Standards Committee Meeting Minutes American Correctional Association 2013 Winter Conference Hilton of the Americas- Houston Houston, Texas January 25th, 2013

Members Present:

Harley Lappin, Chair, Tennessee Lannette Linthicum, Vice Chair, Texas Lori Ammons, Kansas Michael Bradley, Florida Stanley Glanz, Oklahoma David Haasenritter, Virginia Justin Jones, Oklahoma James LeBlanc, Louisiana Brad Livingston, Texas Gary Mohr, Ohio Kevin Myers, Tennessee Denise Robinson, Ohio Ramon Rustin, New Mexico Charles Samuels, Washington DC Raman Singh, Louisiana Michael Wade, Virginia Marge Webster, Puerto Rico John E. Wetzel, Pennsylvania

Members not Present:

Joyce Burrell, Washington DC Brian Fischer, New York

American Correctional Association Staff:

James A. Gondles, Jr., Executive Director Jeffrey Washington, Deputy Executive Director Dr. Elizabeth Gondles, Healthcare Advisor to the ACA President Kathy Black-Dennis, Director of Standards and Accreditation Ben Shelor, Deputy Director of Standards and Accreditation Kathleen Bachmeier, Correctional Health Services Specialist Bridget Bayliss-Curren, Accreditation Specialist Terry Carter, Accreditation Specialist Kenya Golden, Accreditation Specialist Christina Randolph, Standards Department Office Manager Kelli McAfee, Director of Professional Development

Welcoming Remarks

Mr. Harley Lappin welcomed the Committee members and guests.

Mr. Lappin thanked the members of the Committee for their hard work since the last time the Committee met and acknowledged the dedication of all those present in bettering the corrections field. Mr. Lappin also expressed thanks to the outgoing committee members. Mr. Lappin acknowledged audience attendees. The audience attendees, Committee members and American Correctional Association Staff introduced themselves.

Commissioner Chris Epps welcomed the members of the Committee and thanked the departing members. Commissioner Epps also acknowledged the hard work and dedication put forth by the Committee Members.

ACA Executive Director James A. Gondles welcomed the members of the Committee. Mr. Gondles also thanked the departing members for their dedication to the Committee. Mr. Gondles introduced Commissioner Epps as the incoming President of ACA and Texas Department of Criminal Justice Executive Director Brad Livingston as the new Chair of the Standards Committee.

A motion was made to approve the minutes from the Committee's previous meeting in July 2012 in Denver, Colorado. The motion was seconded and approved unanimously. (NOTE: It was made clear to ACA staff that no formal example of the current version of standards 4-4150 was published in the July 2012 Standards Committee Meeting Minutes [142nd Congress of Corrections- Denver, Colorado]. Therefore, the final version of this standard is printed below:

ACI 4-4150: Noise levels in inmate housing units do not exceed 70 dBA (A Scale). Measurements shall be conducted annually by a qualified source with at least one measurement taking place during night time and one measurement taking place during day time.

This final wording will be placed on the ACA website as well as distributed to facility accreditation managers and ACA auditors)

The Committee then addressed the formal approval of ACA's International Core Standards (See Section 2). Cathy Slack (Accreditation Advisor, US Embassy- Mexico City) spoke regarding the International Core Standards requesting that the book include provisions for the use of the metric system. It was explained by ACA staff that all physical-plant standards include the phrase "equivalent to" in order to allow agencies to use the measurement system appropriate in that country.

Kathleen Bachmeier and Tony Wilkes (Davidson County Sheriff's Office) spoke on behalf of Dr. Newton Kendig and the ALDF Healthcare Subcommittee, noting that all of the members were in agreement regarding the proposed healthcare standards (See Section 3 of this document). It was decided by the Standards Committee that the ALDF Healthcare Standards will be field tested in three different sites (one small jail, one large jail, and one ICE facility). Specific focus

will be placed on 4C-27, 4C-28, 4C-30 and any other standards the subcommittee recommends for further review. Standards 2A-53 and 2A-45 are to remain separate standards (in contrast to the proposal to unite these two standards).

The committee then addressed a proposal (see Section 4) from the ACA Probation and Parole Committee to add standards to the 4th Edition Adult Probation and Parole Services (APPFS) manual. Mr. Lappin appointed a subcommittee of the Standards Committee to study the proposal and report on their findings at the next committee meeting. Mike Bradley, Brad Livington, and Justin Jones are to make up the committee with Brad Livington as chair.

The committee then heard reports from a number of Subcommittees regarding their work on particular standards. Charles Samuels, Gary Mohr and Justin Justin Jones were named to the Physical Plant subcommittee to replace leaving members with Mohr as chair.

The results of these reports can be found on the following page(s). Similarly, the result of all proposed standards revisions can be found in the following pages.

Key:

Manual: Manual in which the change is being proposed
Standard No: Standard to which the change is being proposed
Agency /Facility: Agency or facility submitting the proposed change
Facility Size: Size of the agency/facility proposing the change
Proposal Type: Type of proposal (addition of a new standard, deletion of the current standard, revision of the current standard, or clarification of the existing standard or comment)
Existing Standard: The standard printed in the manual or Supplement as it currently stands. For example:

Blacked-out text indicates text in the existing standard that has been removed in the proposal.

Proposal: The proposed change to the existing standard. For example:

Highlighted Text indicated new or revised wording to the existing standard in the proposal.

Comments: *Comments from the field regarding the proposed revision. These comments generally indicate whether the commenting entity agrees or disagrees with the revision.*

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

None: Which other manuals will be affected by the proposed change

Action taken by the standards committee: Action taken by the committee, including approval of the proposed revision, denial of the revision, tabling of the revision for further consideration, or referral of the proposed revision to another ACA committee for assistance.

Approved Denied Tabled Referred to:

American Correctional Association- Committee on Standards and Accreditation

Physical Plant Standards Subcommittee Update- January 2013

Subcommittee Members:

David Haasenritter, Chairman, Kevin Myers Brian Fischer Edward C. Spooner Jerry Hebert

ACA Staff:

Kathy Black-Dennis Ben Shelor

ACA Physical Plant Standards Subcommittee-1

Manual: Adult Correctional Institutions (ACI) Edition: 4th Edition Standard: 4-4150-1 Agency/Facility: ACA Physical Plant Standards Subcommittee Facility Size: N/A Accredited: N/A Proposal Type: Deletion

Existing Standard:

4-4150-1 (Added August 2008) (New Construction Only) Noise levels in housing areas (in other words, dayrooms with adjacent cells or dorms) shall not exceed the following:

- Unoccupied 45dba (A Scale), building service systems shall be on and in normal operating condition. Mid-frequency average reverberation time (T 60) must be less than 1.0 sec.
- Occupied 70 dba (A Scale) for a minimum of 15 seconds of continuous average measurement in normal operating conditions.

All monitoring shall be conducted in close proximity to the correctional officer's post. If a correctional officer's post is not identified, then monitoring shall be conducted at a location considered best to monitor housing noise levels. Measurements shall be conducted a minimum of once per accreditation cycle by a qualified source.

Proposal:

Deletion of ACI 4-4150-1

Comments: Standard was voted to be removed by the Subcommittee by a 4-1 vote.

Name: David Haasenritter (on behalf of the Subcommittee) Title: Assistant Deputy (Corrections Oversight), US Army Corrections Command Email: david.k.haasenritter.civ@mail.mil

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Referred to:

ACA Physical Plant Standards Subcommittee- 2

Manual: Adult Correctional Institutions (ACI) Edition: 4th Edition Standard: 4-4153 Agency/Facility: ACA Physical Plant Standards Subcommittee Facility Size: N/A Accredited: N/A Proposal Type: Deletion

Existing Standard:

4-4153 (Revised August 2006): Temperatures in indoor living and work areas are appropriate to the summer and winter comfort zones.

Proposal:

4-4153 (New Construction Only- June 2014)

Indoor temperatures for living and work areas other than Food Preparation shall be maintained in the following ranges:

- Summer Conditions: Operative temperature range 74 F to 78 F.
- Winter Conditions: Operative temperature range 68 F to 72 F.

Comment: Agencies will define summer and winter time period.

Comments:

Name: David Haasenritter (on behalf of the Subcommittee) Title: Assistant Deputy (Corrections Oversight), US Army Corrections Command Email: david.k.haasenritter.civ@mail.mil

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled **Referred to: <u>Physical Plant Standards</u>** <u>Subcommittee</u>

This standard was referred back to the Subcommittee for further refinement. Charles Samuels, Gary Mohr, and Justin Jones will join the Subcommittee.

