years in basic first aid equivalent to that defined by the American Red Cross.

STAFF TRAINING - MENTAL ILLNESS AND CHEMICAL DEPENDENCY
(Essential)

130 Written policy requires that all correctional personnel who work with inmates are trained by the responsible physician or his/her designee to recognize signs and symptoms of chemical dependency and emotional disturbance and/or developmental disability, particularly mental retardation.

130
cont.

Discussion: This training is essential for the recognition of inmates who need evaluation and possible treatment, which, if not provided could lead to life-threatening situations.

HEALTH AND HYGIENE REQUIREMENTS - FOOD SERVICE WORKERS

131 Written policy and defined procedures concerning adequate health protection for all inmates and staff in the facility require that inmates and other persons working in the food service:

- Have a pre-service physical examination;
- Are subject to periodic re-examinations conducted in accordance with local requirements regarding restaurant and food service employees in the community;
- Be instructed to wash their hands upon reporting to duty and after using toilet facilities.

If 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.

Discussion: All inmates and other persons working in the food service should be free from diarrhea, skin infections and other illnesses transmissible by food or utensils.

UTILIZATION OF VOLUNTEERS

132 Written policy and defined procedures approved by the health authority and facility administrator for the utilization of volunteers in health care delivery include a system for selection, training, length of service, staff supervision, definition of tasks, responsibilities and authority.

Discussion: To make the experience of volunteers productive and satisfying for everyone involved -- patients, staff, administration and the public -- goals and purposes must be clearly stated and understood and the structure of the volunteer program well defined.

Volunteers are an important personnel resource in the provision of human services. As demands for service increase, volunteers can be expected to play an increasingly important part in health care service delivery.

132
cont.

The most successful volunteer programs treat volunteers like staff for all aspects except pay; this includes requiring volunteers to safeguard the principle of confidentiality as do staff.

INMATE WORKERS
(Essential)

133 Written policy requires that inmates are prohibited from the following duties:

Performing direct patient care services;
Scheduling health care appointments;
Determining access of other inmates to health care services;
Handling or having access to:
Surgical instruments,
Syringes,
Needles,
Medications,
Health records; and
Operating equipment for which they are not trained.

Discussion: Understaffed correctional institutions are inevitably tempted to use inmates in health care delivery to perform services for which civilian personnel are not available.

Their use frequently violates state laws, invites litigation and brings discredit to the correctional health care field, to say nothing of the power these inmates can acquire and the severe pressure they receive from fellow inmates.

C. CARE AND TREATMENT

Various aspects of the care and treatment of patients, such as treatment philosophy, access to services, practices and procedures are included in this section.

LEVELS OF CARE

134

Written policy and defined procedures guide the following levels of care provided to inmates of the facility: self-care, first aid, emergency care, clinic care, infirmary care and hospital care.

Discussion: The services may be provided on-site, off-site in the community or at another correctional facility.

Self-care is defined as:

Care for a condition which can be treated by the inmate and may include "over-the-counter" type medications.

First aid is defined as:

Care for a condition which requires immediate assistance from a person trained in first aid procedures.

Emergency care is defined as:

Care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.

Clinic care is defined as:

Care for an ambulatory inmate with health care complaints which are evaluated and treated at sick call or by special appointment.

Infirmary care is defined as:

Inpatient bed care for illness or diagnosis which requires limited observation and/or management and does not require admission to a licensed hospital.

An infirmary is defined as: An area established within the correctional facility which maintains and operates organized bed care facilities and services to accommodate two or more inmates for a period of 24 hours or more, and which is operated for the express or implied purpose of providing skilled nursing care for persons who are not in need of hospitalization.

Hospital care is defined as:

Inpatient care for illness or diagnosis which requires optimal observation and/or management in a licensed hospital.

TREATMENT PHILOSOPHY

135

Written policy states that health care is rendered with consideration of the patient's dignity and feelings.

Discussion: Medical procedures are performed in privacy,

135
cont.

with a chaperone present when indicated, and in a manner designed to encourage the patient's subsequent utilization of appropriate health services.

When rectal or pelvic examinations are indicated, verbal consent should be obtained from the patient.

CONTINUITY OF CARE

136 Written policy and defined procedures require continuity of care from admission to discharge from the facility, including referral to community care when indicated.

Discussion: As in the community, health providers should obtain information regarding previous care when undertaking the care of a new patient; likewise, when the care of the patient is transferred to providers in the community, appropriate health information is shared with the new providers in accord with consent requirements.

ACCESS TO TREATMENT (Essential)

137 Written policy and defined procedures require that information regarding access to and the processing of complaints regarding health care or services is communicated orally and in writing to inmates upon arrival at the facility.

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 explained and written in their language. Signs posted in the dayroom/living area do satisfy compliance; signs posted in the booking area do not satisfy compliance.

DIRECT ORDERS (Essential)

138 Treatment by health care personnel, other than a physician or dentist, is performed pursuant to direct orders written and signed by personnel authorized by law to give such orders.

Discussion: Medical and other practice acts differ in various states as to issuing direct orders for treatment and therefore, laws in each state need to be studied for implementation of this standard.

STANDING ORDERS

139 If standing medical orders exist, they are signed by the responsible physician.

Discussion: Standing medical orders are written for the definitive treatment of identified conditions and for on-site treatment of emergency conditions for any person having the condition to which the order pertains.

RECEIVING SCREENING (Essential)

140 Written policy and defined procedures require receiving screening to be performed by health trained or qualified health care personnel on all inmates, including transfers, upon arrival at the facility with the findings recorded on a printed screening form approved by the health authority. The screening includes at a minimum:

Inquiry into:

- Current illness and health problems including venereal diseases;
- Medications taken and special health requirements;
- Use of alcohol and other drugs including types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems which may have occurred after ceasing use (e.g., convulsions); and
- Other health problems designated by the responsible physician.

Observation of:

- Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;
- Body deformities, ease of movement, etc.
- Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

Disposition to:

- General inmate population; or
- General inmate population and later referral to appropriate health care service; or
- Referral to appropriate health care service on an emergency basis.

Discussion: Receiving screening is a system of structured inquiry and observation 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

140
cont.

population and to rapidly get newly admitted inmates to medical care. Receiving screening can be performed by health personnel or by a trained correctional officer at the time of booking/admission.

Facilities which have reception and diagnostic units and/or a holding room must conduct receiving screening on all inmates upon arrival at the facility, as part of the booking/admission procedure. In short, placing two or more inmates in a holding room pending screening the next morning fails to meet compliance.

DELOUSING

- 141 Written policy approved by the responsible physician defines delousing procedures used in the facility.

HEALTH APPRAISAL (Essential)

- 142 Written policy and defined procedures require that health appraisal for each inmate is completed within 14 days after arrival at the facility; in the case of an inmate who has received a health appraisal within the previous 90 days, the need for a new health appraisal is determined by the physician or his/her designee. Health appraisal includes:

- Review of the earlier receiving screening;
- Collection of additional data to complete the medical, dental, psychiatric and immunization histories;
- Laboratory and/or diagnostic test results to detect communicable disease, including venereal diseases and tuberculosis;
- Recording of height, weight, pulse, blood pressure and temperature;
- Other tests and examinations as appropriate;
- Medical examination with comments about mental and dental status;
- Review of the results of the medical examination, tests and identification of problems by a physician; and
- Initiation of therapy when appropriate.

Discussion: 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.

142
cont.

The extent of health appraisal, including medical examination, is defined by the responsible physician.

When appropriate, additional investigation should be carried out regarding:

The use of alcohol and/or drugs, including types of substances abused, mode of use, amounts used, frequency of use, and date or time of last use.

Current or previous treatment for alcohol or drug abuse and if so, when and where.

Whether the inmate is taking medication for an alcohol or drug abuse problem such as disulfiran, methadone hydrochloride and those under clinical investigation, naltrexone or LAAM (levo-alpha-acetylmethadol).

Whether the inmate is taking medication for a psychiatric disorder and if so, what drugs, and for what disorder.

Current or past illnesses and health problems related to the substance abuse such as hepatitis, seizures, traumatic injuries, infections, liver diseases, etc.

Further assessment of psychiatric problems identified at receiving screening or after admission is provided by either the medical staff or the psychiatric services staff within 14 days. In most facilities it can be expected that assessment will be done by a general practitioner or family practitioner.

Psychiatric services staff are psychiatrists, general-family physicians with psychiatric orientation, psychologists, psychiatric nurses, social workers and trained correctional counselors.