American Correctional Association- Committee on Standards and Accreditation

Research Standard Update- January 2013

David K. Haasenritter *Standards Committee Member* Manual: Adult Correctional Institutions (ACI) Edition: 4th Edition Standard: 4-4112 Agency/Facility: N/A Facility Size: N/A Accredited: N/A Proposal Type: Revision

Existing Standard:

4-4112: The warden/superintendent reviews and approves all institutional research projects prior to implementation to ensure they conform to the policies of the parent agency.

Proposal:

4-4112: Written policy, procedure, and practice provide that the agency administrator or designee reviews and approves all research proposals and/or designs prior to their implementation.

Comments:

Name: David Haasenritter Title: Assistant Deputy (Corrections Oversight), US Army Corrections Command Email: david.k.haasenritter.civ@mail.mil

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Referred to:

American Correctional Association- Committee on Standards and Accreditation

Training Committee Update- January 2013

Leslie LeMaster

Executive Producer, NIC Broadcasts and Correctional Program Specialist

**NOTE: The proposed definition of learning and training was originally submitted for approval at the 142nd Congress of Correction in Denver, Colorado (July 2010). The highlighted section reflects changes that have been made by the Training Committee to the original submission. Due to length, the original definition is not printed in this document. Manual: All Edition: All Standard: All Agency/Facility: N/A Facility Size: N/A Accredited: N/A Proposal Type: Definition

Proposal:

What Is Learning and Training in Corrections Today?

The following definitions related to formal and informal learning, classroom training, online training and blended learning are derived from the American Society of Training and Development (ASTD) <u>http://www.astd.org</u>) and are accepted by ACA as industry standard definitions.

Formal learning is structured learning, where the instructor / facilitator is responsible for all aspects of the learning process, including what, how, and when the learners learn. Formal learning includes both classroom and online training. (American Society of Training and Development)

Classroom training is defined as training that occurs within the confines of a formal classroom at a training academy, hotel / meeting space, or some other type of educational setting. All training participants are gathered in the same room at the same time for the learning experience. Classroom training is sometimes referred to informally as "face to face" training.

A subset of formal learning, that takes place outside of the classroom, is on-the-job training (OJT). On-the-job training takes place in a normal working situation, using the actual tools, equipment, documents or materials that students will use when fully trained.

Online training is defined as essentially the computer and network-enabled transfer of skills and knowledge. Content is delivered via the Internet, intranet/extranet, audio or videotape, satellite TV, CD-ROM and other technologically leveraged formats, which mirror the processes of a face to face session. It can be self-paced, instructor-led, or virtual instructor-led and includes media in the form of text, image, animation, streaming video, and audio. Effective online training offers links to other learning resources such as references, email, bulletin boards, discussion groups, readings, and more to enrich the learning.

Online training can be synchronous or asynchronous in nature. Synchronous online learning includes virtual instructor led training, such as training where the group convenes using an online virtual learning platform, which mirrors the processes of a face- to- face session. Asynchronous online learning uses formats outside the constraints of time and place and is usually delivered in the form of a course. Effective online training courses meet the requirements of defensible training, are interactive, and include a final exam to assess the learner's knowledge. As

technology continues to advance, online training can and will be delivered to the learner through multiple devices (computers, laptops, smartphones, etc.).

Blended learning refers to a mixing of different learning environments (classroom and online learning) and multiple instructional strategies. Blended learning can be both synchronous and asynchronous in design and delivery. It combines traditional face-to-face classroom methods with more modern technology-mediated activities. By "blending" the learning, an integrated training approach results.

Informal learning refers to anything that is not easily recognizable as formal training and performance support (such as organized classes, workshops, individualized instruction, job aids, and just-in-time, on-the-job learning). It may be individualized to meet specific needs, is personal and limited in scope, and usually occurs in small timeframes or "chunks." (American Society of Training and Development).

Defendable Formal Training

Defendable formal training is an organized, planned, documented and evaluated learning activity designed to enhance job performance or professional development. This type of training is based on enhancing specific job-related competencies, skills, and objectives, which are based upon a needs assessment or job evaluation and prepared by a credible source. Defendable formal training can be delivered in the classroom, online, or in a blended format.

Defendable formal training occurs when the seven elements, as detailed, are achieved.

Elements of Defendable Formal Training:

1. Based on specific competencies

- Applied skills and knowledge necessary to perform the assigned tasks successfully.
- Tasks identified through a formal job evaluation process.

2. Based on specific performance objectives targeted to outcomes

- Goals of the training are identifiable and measurable.
- The training is designed based upon information and research that is credible and applicable to the audience group to which it will be delivered.

3. Documented for Records

- A formal lesson plan or equivalent is used to reflect performance objectives, instructional content, instructional delivery strategies and evaluation methods at a minimum.
- The format or requirements of the required documentation may be more rigorous at the agency level, and are dependent upon prevailing agency / organizational standards or requirements

4. Delivered by a qualified source

- Credentialed: Instructors / facilitators possess a documented credential, qualification or certification for the content area for which they are training, such as instructors in Firearms, Self-Defense or specific counseling techniques.
- Knowledgeable and skilled in the field of study and the content to be taught.
- Possess solid instructional delivery skills appropriate for the delivery format (classroom, online facilitation skills, or blended delivery skills).

5. Conducted in a sufficient amount of time

- Time required to gain the knowledge or acquire the skills being taught includes appropriate time for skills and knowledge practice, feedback, and evaluation of student learning through practical activities, as appropriate to the format (classroom, technology-based, or a blend of both).

6. Relevant to the student and organization

Relevancy is determined through:

- Job requirements and competencies
- Staff feedback on the training
- Evaluation of the student during the training (including required proficiency testing)
- Evaluation of the student's performance on the job
- Agency annual training review and assessments
- Supervisor's input
- Agency performance assessments

7. Delivered to the correct population

- Topics related to job tasks and/or performance problems.
- Attendance documented with name roster and title/positions of staff that perform tasks or share problems, or certificate of completion of valid training through a qualified source.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

All

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

American Correctional Association- Committee on Standards 2013 Winter Conference January 25, 2013 Houston, Texas

Contents:

ACA File Number	Standard	Туре	Page
1) ACA File No. 2013-001-	All Manuals	Definition	
2) ACA File No. 2013-002-	4-APPFS-3F-03 (M)	Revision	
3) ACA File No. 2013-003-	ACI 4-4179	Revision	
4) ACA File No. 2013-004-	4-ALDF-2A-05	Revision	
5) ACA File No. 2013-005-	ACI 4-4057	Revision	
6) ACA File No. 2013-006-	ACI 4-4377	Clarification	
7) ACA File No. 2013-007-	4-ACRS-5A-08	Clarification	
8) ACA File No. 2013-008-	None	Addition	
9) ACA File No. 2013-009-	ACI 4-4438	Clarification	
10) ACA File No. 2013-010-	3-JDF-4C-41	Clarification	
11) ACA File No. 2013-011-	2-CO-1A-05	Revision	
12) ACA File No. 2013-012-	2-CO-1A-06/08	Revision	
13) ACA File No. 2013-013-	2-CO-1A-25/26	Revision	
14) ACA File No. 2013-014-	ACI 4-4155	Revision	
15) ACA File No. 2013-015-	4-ALDF-7E-04	Revision	
16) ACA File No. 2013-016-	4-ALDF-2A-27	Revision	
17) ACA File No. 2013-017-	3-JCRF-1D-09	Revision	
18) ACA File No. 2013-018-	3-JCRF-1D-11	Revision	
19) ACA File No. 2013-019-	3-JCRF-1D-12	Revision	
20) ACA File No. 2013-020-	3-JCRF-3D-04-1	Deletion	
21) ACA File No. 2013-021-	3-JCRF-3D-04-5	Revision	
22) ACA File No. 2013-022-	ACI 4-4406 (M)	Revision	
23) ACA File No. 2013-023-	4-JCF-1C-01	Revision	
24) ACA File No. 2013-024-	JPAS 2-7101	Revision	

BOLD and HIGHLIGHTED Text indicates those standards for which the proposed change was accepted.

Manual: All Edition: All Standard: N/A (definitions) Agency/Facility: Montgomery County Adult Probation Facility Size: 3,000 Accredited: Yes Proposal Type: Definition

Existing Standard:

Several standards call for training or events that are "regular" or "annual". Neither term is listed in the Definitions section of the manuals. "Annual" is defined in some of the comments sections of standards, but auditor are instructed not to determine compliance based on comments. Having these terms defined will allow auditors to be consistent in their findings, and will allow agencies to understand their requirements.