DENTAL CARE

143 Written policy and defined procedures require that the program of dental care for all inmates provides that:

The program is under the direction of a designated dentist;

Dental care is under the direction and supervision of a dentist licensed in the state;

Dental examination occurs within 14 days of admission;

A defined classification system identifies the oral health condition and specifies the priorities of treatment by category;

Treatment is in accordance with a treatment plan

that is not limited to extractions, but is considered appropriate for the needs of the individual as determined by the treating dentist; and Consultation through referral to recognized specialists in dentistry is available.

Discussion: The dental examination should include taking or reviewing the patient's dental history, and examination of hard and soft tissue of the oral cavity by means of an illuminator light, mouth mirror, and explorer. X-rays for diagnostic purposes should be available if deemed necessary. The results are recorded on an appropriate uniform dental record utilizing a number system such as the Federation Dentaire Internationale System.

Dental examination and treatment are performed only by a dentist.

INTERIM HEALTH APPRAISAL: MENTALLY ILL AND RETARDED

144 Written policy and defined procedures require post-admission screening and referral for care of mentally ill or retarded inmates whose adaptation to the correctional environment is significantly impaired.

The health authority provides a written list of specific referral resources.

Discussion: Psychiatric problems identified either at receiving screening or after admission must be followed up by medical staff. The urgency of the problems determines the responses. Suicidal and psychotic patients are emergencies and require prompt attention.

Inmates awaiting emergency evaluation should be housed in a specially designated area with constant supervision by trained staff. Inmates should be held for only the minimum time necessary but no longer than 12 hours before emergency care is rendered.

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.

DAILY TRIAGING OF COMPLAINTS (Essential)

145 Written policy and defined procedures require that inmates' health complaints are processed at least daily, as follows:

145
cont.

Solicited daily and acted upon by health trained correctional personnel; and
Appropriate triage and treatment by qualified health personnel follow.

SICK CALL
(Essential)

146 Written policy and defined procedures require that sick call, conducted by a physician and/or other qualified health personnel, is available to each inmate as follows:

In small facilities of less than 100 inmates, sick call is held once per week at a minimum;
In medium sized facilities of 100 to 300 inmates, sick call is held at least three times per week; and
In facilities of over 300 inmates, sick call is held a minimum of four times per week.

If an inmate's custody status precludes attendance at sick call, arrangements are made to provide sick call services in the place of the inmate's detention.

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

MEDICAL EVALUATION - INMATES IN SEGREGATION

147 Written policy and defined procedures require that inmates removed from the general population and placed in segregation are evaluated at least three (3) times weekly by qualified health care personnel.

Discussion: Due to the possibility of injury and/or depression during such periods of isolation, health evaluations should include notation of bruises or other trauma markings, and comments regarding attitude and outlook.

Carrying out this policy may help to prevent suicide or an illness from becoming serious.

CHEMICALLY DEPENDENT INMATES

148 Written policy and defined procedures regarding the clinical management of chemically dependent inmates require:

Diagnosis of chemical dependency by a physician;
A physician deciding whether an individual requires
pharmacological or non-pharmacological supported
care;
An individualized treatment plan which is developed
and implemented; and
Referral to specified community resources upon
release when appropriate.

Discussion: Existing community resources should be
utilized if possible.

The term chemical dependency refers to individuals who
are physiologically and/or psychologically dependent on
alcohol, opium derivatives and synthetic drugs with
morphine-like properties (opioids), stimulants and
depressants.

DETOXIFICATION (Essential)

Written policy and defined procedures require that detoxification
from alcohol, opioids, stimulants and sedative hypnotic drugs is
effected as follows:

When performed at the facility it is under
medical supervision; and
When not performed in the facility it is
conducted in a hospital or community
detoxification center.

Discussion: Detoxification refers to the process by
which an individual is gradually withdrawn from a drug
by administering decreasing doses either of the same
drug upon which the person is physiologically dependent
or one that is cross-tolerant to it or a drug which has
been demonstrated to be effective on the basis of
medical research. The detoxification of patients
who may pose special risks, e.g., psychotics, seizure-
prone, pregnant, juvenile, geriatric, requires special
attention.

Opioids refer to derivatives of opium (e.g., morphine,
codeine and synthetic drugs with morphine-like proper-
ties).