Proposal:

Regular: Regular training will occur at least one time per audit cycle.

Annual: An activity or training that is "annual" will occur no more than twelve months from one to the other, regardless of when they occurred during the calendar year.

Comments: Defining these terms will provide consistency for agencies and auditors.

Name: David K. Taylor Title: Accreditation Manager Email: taylord@montcourt.org

COMMENTS:

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Annual training should be determined by agency/facility for a 12 month period, but could be based on fiscal year or calendar year or as they determine. Weapons qualification should be no more than 12 months apart."

ACA FILE No. 2013-001 (Continued)

Tami Williams Accreditation Administrator, Colorado Department of Corrections:

"Using the definition of regular does not work for the ACI manual at all unless you specifically relate it to training. There are no standard that talk about "regular" training in the ACI manual. There are 2 standards in the Adult Probation and Parole Manual the specify "regular" training. They are 3E-05 and 3E-06. Instead of creating a definition that does not work for all manuals, these two standards should clarify if they want the training to be on an annual basis or what "regular" training."

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Although I agree clarity in the annual training timeframe expectation is needed, I do not agree with the definition of occurring "*no more than twelve months from one to the other*". It would be more beneficial to auditors and agencies to define annual as occurring "*within each annual training cycle unless otherwise defined by the standard and/or manufacturer's requirements.*" A 12 month cycle does not provide agencies with as much flexibility when developing annual training schedules and this flexibility is often needed to prevent unnecessary overtime expenditures. Additionally, as in our system, the manufacturer of the OC spray that our staff utilizes recommends recertification training to occur every other training cycle as opposed to annually."

FOR ACA STAFF USE ONLY- ACA File No. 2013-001

The above proposed revision, addition, or deletion would also affect the following manuals:

All Manuals (Definition)

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Manual: Adult Probation and Parole Field Services (APPFS) Edition: 4th Standard: 4-APPFS-3F-03 (MANDATORY) Agency/Facility: Montgomery County Adult Probation Facility Size: 3,000 Accredited: Yes Proposal Type: Revision

Existing Standard:

4-APPFS-3F-03 (MANDATORY): The agency secures an annual fire safety inspection by the authority having jurisdiction or other qualified person(s).

Proposal:

No revision to this standard is recommended. Rather, it is recommended that this standard not be Mandatory.

Comments: Many state and large county field service agencies operate numerous offices throughout the state or county. These offices can be housed in buildings that are leased space with the agency being one of many tenants. In such cases, the agency may not have the ability to secure a fire inspection. While it is desirable that all offices have these inspections, an agency should not be prohibited from obtaining or maintaining accreditation because of the inability to secure an inspection in one office.

Name: David K. Taylor Title: Accreditation Manager Email: taylord@montcourt.org

COMMENTS:

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Concur with change. Add the second sentence of the proposal to the original standard to read: Written policy, procedure, and practice provide for personnel to read the appropriate post order each time they assume a new post and to sign and date the post order. The personnel should indicate on the security log, the date, time and the statement, "*He/She has read and understands the Post Order assigned to this area.*"

ACA FILE No. 2013-002 (Continued)

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Our agency faces the same dilemma with many of our leased parole offices and it is beyond our control. If it is believed the standard needs to remain mandatory, then additional language is needed, such as "*In buildings that are not owned by the agency, it is required that the agency requests an annual fire inspection to be conducted.*" This would at least ensure agencies follow a good faith effort to comply with the standard and not be penalized for issues beyond their control." *Plato Barnett Accreditation Coordinator, Arkansas Department of Community Correction:*

"4-APPFS-3F-03 was adopted from ACI Mandatory standard 4-4211. The principles for 4-4211 are built upon the Life Safety Codes & "Total Concept" which establishes a "defend in place" strategy for correctional and health care occupancies. The strategy maintains that residents of detention and correctional occupancies are judged to be incapable of self-preservation during a fire emergency due to security measures imposed that are beyond the resident's control. The building occupants commonly found in 4-APPFS-3F-03 do not meet the same threshold as 4-4211. The items included in mandatory standard 4-4211 were designed to protect staff, inmates, and visitors from a fire emergency with a "defend in place" strategy in mind. However it does not seem logical that one bulleted item from 4-4211 should be given the weight of a mandatory standard created for a different occupancy group who are capable of self-preservation."

FOR ACA STAFF USE ONLY- ACA File No. 2013-002

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Manual: Adult Correctional Institutions Edition: 4th Standard: 4-4179 (Ref. 3-4172) Agency/Facility: Arkansas Department of Correction - Cummins Unit Facility Size: 1,900 Accredited: Yes Proposal Type: Revision

Existing Standard:

Written policy, procedure, and practice provide for personnel to read the appropriate post order each time they assume a new post and to sign and date the post order.

Proposal:

Written policy, procedure, and practice provide for the Officers to read the appropriate Post Order for the area(s) they are assigned daily. The Officers should indicate on the security log, the date, time and the statement, "He/She has read and understands the Post Order assigned to this area".

Comments: This would change the practice from reading only for new post area assigned daily to each post area assigned daily. Currently the standard indicates that personnel reads and signs post order. It does not state the Officer understands the post order. Logging date, time and statement on security log provides documentation, therefore eliminating the signing and dating of actual Post Order.

Name: Deborah Sherrill Title: Accreditation Specialist Email: deborah.sherrill@arkansas.gov

COMMENTS:

John Dunn Executive Staff Advisor, Kentucky Department of Corrections:

"The KYDOC disagrees with the proposal. The main contention is that officers will sign the post orders and then annotate in the security log that they have read and understand their post orders. We feel this is redundant and unnecessary. Many correctional systems Post orders contain a place to sign with the verbiage they have read and understand their post orders. In addition, not every post has a security log to maintain so they would be unable to document the

ACA FILE No. 2013-003 (Continued)

standard correctly under this proposal. We agree that a statement should be in the post orders that when you sign them you have read and understand them. But to do so in an entirely different log is not necessary."

Tami Williams

Accreditation Administrator, Colorado Department of Corrections:

"The current standard is sufficient. The new proposed change is too specific and restrictive in how the officer should sign and date the post orders that they read. There are many other ways to accomplish this task besides signing a security log. For instance, Colorado has a post order acceptance log attached to each post order that the staff sign and date each time they assume a new post. The current proposed change would not allow for this practice. If they are concerned about indicating that the officer "understands" the post order, then that wording can be added to the existing standard."

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision would dictate how an agency is required to specifically document compliance with the standard. Although the suggestion is a good method of documenting compliance, each agency's policies and procedures governing post order procedures need to specify staff expectations with documenting their review."

FOR ACA STAFF USE ONLY- ACA File No. 2013-003

The above proposed revision, addition, or deletion would also affect the following manuals:

1-ABC-3A-05 4-ALDF-2A-04

Action taken by the standards committee:

Approved

Denied

Tabled Referred to:

Manual: Adult Local Detention Facilities Edition: 4th Standard: 4-ALDF-2A-05 Agency/ Facility: Erie County Department of Corrections Facility Size: 650 Accredited: Yes Proposal Type: Revision

Existing Standard:

(Revised August 2010) Inmates classified as medium or maximum security risks are personally observed by an officer at least every 30 minutes on an irregular schedule. Inmates classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule.

Proposal:

Inmates classified as medium or maximum security risks are personally observed by an officer twice per hour, but no more than 40 minutes apart, on an irregular schedule. Inmates classified as minimum or low security risks are personally observed by an officer at least every 60 minutes on an irregular schedule.

Comments: 4-ALDF-2A-52 and & ACI 4-4257 Revised August 2011 both use the proposed wording for correctional officers personally observing special management inmates. To be consistent across standards and manuals, and to make correctional officer job duties more consistent and therefor more likely to be consistently carried out according to standard and policy; medium and maximum security inmates should be observed by correctional officers according to the same schedule and conditions.

Name: David Sanner Title: Director of Support Serv. Email: <u>dsanner@eriecountygov.org</u>

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This would increase the consistency between manuals."

ACA FILE No. 2013-004 (Continued)

Gerald Patterson Operations Officer, Army Review Boards Agency:

"Concur in making medium and maximum security risk up to date with ACI standard 4-4257."

FOR ACA STAFF USE ONLY- ACA File No. 2013-004

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Manual: Adult Correctional Institutions Edition: 4th Edition Standard: ACI 4-4057 Agency/Facility: N/A Facility Size: N/A Accredited: N/A Proposal Type: Revision

Existing Standard:

Written policy, procedure, and practice provide that all personnel **covered by merit systems, civil** service regulations, or union contracts are selected, retained, and promoted on the basis of merit and specified qualifications. New employees receive credit for their prior training.

Proposal: Written policy, procedure, and practice provide that all personnel are selected, retained, and promoted on the basis of merit and specified qualifications. New employees receive credit for their prior training.

Comments: As written the current standard sets a higher standard for merit system, civil service system controlled departments and institutions than for private or non-unionized or non merit system organizations. The intent of the standard is to ensure that hiring and promotion is based solely on merit and written qualifications. Private facilities should not be exempt from this requirement.

Name: Martin F. Horn Title: Executive Director, New York State Sentencing Commission Email: mhorn@jjay.cuny.edu

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision is necessary to meet the true intent of the standard which is that staff hiring and promotional practices are based on merit and written qualifications regardless of whether a facility is privately operated or not."

ACA FILE No. 2013-005 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-005

The above proposed revision, addition, or deletion would also affect the following manuals:

4-ALDF-7B-01 1-CTA-1A-06 1-JBC-1A-07 4-JCF-6A-07 3-JDF-1A-15 1-JDTP-1A-11

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Comments: ACA staff will cross-reference this standard with other similar standards (for example, ACI 4-4059) for consideration of similar revisions at the August 2013 Conference in Washington, DC.

Manual: Adult Correctional Institutions Edition: 4th Standard: 4-4377 (Management of Chemical Dependency) Agency/Facility: ACA Substance Abuse Committee- Randy Shively, Ph.D. (Chair) Facility Size: N/A Accredited: N/A Proposal Type: Clarification

Existing Standard:

4-4377: Offenders have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemically dependent offenders includes, at a minimum, the following: a standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency; an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals; prerelease relapse-prevention education, including risk management; the offender will be involved in aftercare discharge plans

Comment: None

Proposal:

4-4377: Offenders have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemically dependent offenders includes, at a minimum, the following: a standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency; an individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals; prerelease relapse-prevention education, including risk management; the offender will be involved in aftercare discharge plans

Comment: A chemical dependency treatment program is any program whose primary purpose is to provide treatment for substance use disorders and is provided by an individual/program who has gained the necessary certification/training deemed by the state to provide treatment. All support groups (AA, NA, CA) are not considered treatment programs nor are they run by certified professionals. They however may be a good adjunct to treatment for certain offenders who desire social supports.

Comment: Auditors need to better understand what constitutes a legitimate treatment program and that support groups are not synonymous with treatment.

Name: Dr. Randy Shively Title: Chair, ACA Substance Abuse Committee Email: randy.shively@alvishouse.org

ACA FILE No. 2013-006 (Continued)

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Concur with change. Recommend deleting "when a chemical dependency program exists" from the standard."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The comment will provide clarity and promote more consistency with auditors."

FOR ACA STAFF USE ONLY- ACA File No. 2013-006

The above proposed revision, addition, or deletion would also affect the following manuals:

4-ALDF-4C-37 4-JCF-4E-03 3-JDF-4C-41

Action taken by the standards committee:

Approved Denied Tabled Referred to: Substance Abuse Committee

Comment: The Standards Committee asked that the Substance Abuse Committee reconsider the following standard proposals for submission at the August 2013 Conference in Washington, DC:

2012-002 2012-003 2012-004 2013-006 2013-007 2013-008 2013-009 2013-010

The Standards Committee asked that the Substance Abuse Committee consider standards that:

- Will be consistent with, but not raise the bar beyond evidence-based practice
- Will not impose additional licensure or accreditation by non-corrections entities
- Will not make use of the standards or definitions of other accrediting or industry groups

Finally, it was asked that the Substance Abuse Committee work with the ACA Mental Health and Health Care Committees to submit new standards for consideration.

Manual: Adult Community Residential Services Edition: 4th Standard: 4-ACRS-5A-08 Agency/Facility: ACA Substance Abuse Committee- Randy Shively, Ph.D. (Chair) Facility Size: N/A Accredited: N/A Proposal Type: Clarification

Existing Standard:

Offenders with alcohol and drug abuse problems are identified early through a standardized battery assessment and are provided with treatment. This battery shall be documented and include, at a minimum, the following:

- Screening
- Clinical assessment and reassessment
- Medical assessment for appropriate drug and alcohol program assignment based on the needs of the individual offender (if not done within the past six months)
- Referrals
- Monitoring and drug testing

Comment: None

Proposal:

Offenders with alcohol and drug abuse problems are identified early through a standardized battery assessment and are provided with treatment. This battery shall be documented and include, at a minimum, the following:

- Screening
- Clinical assessment and reassessment
- Medical assessment for appropriate drug and alcohol program assignment based on the needs of the individual offender (if not done within the past six months)
- Referrals
- Monitoring and drug testing

Comment: A chemical dependency treatment program is any program whose primary purpose is to provide treatment for substance use disorders and is provided by an individual/program who has gained the necessary certification/training deemed by the state to provide treatment. All support groups (AA, NA, CA) are not considered treatment programs nor are they run by certified professionals. They however may be a good adjunct to treatment for certain offenders who desire social supports

ACA FILE No. 2013-007 (Continued)

Name: Dr. Randy Shively Title: Chair, ACA Substance Abuse Committee Email: randy.shively@alvishouse.org

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The comment will provide needed clarification and promote consistency with auditors."

FOR ACA STAFF USE ONLY- ACA File No. 2013-007

The above proposed revision, addition, or deletion would also affect the following manuals:

1-ABC-4E-22 ACI 4-4363-1 1-JBC-4C-22-1 3-JCRF-4C-09-1 3-JDF-4C-21-2 SJ-157-2

Action taken by the standards committee:

Approved

Denied Tabled

Referred to:

*See Comment on 2013-006

Manual: Adult Community Residential Services Edition: 4th Standard: None Agency/Facility: ACA Substance Abuse Committee- Randy Shively, Ph.D. (Chair) Facility Size: N/A Accredited: N/A Proposal Type: Addition

Existing Standard: None

Proposal: Offenders who are using/abusing substances upon admission will be monitored for withdrawal symptoms and referred if appropriate to detoxification services. If detoxification services are available in the community residential facility it shall have specific policies and procedures regarding detoxification which include: detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs. The detoxification shall be conducted under medical supervision and specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Offenders experiencing severe, life-threatening intoxication (an overdose) or severe withdrawal should be treated where specialized care is available.

Comments: Currently community residential facilities are getting an influx of offenders who are or who have been recently using. They often are showing signs of withdrawal but often staff do not know what signs to look for or what to do when they see withdrawal symptoms. Their symptoms can get in the way of services and often they need to be referred to the community for help with detoxification.

Name: Dr. Randy Shively Title: Chair, ACA Substance Abuse Committee Email: <u>randy.shively@alvishouse.org</u>

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Detoxification is an issue needing ACA standard coverage in the ACRS manual."

ACA FILE No. 2013-008 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-008

The above proposed revision, addition, or deletion would also affect the following manuals:

Adult Boot Camps (ABC) Adult Correctional Institution (ACI) Adult Community Residential Services (ACRS) Adult Local Detention Facilities (ALDF) Core Jail Standards (CJ) Performance-Based Standards for Correctional Healthcare in ACI (PBHC-ACI) Juvenile Boot Camps (JBC) Juvenile Boot Camps (JBC) Juvenile Correctional Facilities (JCF) Juvenile Community Residential Facilities (JCRF) Juvenile Detention Facilities (JDF) Small Jail Standards (SJ)

Action taken by the standards committee:

Approved Denied Tabled Referred to:

*See Comment on 2013-006

Manual: Adult Correctional Institutions Edition: 4th Standard: 4-4438 (Substance Abuse Programs) Agency/Facility: ACA Substance Abuse Committee- Randy Shively, Ph.D. (Chair) Facility Size: N/A Accredited: N/A Proposal Type: Clarification

Existing Standard:

4-4438 (Revised August 2009): Where a drug treatment program exists, written policy, procedure, and practice provide that the alcohol and drug treatment program has a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives. These documents are reviewed at least annually and updated, as needed.

Comment: None

Proposal: 4-4438 (Revised August 2009): Where a drug treatment program exists, written policy, procedure, and practice provide that the alcohol and drug treatment program has a written treatment philosophy within the context of the total corrections system, as well as goals and measurable objectives. These documents are reviewed at least annually and updated, as needed.