Detoxification in alcohol dependent individuals does
not involve administering decreasing doses of alcohol;
it does involve administering decreasing doses of drugs
which are cross-tolerant (antagonistic) with alcohol,
e.g., benzodiazepines.

SPECIAL MEDICAL PROGRAM

150 Written policy and defined procedures guide the special medical program which exists for inmates requiring close medical supervision. A written individualized treatment plan exists for these patients, developed by a physician, which includes directions to health care and other personnel regarding their roles in the care and supervision of these patients.

Discussion: The special medical program services a broad range of health problems, e.g., seizure disorders, diabetes, potential suicide, chemical dependency, psychosis. These are some of the special medical conditions which 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 (See Standard 151). When a self-contained type of program does not exist, the following are provided:

Correctional officers trained in health care;
Sufficient staff to help prevent suicide and assault; at a minimum, all inmate/patients are within sight of a staff person; and
Qualified health personnel to provide treatment.

A treatment plan is a series of written statements which specify the particular course of therapy and the roles of medical and non-medical personnel in carrying out the current course of therapy. It is individualized and based on assessment of the individual patient's needs and includes a statement of the short and long term goals, and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitative services, e.g., individual or group counseling and/or self-help groups that the physician deems appropriate.

INFIRMARY CARE (Essential)

151 Written policy and defined procedures guide infirmary care and require:

Definition of the scope of infirmary care services available;

151
cont.

A physician on call 24 hours per day;
Nursing service under the direction of a
registered nurse on a full-time basis;
Health care personnel on duty 24 hours per
day;
All inmate/patients within sight or sound of
a staff person;
A manual of nursing care procedures; and
A separate and complete medical record
for each inmate.

Discussion: An infirmary is defined as an area established within the correctional facility which maintains and operates organized bed care facilities and services to accommodate two or more inmates for a period of 24 hours or more, and which is operated for the express or implied purpose of providing skilled nursing care for persons who are not in need of hospitalization.

Advancement of the quality of care in this type of facility begins with the assignment of responsibility to one physician. Depending on the size of the facility, the physician may be employed part or full-time.

Nursing care policies and procedures should be consistent with professionally recognized standards of nursing practice, and in accordance with the Nurse Practice Act of the state. They should be developed on the basis of current scientific knowledge and take into account new equipment and current practice.

HOSPITAL CARE

152 If a facility operates a hospital it meets the legal requirements for a licensed general hospital in the state.

Discussion: Even though a hospital operated by a correctional facility may not be considered a "general" hospital, and therefore not reviewed by the state licensing body, it is important that the care provided be consistent with that provided generally within the state. Where the conditions in the facility are inadequate to meet state standards, the quality of care is compromised.

PREVENTIVE CARE

153 Written policy and defined procedures require that medical preventive maintenance is provided to inmates of the facility.

153
cont.

Discussion: Medical preventive maintenance includes health education and medical services, such as inoculations and immunizations, provided to take advance measures against disease, and instruction in self-care for chronic conditions.

Subjects for health education may include: personal hygiene and nutrition; venereal disease, tuberculosis and other communicable diseases; effects of smoking; self-examination for breast cancer; dental hygiene; drug abuse and danger of self-medication; family planning, including, as appropriate, both services and referrals; physical fitness; and chronic diseases and/or disabilities.

EMERGENCY SERVICES (Essential)

154 Written policy and defined procedures require that the facility provide 24-hour emergency medical and dental care availability as outlined in a written plan which includes arrangements for:

Emergency evacuation of the inmate from within 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 nearby community; and

Security procedures that provide for the immediate transfer of inmates when appropriate.

Discussion: Emergency care must be provided with efficiency and speed.

CHRONIC AND CONVALESCENT CARE

155 Written policy and defined procedures require that chronic and convalescent care are provided to inmates of the facility.

Discussion: Chronic care is medical service rendered to a patient over a long period of time; treatment of diabetes, asthma and epilepsy are examples.

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

PREGNANT INMATES

- 156 Written policy and defined procedures require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children, whether desiring abortion, adoption service, or to keep the child.

Discussion: It is advisable that a formal legal opinion as to the law relating to abortion be obtained, and based upon that opinion, written policy and defined procedures should be developed for each jurisdiction.