Comment: Chemical dependency is defined by the American Society of Addiction Medicine as a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

Comments:

The field is strongly supporting a disease model with a lot of recent supporting research. In addition there are suggestions that similar language is being considered for the DSM-V.

Name: Dr. Randy Shively Title: Chair, ACA Substance Abuse Committee Email: randy.shively@alvishouse.org

ACA FILE No. 2013-009 (Continued)

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The comment needs to also include the definition of a drug treatment program proposed for ACA Standard 4-4377. This proposed comment defines chemical dependency, not a drug treatment program, and the standard involves "Where a drug treatment program exists."

Gerald Patterson Operations Officer, Army Review Boards Agency:

"Comment does not help meeting or evaluating the standard for compliance."

Tabled

FOR ACA STAFF USE ONLY- ACA File No. 2013-009

The above proposed revision, addition, or deletion would also affect the following manuals:

4-ALDF-4C-37 4-JCF-4E-03 3-JDF-4C-41

Action taken by the standards committee:

Approved Denied

Referred to:

*See Comment on 2013-006

Manual: Juvenile Detention Facilities Edition: 3rd Standard: 3-JDF-4C-41 (Management of Chemical Dependency) Agency/Facility: ACA Substance Abuse Committee- Randy Shively, Ph.D. (Chair) Facility Size: N/A Accredited: N/A Proposal Type: Clarification

Existing Standard:

Written policy, procedure, and practice provide for the clinical management of chemically dependent juveniles and include the following requirements: diagnosis of chemical dependency by a physician; determination by a physician as to whether an individual requires non-pharmacologically supported care; individualized treatment plans developed and implemented by a multidisciplinary team; referrals to specified community resources upon release, when appropriate

Comment: Treatment should be determined on an individual basis and existing community resources should be used whenever possible

Proposal: Written policy, procedure, and practice provide for the clinical management of chemically dependent juveniles and include the following requirements: diagnosis of chemical dependency by a physician; determination by a physician as to whether an individual requires non-pharmacologically supported care; individualized treatment plans developed and implemented by a multidisciplinary team; referrals to specified community resources upon release, when appropriate.

Comment: A chemical dependency treatment program is any program whose primary purpose is to provide treatment for substance use disorders and is provided by an individual/program who has gained the necessary certification/training deemed by the state to provide treatment. All support groups (AA, NA, CA) are not considered treatment programs nor are they run by certified professionals. They however may be a good adjunct to treatment for certain offenders who desire social supports.

Comments:

Auditors need to better understand what constitutes a legitimate treatment program and that support groups are not synonymous with treatment.

Name: Dr. Randy Shively Title: Chair, ACA Substance Abuse Committee Email: randy.shively@alvishouse.org

ACA FILE No. 2013-010 (Continued)

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The definition of chemical dependency proposed in ACA Standard 4-4438 should be added to this standard's comment section."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The annual review requirement is redundant and should be removed."

FOR ACA STAFF USE ONLY- ACA File No. 2013-010

The above proposed revision, addition, or deletion would also affect the following manuals:

ACI 4-4438 4-ALDF-4C-37 4-JCF-4E-03

Action taken by the standards committee:

Denied

Approved

Tabled

Referred to:

*See Comment on 2013-006

Manual: Standards for Administration of Correctional Agencies Edition: 2nd Edition Standard: 2-CO-1A-05 Agency/Facility: Massachusetts Department of Correction Facility Size: N/A Accredited: Yes Proposal Type: Revision

Existing Standard: Policy, procedure, and practice govern the development and dissemination of agency policies. This policy is reviewed annually and updated if necessary.

Proposal: Policy, procedure, and practice govern the development and dissemination of agency policies.

Comments: The annual review should no longer be required as this is covered in 2-CO-1A-17 which reads "The agency administrator is responsible for developing and maintaining an operation(s) manual that includes, policies, procedures, rules and regulations of the agency an is available to all staff. This manual is reviewed at least annually by the agency administrator or his/her designee and is updated as needed.

Name: Nancy Agoglia Title: Auditor Email: NEAgoglia@doc.state.ma.us

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The annual review requirement is redundant and should be removed."

Laura Mitchell Corrections Program Specialist, Army Corrections Command:

"Similar to changes made in ACI and ALDF standards. It creates less paperwork in this file that is duplicated in 1A-07."

ACA FILE No. 2013-011 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-011

The above proposed revision, addition, or deletion would also affect the following manuals:

None.

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Manual: Standards for the Administration of Correctional Agencies Edition: 2nd Edition Standard: 2-CO-1A-06 and 2-CO-1A-08 Agency/Facility: Massachusetts Department of Correction Facility Size: N/A Accredited: Yes Proposal Type: Revision

Existing Standard:

2-CO-1A-06: The agency administrator is responsible for formulating goals, establishing policies and priorities related to them, and translating them into measurable objectives.

2-CO-1A-08: The agency administrator is responsible for executing the planning function.

Proposal: Combine the two standards into one to read:

1-CO-1A-06: The agency administrator is responsible for executing the planning function, which includes formulating goals, establishing policies and priorities related to them, and translating them into measurable objectives.

Comments: It is my understanding that in executing the planning function, formulating goals, establishing policies and priorities, etc. are part of the process, and therefore the two standards can be combined. Name: Nancy Agoglia Title: Auditor Email: NEAgoglia@doc.state.ma.us

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The two separate standards are interrelated and consolidation into one expected practice makes sense."

Laura Mitchell Corrections Program Specialist, Army Corrections Command:

"Non-concur, they are not the same."

ACA FILE No. 2013-012 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-012

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Comment: The approval of this revision will also result in the deletion of 2-CO-1A-08.

Manual: Standards for the Administration of Correctional Agencies Edition: 2nd Edition Standard: 1-CO-1A-25 and 1-CO-1A-26 Agency/Facility: Massachusetts Department of Correction Facility Size: N/A Accredited: Yes Proposal Type: Revision

Existing Standard:

1-CO-1A-25: Written policy, procedure, and practice provide for a public information program that is reviewed at least annually.

1-CO-1A-26: Written policy, procedure, and practice provide for timely response to inquiries from the public and other agencies.

Proposal:

1-CO-1A-26: Written policy, procedure, and practice provide for a public information program that includes timely response to inquiries from the public and other agencies.

Comments: Combine the two standards and delete the annual review requirement as it is covered in 2-CO-1A-17 and delete 2-CO-1A-25. It is my understanding that a public information program includes timely responses to inquiries from the public and outside agencies, and therefore should be combined. **Name:** Nancy Agoglia **Title:** Auditor

Email: <u>NEAgoglia@doc.state.ma.us</u>

COMMENTS:

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Nonconcur. Public information program and responding to inquiries to public and outside agencies are not the same. Recommend deleting 1A-25 which is similar to 1A-27-1 and keeping 1A-26. Similar standards in ACI was deleted and accepted as 1A-25 and 1A-27-1."

ACA FILE No. 2013-013 (Continued)

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The annual review requirement is redundant and remaining expectations between the two standards are interrelated and can be consolidated into one standard."

FOR ACA STAFF USE ONLY- ACA File No. 2013-013

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to:_____

Manual: Adult Correctional Institutions Edition: 4th Standard: 4-4155 Agency/Facility: Bureau of Prisons Facility Size: Central Office Accredited: Yes Proposal Type: Revision

Existing Standard: (Revised August 2004) Segregation units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for segregation units are as follows:

- group yard modules: 15 square feet per inmate expected to use the space at one time, but not less than 500 square feet of unencumbered space

- individual yard modules: 180 square feet of unencumbered space In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be available to the inmates who desire to take advantage of their authorized exercise time.

Proposal: Segregation units have either outdoor uncovered or outdoor covered exercise areas. The minimum space requirements for outdoor exercise areas for segregation units are as follows:

- Group yard modules: 330-square feet of unencumbered space can accommodate two inmates. For each additional 150-square feet of unencumbered space, an additional inmate may use the exercise area simultaneously. (Formula: for each 150-square feet of unencumbered space exceeding the base requirement of 180-square feet for the first inmate, equals the maximum number of inmates which may use the recreation area space simultaneously)
- Individual yard modules: 180-square feet of unencumbered space In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be available to the inmates who desire to take advantage of their authorized exercise time.

Comments: Currently, the standard allows only one inmate in 490-square feet but 33 inmates in 500square feet. We believe this is due to a typographical error when the standard was originally published. **Name:** Chuck Ingram **Title:** Deputy Administrator **Email:** <u>cbingram@bop.gov</u>

COMMENTS:

ACA FILE No. 2013-014 (Continued)

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Concur with change. Croup yard modules: 125 square feet of unencumbered space per inmate; and no more than five inmates in a group yard module at one time."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with proposed revision, it is a much clearer, sensible expectation."