Counseling and social services should be available from either facility staff or community agencies.

NUTRITIONAL REQUIREMENTS

- 157 An adequate diet, based on the Recommended Dietary Allowances established by the Food and Nutrition Board of the National Academy of Sciences -- National Research Council is provided to inmates.

Discussion: Good nutrition is essential for normal organ development and function; for normal reproduction, growth and maintenance; for optimum activity and working efficiency; for resistance to infections; and for the ability to repair bodily damage or injury.

The Basic Four Food Groups can serve as a practical guide in planning meals; variety is a major factor in meal planning.

Consider food preferences of specific population groups; food has no nutritional value until it is eaten.

SPECIAL DIETS

- 158 Written policy and defined procedures guide the provision of special medical and dental diets and require that they are prepared and served to inmates according to the orders of the treating physician or dentist or as directed by the responsible physician.

Discussion: Certain medical conditions will require individualized attention (e.g., pregnancy, obesity, diabetes, allergies, etc.).

USE OF RESTRAINTS

- 159 Written policy and defined procedures guide the use of medical restraints.

Discussion: This standard applies to those situations where the restraints are part of a health care treatment regimen. The same kinds of restraints that would be medically appropriate for the general population within the jurisdiction are likewise to be used for the medically restrained incarcerated individual. Written policy should identify authorization needed, and when, where, duration and how restraints may be used.

The health care staff should not participate in disciplinary restraint of inmates.

PROSTHESES

- 160 Written policy and defined procedures require that medical and dental prostheses are provided when the health of the inmate/patient would otherwise be adversely affected as determined by the responsible physician or dentist.

Discussion: Prostheses are artificial devices to replace missing body parts or compensate for defective bodily functions.

EXERCISING

- 161 Written policy and defined procedures outline a program of exercising and require that each inmate is allowed a daily minimum of one hour of exercise involving large muscle activity, away from the cell, on a planned, supervised basis.

Discussion: It is recognized that many facilities do not have a separate facility or room for exercising. The dayroom adjacent to the cell may be used for this purpose. The dayroom 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. Examples of large muscle activity include walking, jogging in place, basketball, ping pong, and isometrics. Television and table games do not meet compliance.

PERSONAL HYGIENE

162 Written policy and defined procedures outline a program of personal hygiene and require that:

Every 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;

Regular bathing is permitted twice a week;

In facilities without air temperature control, daily bathing is permitted in hot weather; and

The following items, if not furnished by the inmate, are made available by the facility:

Soap

Toothbrush

Toothpaste or powder

Toilet paper

Sanitary napkins,

Laundry services at least weekly.

Haircuts and implements for shaving are made available to inmates, subject to security regulations.

D. PHARMACEUTICALS

This standard addresses the management of pharmaceuticals in line with state and federal laws and/or regulations and requirements for the control of medications. Prescribing practices, "stop orders" and re-evaluations regarding psychotropic medications are also addressed.

MANAGEMENT OF PHARMACEUTICALS
(Essential)

163 Written policy and defined procedures require that the proper management of pharmaceuticals includes:

- Adherence to state law as related to the practice of pharmacy;
- A formulary specifically developed for the facility;
- Adherence to regulations established by the Federal Controlled Substances Act relating to controlled substances.
- Prescription practices which require that:
 - Psychotropic medications are prescribed only when clinically indicated (as one facet of a program of therapy) and are not allowed for disciplinary reasons;
 - The long-term use of minor tranquilizers is discouraged;
 - "Stop-order" time periods are stated for behavior modifying medications and those subject to abuse;
 - Re-evaluation be performed by the prescribing provider prior to renewal of a prescription.
- Procedures for medication dispensing and administration or distribution; and
- Maximum security storage and weekly inventory of all controlled substances, syringes and needles.

Discussion: A formulary is a written list of prescribed and non-prescribed medications used within the facility. This does not restrict the prescribing of medications generated by outside community health care providers.

A controlled substance is a medication that requires a written prescription listing the prescribing physician's or dentist's Drug Enforcement Administration registration number.

Dispensing is the issuance of one or more doses of medication from a stock or bulk container. The dispensed medication should be 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 or distribution.

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

E. HEALTH RECORDS

Confidentiality, form and format and transfer of the health care records are covered in the standards, based upon practices in the jurisdiction.

HEALTH RECORD
(Essential)

164 The health record file contains at a minimum:

The completed receiving screening form;
Health appraisal data forms;
All findings, diagnoses, treatments, dispositions;
Prescribed medications and their administration;
Laboratory, X-ray and diagnostic studies;
Signature and title of each documenter;
Consent and refusal forms;
Release of information forms;
Place, date and time of health encounters;
Discharge summary of hospitalizations; and
Health service reports (e.g., dental, psychiatric,
and other consultations).

The method of recording entries in the record, and the form and format of the record, are approved by the health authority.

Discussion: The problem-oriented medical record structure is suggested; however, whatever the record structure, every effort should be made to establish uniformity of record forms and content throughout the correctional system. The record is to be completed and all findings recorded including notations concerning psychiatric, dental and other consultative services. A health record file is not necessarily established on every inmate. Any health intervention after the initial screening requires the initiation of a record. The receiving screening form becomes a part of the record at the time of the first health encounter.

CONFIDENTIALITY OF HEALTH RECORD

165 Written policy and defined procedures which effect the principle of confidentiality of the health record require that:

The active health record is maintained separately from the confinement record; and
Access to the health record is controlled by the health authority.

Discussion: The principle of confidentiality protects the patient from disclosure of confidences entrusted to a physician during the course of treatment.

Any information gathered and recorded about alcohol and drug abuse patients is confidential under federal

165
cont.

regulations and cannot be disclosed without written consent of the patient or the patient's parent or guardian. (42 CFR Sec. 2.1 et. seq.)

The health authority 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 active health record files under security, completely separate from the patient's confinement record.

TRANSFER OF HEALTH RECORD AND INFORMATION

166 Written policy and defined procedures regarding the transfer of health records and information require that:

Summaries or copies of the health record are routinely sent to the facility to which the inmate is transferred;
Written authorization by the inmate is necessary for transfer of health record and information unless otherwise provided by law or administrative regulation having the force and effect of law; and
Health record information is also transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.

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

RECORDS RETENTION

167 Written policy and defined procedures regarding records retention require that:

Inactive health record files are retained as permanent records; and
Legal requirements of the jurisdiction are followed.

Discussion: Regardless of health records being maintained separately or combined with confinement records, inactive health records need to conform with legal requirements for record retention.

F. MEDICAL-LEGAL ISSUES

The standards address several medical-legal issues frequently occurring in correctional health care such as the inmate's right to informed consent and the right to refuse treatment.

INFORMED CONSENT

168

All examinations, treatments and procedures governed by informed consent practices applicable in the jurisdiction are likewise observed for inmate care. In the case of minors, the informed consent of parent, guardian or legal custodian applies when required by law.

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 or her consent (or without the consent of parent, guardian or legal custodian when the inmate is a minor) could result in legal complications.

Obtaining informed consent may not be necessary in all cases. These exceptions to obtaining informed consent should be reviewed in light of each state's law as they vary considerably. Examples of such situations are:

- a. An emergency which requires immediate medical intervention for the safety of the patient.
- b. Emergency care involving patients who do not have the capacity to understand the information given.
- c. Public health matters, such as communicable disease treatment.

Physicians must exercise their best medical judgment in all such cases. It is advisable that the physician document the medical record for all aspects of the patient's condition and the reasons for medical intervention. Such documentation facilitates review and provides a defense from charges of battery. In certain exceptional cases, a court order for treatment may be sought, just as it might in the general community.

The law regarding consent by juveniles to medical treatment, and their right to refuse treatment, varies greatly from state to state. Some states allow juveniles to consent to treatment without parental consent, as long as they are mature enough to comprehend the consequences of their decision; others require parental consent until majority, but the age of majority varies among the states. The law of the jurisdiction within which the facility is located should be reviewed by legal counsel, and based upon counsel's written opinion, a facility policy regarding informed consent should be developed. In all cases, however, consent of the person to be treated is of importance.

MEDICAL RESEARCH

169

Any research done on inmates is done in compliance with state and federal legal guidelines and with the involvement of an appropriate "Human Subjects Review Committee."

Discussion: This standard recognizes past abuses in the area of research on involuntarily confined individuals and stresses the very narrow guidelines under which any such research should be done.

END