FOR ACA STAFF USE ONLY- ACA File No. 2013-014

The above proposed revision, addition, or deletion would also affect the following manuals:

4-ALDF-5C-04 1-CORE-5C-03

Action taken by the standards committee:

ApprovedDeniedTabledReferred to:Physical Plant StandardsSubcommittee

Manual: Adult Local Detention Facilities Edition: 4th Standard: 4-ALDF-7E-04 Agency/Facility: Mecklenburg County Jails - Charlotte, NC Facility Size: 2,625 combined total Accredited: Yes Proposal Type: Revision

Existing Standard: Employees on permanent status are terminated or demoted only for cause. An appeal process is available to terminated or demoted employees.

Comment: None

Protocols: Written policy and procedure. Process Indicators: Personnel records.

Proposal: Employees on permanent status are terminated or demoted only for cause and/or in accordance with state statues. An appeal process is available to terminated or demoted employees.

Comment: None

Protocols: Written policy and procedure. Process Indicators: Personnel records.

Comments: North Carolina General Statues as well as other States' Statues gives absolute Constitutional authority to Sheriff's to hire and terminate 'at will'. A revision in this Standard would allow for those States who fall under this particular law to become compliant with the Standard by including the additional verbiage to the standard such as: or in accordance to state statues.

Name: Karen Cherry Title: Sergeant Email: <u>karen.cherry@mecklenburgcountync.gov</u>

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with proposed revision as it appears to include provisions allowed by state statutes is needed."

ACA FILE No. 2013-015 (Continued)

Gerald Patterson Operations Officer, Army Review Boards Agency:

"The standard is based on best practices and not always state laws."

FOR ACA STAFF USE ONLY- ACA File No. 2013-015

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

 Approved
 Denied
 Tabled
 Referred to:

Manual: Adult Local Detention Facilities Edition: 4th Standard: 4-ALDF-2A-27 Agency/Facility: Mecklenburg County Jails - Charlotte, NC Facility Size: 2,625 combined total Accredited: Yes Proposal Type: Revision

Existing Standard: 4-ALDF-2A-27: Prior to being placed in the general population, each inmate is provided with an orientation to the facility, which includes at a minimum:

- written materials describing facility rules and sanctions
- explanation of mail and visiting procedures
- explanation of transportation options for visitors
- explanation of grievance procedures
- explanation of all fees, charges, or copayments that may apply
- description of services, programs, and eligibility requirements
- information on how to access medical care
- identification of available pretrial release options

This information is contained in a written handbook that is given to each inmate. The handbook is translated into those languages spoken by significant numbers of inmates.

Proposal: 4-ALDF-2A-27: Prior to being placed in the general population, each inmate is provided with an orientation to the facility, which includes at a minimum:

- written information describing facility rules and sanctions
- explanation of mail and visiting procedures
- explanation of transportation options for visitors
- explanation of grievance procedures
- explanation of all fees, charges, or copayments that may apply
- description of services, programs, and eligibility requirements
- information on how to access medical care
- identification of available pretrial release options

This information is contained in a written material or electronic handbook that is available and each inmate has access. The handbook is translated into those languages spoken by significant numbers of inmates.

ACA FILE No. 2013-016 (Continued)

Comments: As a cost effective measure, many agencies are going green by implementing and providing access to inmate handbooks in an electronic form in for inmates in their housing units by way of the Kiosk systems. The revision in this Standard would allow for each inmate to have access to the handbook in an electronic version as opposed to each inmate being given an individual hardcopy.

Name: Karen Cherry Title: Sergeant Email: <u>karen.cherry@mecklenburgcountync.gor</u>

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Nonconcur. Electronic handbook may limit access, especially those placed in segregation units. Intent is for prisoner to always have access throughout confinement."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Initial orientation, especially in jails, is a critical time for new inmates to learn rules, expectations, and how to access critical services. Unrestricted access to the inmate handbook is important for successful integration into population. It is difficult to provide unrestricted access via kiosk. Although the standard requires each inmate to be provided with a written handbook it does not prohibit an agency/facility to have inmates return their hardcopy upon completing orientation. Access than can be provided by having copies available in housing, library, other areas as well as electronically-kiosk. This process works well and effectively controls costs because we don't have to print handbooks for entire prison populations. Maintain enough hardcopies for inmates to retain throughout their orientation and then return them. Continued access is then provided by copies at officer desks in units, libraries, and designated inmate computer terminals."

ACA FILE No. 2013-016 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-016

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to: Standards Subcommittee

Comment: Considering the importance of this issue, a new Standards Committee Subcommittee was created to study various options for the use of electronic kiosks and inmate handbooks/information. The committee consists of the following members:

James LeBlanc, Chairman Ramon Rustin Denise Robinson 1 member to be named from the ACA Juvenile Corrections Committee

Manual: Juvenile Community Residential Facilities Edition: 3rd Edition Standard: 3-JCRF-1D-09 Agency/Facility: McCrossan Boys Ranch Facility Size: 77 Accredited: Yes Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice provide that all administrative, managerial, and professional specialist staff receive 40 hours of training in addition to orientation training during the first year of employment and 40 hours of training each year thereafter, in areas relevant to their position.

Proposal: Written policy, procedure, and practice provide that all administrative, managerial, and professional specialist staff receive 40 hours of training including orientation training during the first year of employment and 40 hours of training each year thereafter, in areas relevant to their position.

Comments: I believe that orientation training hours should be counted as part of the 40 hours of training required for administrative, managerial, and professional specialist staff during the first year of employment.

Name: Julie Wright Title: Accreditation Manager Email: julie.wright@mccrossan.org

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Nonconcur. Orientation is generalized training to familiarize a new staff member with the facility, emergency procedures, and functions. Job specific training is essential for the success of the staff in their daily duties. The 40 hours job specific training should be separate from orientation training."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision would make training expectations inconsistent with other standard manuals (i.e. ACI 4-4083)."

ACA FILE No. 2013-017 (Continued)

Tami Williams Accreditation Administrator, Colorado Department of Corrections:

"There is a standard in this manual as well as others i.e. ACI that require 40 yours of orientation before undertaking their job assignment. The proposed change would eliminate any requirement for training the first year of employment. I don't believe that is a good proctice. This standard is also in several other manuals so a change here would affect all other manuals as well."

Kurt Pfisterer

Agency Accreditation Manager, NY State Div. of Juvenile Justice:

"Strongly disagree. the proposed change would reduce the number of training hours for these 3 groups of staff. Less training is never a good thing".

FOR ACA STAFF USE ONLY- ACA File No. 2013-017

The above proposed revision, addition, or deletion would also affect the following manuals:

1-ABC-1D-09 2-CO-1D-07 ACI 4-4083 4-ACRS-7B-15 4-ALDF-7B-11 4-APPFS-3A-15 1-EM-1D-09 1-JBC-1D-08 4-JCF-6E-07 3-JDF-1D-08 3-JDTP-1D-07

Action taken by the standards committee:

Approved	Denied	Tabled	Referred to:	

Manual: Juvenile Community Residential Facilities Edition: 3rd Edition Standard: 3-JCRF-1D-11 Agency/Facility: McCrossan Boys Ranch Facility Size: 77 Accredited: Yes Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice provide that all support employees who have regular or daily contact with juveniles receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter.

Proposal: Written policy, procedure, and practice provide that all support employees who have regular or daily contact with juveniles receive 40 hours of training including orientation training during their first year of employment and 40 hours of training each year thereafter.

Comments: I believe that orientation training hours should be counted as part of the 40 hours of training required for support employees who have regular or daily contact with juveniles during their first year of employment.

Name: Julie Wright Title: Accreditation Manager Email: julie.wright@mccrossan.org

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Nonconcur. Orientation is generalized training to familiarize a new staff member with the facility, emergency procedures, and functions. Job specific training is essential for the success of the staff in their daily duties. The 40 hours job specific training should be separate from orientation training."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This proposal would create inconsistent expectations between manuals (i.e. ACI 4-4086)."

ACA FILE No. 2013-018 (Continued)

Tami Williams Accreditation Administrator, Colorado Department of Corrections:

There is a standard in this manual as well as others i.e. ACI that require 40 yours of orientation before undertaking their job assignment. The proposed change would eliminate any requirement for training the first year of employment. I don't believe that is a good practice. This standard is also in several other manuals so a change here would affect all other manuals as well.

Kurt Pfisterer

Agency Accreditation Manager, NY State Div. of Juvenile Justice:

"Strongly disagree. the proposed change would reduce the number of training hours for these 3 groups of staff. Less training is never a good thing".

FOR ACA STAFF USE ONLY- ACA File No. 2013-018

The above proposed revision, addition, or deletion would also affect the following manuals:

1-ABC-1D-12 2-CO-1D-06 ACI 4-4086 1-JBC-1D-10 4-JCF-6E-11 3-JDF-1D-11 3-JDTP-1D-09

Action taken by the standards committee:

Denied

Approved

Tabled

Referred to:

Manual: Juvenile Community Residential Facilities Edition: 3rd Edition Standard: 3-JCRF-1D-12 Agency/Facility: McCrossan Boys Ranch Facility Size: 77 Accredited: Yes Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice provide that all clerical/support employees who have minimal or no contact with juveniles receive an additional 16 hours of training in addition to orientation during their first year of employment and 16 hours of training each year thereafter.

Proposal: Written policy, procedure, and practice provide that all clerical/support employees who have minimal or no contact with juveniles receive 16 hours of training including orientation training during their first year of employment and 16 hours of training each year thereafter.

Comments: I believe that orientation training hours should be counted as part of the 16 hours of training required for clerical/support employees who have minimal or no contact with juveniles during their first year of employment.

Name: Julie Wright Title: Accreditation Manager Email: julie.wright@mccrossan.org

COMMENTS:

Theresa Grenier Correctional Program Specialist, Army Corrections Command:

"Nonconcur. Orientation is generalized training to familiarize a new staff member with the facility, emergency procedures, and functions. Job specific training is essential for the success of the staff in their daily duties. The 40 hours job specific training should be separate from orientation training."

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision would create inconsistent expectations between manuals (i.e. ACI 4-4087)."

ACA FILE No. 2013-019 (Continued)

Tami Williams Accreditation Administrator, Colorado Department of Corrections:

"There is a standard in this manual as well as others i.e. ACI that require 40 yours of orientation before undertaking their job assignment. The proposed change would eliminate any requirement for training the first year of employment. I don't believe that is a good proctice. This standard is also in several other manuals so a change here would affect all other manuals as well."

Kurt Pfisterer

Agency Accreditation Manager, NY State Div. of Juvenile Justice:

"Strongly disagree. the proposed change would reduce the number of training hours for these 3 groups of staff. Less training is never a good thing".

FOR ACA STAFF USE ONLY- ACA File No. 2013-019

The above proposed revision, addition, or deletion would also affect the following manuals:

1-ABC-1D-13 2-CO-1D-08 ACI 4-4087 4-ACRS-7B-16 4-ALDF-7B-07 2-APA-1059 4-APPFS-3A-16 1-JBC-1D-11 4-JCF-6E-12 3-JDF-1D-12

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Manual: Juvenile Community Residential Facilities Edition: 3rd Edition Standard: 3-JCRF-3D-04-1 Agency/Facility: McCrossan Boys Ranch Facility Size: 77 Accredited: Yes Proposal Type: Deletion

Existing Standard: Written policy, procedure, and practice provide for the reporting of all instances of child abuse and/or neglect consistent with appropriate state law or local laws.

Proposal: Deletion.

Comments: This standard is identical to standard 3-JCRF-3D-05.

Name: Julie Wright Title: Accreditation Manager Email: julie.wright@mccrossan.org

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"As stated in revision, it is redundant (identical) to another standard in same manual."

FOR ACA STAFF USE ONLY- ACA File No. 2013-020

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Comment: Though this standard was approved, the committee decided that standards 3-JCRF-3D-05 would be deleted, not 3-JCRF-3D-04-1.

Manual: Juvenile Community Residential Facilities Edition: 3rd Edition Standard: 3-JCRF-3D-04-5 Agency/Facility: McCrossan Boys Ranch Facility Size: 77 Accredited: Yes Proposal Type: Revision

Existing Standard: Written policy, procedure, and practice require that juveniles identified as high risk with a history of assaultive behavior are assessed by a mental health or other qualified professional. Such juveniles are identified, monitored, counseled, and provided appropriate treatment.

Proposal: Written policy, procedure, and practice require that juveniles identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Such juveniles are identified, monitored, counseled, and provided appropriate treatment.

Comments: This standard is in a section of standards that address sexual abuse and assault. I believe the standard is intended to address sexually assaultive behavior, so the word sexually should be added to this standard.

Name: Julie Wright Title: Accreditation Manager Email: julie.wright@mccrossan.org

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The proposed revision is necessary and would make standards consistent between manuals (i.e. ACI 4-4281-4)."

Gerald Patterson Operations Officer, Army Review Boards Agency:

"This standard is like ACI standard."

ACA FILE No. 2013-021 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-021

The above proposed revision, addition, or deletion would also affect the following manuals:

1-ABC-3D-06-4 ACI 4-4281-4 1-JBC-3D-06-4 4-JCF-3D-05 3-JDF-3D-06-5

Action taken by the standards committee:

Denied

Approved

Tabled

Referred to:

Manual: Adult Correctional Institutions Edition: 4th Edition Standard: ACI 4-4406 (M) Agency/Facility: American Correctional Association- Standards and Accreditation Staff Facility Size: N/A Accredited: N/A Proposal Type: Revision

Existing Standard: ACI 4-4406

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

- A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority.
- Provision is made for testing of sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, other diseases) and counseling, as appropriate.
- Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
- Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.

A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.

Proposal: ACA recommends no changes to the wording of this standard, but rather to designate ACI 4-4406 as a MANDATORY standard in order to achieve consistency with ALDF Standard 4-ALDF-4D-22-6 (Mandatory).

Comments: These standards contain identical wording but the ALDF Standard is mandatory whereas the ACI standard is not. In the interest of consistency, ACA Standards and Accreditation staff believes that these standards should both be mandatory.

Name: Ben Shelor Title: Deputy Director, Standards and Accreditation Email: <u>bens@aca.org</u>

ACA FILE No. 2013-022 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-022

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Denied

Approved

Tabled

Referred to:_____

Manual: Performance-Based Standards for Juvenile Correctional Facilities (JCF) Edition: 4th Edition Standard: 4-JCF-1C-01 Agency/Facility: N/A Facility Size: N/A Accredited: N/A Proposal Type: Revision

Existing Standard:

Living units that are designed primarily for single occupancy provide:

- 1. Some degree of privacy with at least 35 unencumbered square feet per occupant
- 2. When confinement exceeds 10 hours per day, there are at least 80 square feet per occupant.
- 3. A bed for each juvenile
- 4. Adequate storage space for clothing and personal belongings for each juvenile
- 5. A desk and a chair or stool for each juvenile
- 6. Access to toilets and a washbasin with hot and cold running water 24 hours per day

Proposal:

Living units that are designed primarily for single occupancy provide:

- 1. Some degree of privacy with at least 35 unencumbered square feet per occupant
- 2. When confinement exceeds 10 hours per day, there are at least 80 square feet per occupant.
- 3. A bed for each juvenile
- 4. Adequate storage space for clothing and personal belongings for each juvenile
- 5. A desk and a chair or stool for each juvenile
- 6. Access to toilets and a washbasin with hot and cold running water 24 hours per day without staff assistance

Comments: For juveniles who are locked in their rooms in the evening or are confined to secure sleeping rooms for reasons other than sleeping, during the day, access to a toilet <u>without staff assistance</u> is extremely important for the following reasons:

ACA FILE No. 2013-023 (Continued)

- 1. The entire emphasis on PREA Standards requires that facilities take every precaution to prevent assaults of residents by other residents. These assaults happen in facilities with "dry rooms" when staffing is low, such as during the evening hours or midnight shifts and more than one juvenile needs to use the toilet facilities at a time.
- 2. When a single staff member is on duty in a housing unit, such as on the midnight shift, many facilities have procedures that require that a supervisor be called to stand outside the unit and observe when a juvenile is released from his/her "dry room" to use the unit bathroom. This is to protect the staff member from a possible assault. While the juvenile needs to use the toilet, it may take a while before the supervisor can get to the specific unit. So the juvenile has to wait, even when they cannot wait. There is no doubt that dry rooms are very labor intensive in the long run. In some cases, when a staff member was assaulted by a juvenile, the person observing could not assist the other employee until they had back-up support.
- 3. On one audit of a beautiful new juvenile correctional facility, this auditor was told by several residents of one pod that if a specific staff member was on duty, the residents knew they would not be let out to use the toilet, in which case the residents would urinate in their pillow cases. In spite of the millions of dollars that was spent to design and construct this "state of the art facility," all the residents' rooms were "dry rooms" and juveniles were often forced to urinate in their pillow cases because a staff member would not let the residents out of their secure rooms.
- 4. The problems with "dry rooms" become even more critical if several residents need to use the bathroom at one time. These conditions can and do happen if the flu is going around the facility or if there is a case of food poisoning. Diarrhea can be serious problem under these circumstances and if facility procedures prohibit more than one juvenile using the toilet at a time especially during sleeping time, the staff has a serious problem. It can easily become a sanitation issue.
- 5. When residents must have staff assistance to use the toilet, this can become an opportunity for some staff to punish residents by refusing them access.
- 6. This standard in all previous editions stated that must have access to toilet facilities and hot and cold running water without staff assistance. This standard is the same for all secure facilities, adult local detention and adult correctional facilities, as well as the juvenile detention and correctional facilities.
- 7. This standard needs to be revised to its former wording.

Name: Charles J. Kehoe Title: Corrections Consultant and Former ACA President Email: <u>charlesjkehoe@msn.com</u>

ACA FILE No. 2013-023 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-023

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Referred to:_____

Manual: Juvenile Probation and Aftercare Services (JPAS) Edition: 2nd Edition Standard: JPAS 2-7101 Agency/Facility: Kentucky Department of Juvenile Justice Facility Size: System Accredited: Yes (Golden Eagle) Proposal Type: Revision

Existing Standard:

JPAS 2-7101: Written policy and procedures require a minimum of monthly person-to-person contact between field staff and juveniles in placement other than their own homes and with the person(s) responsible for the care of the juveniles in placement, unless under interstate compact supervision. When the private placement facility is at least 500 miles (round trip) from the base station, bi-monthly person-to-person contact is required. Telephonic contact between the probation office and the juvenile in placement, as well as, the placement authority must be made at least twice during the month the juvenile will not be visited.

Comment: The agency's responsibility for supervision of juveniles and for ensuring that their care and program needs are being met requires regular contact with the juveniles and those who are sharing responsibility for their care and supervision.

Proposal:

Written policy and procedures require a minimum of monthly contact, of which one per quarter must be person-to-person, between field staff and juveniles in placement other than their own homes and with the person(s) responsible for the care of the juveniles in placement, unless under interstate compact supervision. Two telephonic contacts or one video conferencing contact between the probation office and the juvenile in placement, as well as the placement authority, must be made during the month the juvenile will not be visited.

Comment: The agency's responsibility for supervision of juveniles and for ensuring that their care and program needs are being met requires regular contact with the juveniles and those who are sharing responsibility for their care and supervision.

Comments: Considering today's budget constraints many states are facing, it doesn't appear to make sense that we do not take advantage of the technology at our disposal. This revision would save funds while not compromising youth treatment. If the Committee feels the revision offered is too stringent, I would welcome other revisions to the standard that lessens the requirement for monthly in person contacts.

Name: Kevin T. Warford Title: Quality Assurance Branch Manager Email: <u>kevint.warford@ky.gov</u>

ACA FILE No. 2013-024 (Continued)

FOR ACA STAFF USE ONLY- ACA File No. 2013-024

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to: Juvenile Corrections Committee

Comment: The committee asked that this standard receive more input from the ACA Juvenile Corrections Committee as well as Community Corrections Committee. This standard will be discussed again at the 143rd Congress of Corrections in Washington, DC in August 2013.

Section 2: International Core Standards

International Core Standards



American Correctional Association 206 N. Washington St., Suite 200 Alexandria, VA 22314 (800) 222-5646 www.aca.org

1. Safety

GOAL: Provide a safe environment for the community, staff, volunteers, contractors, and inmates.

PERFORMANCE STANDARD: Protection from Injury and Illness

1A. The community, staff, volunteers, contractors, and inmates are protected from injury and illness in the workplace.

EXPECTED PRACTICES

Sanitation Inspections

1-ICS-1A-01 (Mandatory) (Ref. 4-ALDF-1A-01)

The facility complies with safety and sanitation laws and regulations of the governing jurisdiction. In the absence of applicable laws and regulations, at least an annual safety and sanitation inspection is implemented by qualified persons.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Sanitation and safety inspection checklists. Laws and regulations. <u>*Process Indicators*</u>: Completed inspection checklists and reports. Documentation of corrective action. Inspection reports.

Disposal of Material

1-ICS-1A-02 (Mandatory)

(Ref. 4-ALDF-1A-02) Disposal of liquid, solid, and hazardous material complies with applicable laws and regulations of the governing jurisdiction.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Written plan. Internal health/sanitation inspection checklists that include solid waste issues. <u>*Process Indicators*</u>: Plan that has been approved by regulatory agency. Trash disposal contract. Completed inspection reports/forms, including documentation that identified deficiencies were corrected. Observation.

Vermin and Pests

1-ICS -1A-03 (Mandatory) (Ref. 4-ALDF-1A-03)	Vermin and pests are controlled.		
	<u>Comment</u> : None.		
	<u><i>Protocols</i></u> : Written policy and procedure. Control plan. <u><i>Process</i></u> <u><i>Indicators</i></u> : Pest control contracts. Maintenance agreements. Trash disposal contracts. Inspection reports, including documentation that identified deficiencies were corrected.		
Housekeeping			
1-ICS-1A-04 (Ref. 4-ALDF-1A-04)	The facility is clean and in good repair.		
	Comment: None.		
	<u><i>Protocols</i></u> : Written policy and procedure. Housekeeping plan. Maintenance plan. Inspection forms. Inmate handbook (describing inmate responsibilities). <u><i>Process Indicators</i></u> : Inspection reports, completed forms, including documentation that identified deficiencies were corrected.		
Water Supply			
1-ICS-1A-05 (Mandatory) (Ref. 4-ALDF-1A-07)	The facility's potable water source and supply is in compliance with applicable laws and regulations of the governing jurisdiction.		
	<u>Comment</u> : None.		
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Documentation of approval by outside source. Documentation of credentials of person/agency providing approval.		

Cell Size

1-ICS-1A-06(Ref. 4-ALDF-1A-09)Adequate living space is provided to inmates.

<u>Comment</u>: "Unencumbered space" is usable space that is not encumbered by furnishings or fixtures.. In determining the unencumbered space, the total square footage is obtained and the square footage of the fixtures is subtracted. All fixtures must be in operational position for these calculations.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. <u>*Process Indicators*</u>: Measurement. Observation.

Cell Size (New Construction)

1-ICS-1A-07 (New Construction)

(Ref. 4-ALDF-1A-10) For facilities whose final plans are approved after January 1, 2014, cells that house between two and sixty-four occupants provide the equivalent of 25 square feet of unencumbered space per occupant.

> <u>Comment</u>: "Unencumbered space" is usable space that is not encumbered by furnishings or fixtures. In determining the unencumbered space, the total square footage is obtained and the square footage of the fixtures is subtracted. All fixtures must be in operational position for these calculations.

> <u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. <u>*Process Indicators*</u>: Measurement. Observation.

Dayrooms (Size)

1-ICS-1A-08 (Existing) activities is provided.

Adequate space for inmate

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. <u>*Process Indicators*</u>: Measurement. Observation. Interviews (staff, inmates). Housing and classification records/logs.

Environmental Conditions/Lighting

1-ICS-1A-09 (Ref. 4-ALDF-1A- natural light. 14, 1A-15)	All inmate rooms/cells provide the occupants with access to
	Comment: None.
	<u><i>Protocols:</i></u> Written policy and procedure. Facility plans/specifications. <u><i>Process Indicators:</i></u> Documentation from a qualified source. Measurement. Observation. Maintenance and repair records. Inmate and staff interviews.
1-ICS-1A-10 (Ref. New) performed.	Lighting throughout the facility is sufficient for the tasks
	Comment: None.
	<u><i>Protocols:</i></u> Written policy and procedure. Facility plans/specifications. <u><i>Process Indicators:</i></u> Documentation from a qualified source. Measurement. Observation. Maintenance and repair records. Inmate and staff interviews.

PERFORMANCE STANDARD: Vehicle Safety

1B. Vehicles are maintained and operated in a manner that prevents harm to the community, staff,

contractors, volunteers, and inmates.

EXPECTED PRACTICES

Vehicles/Inmate Transport

1-ICS-1B-01 (Ref. 4-ALDF-, facility	Transportation of inmates outside the facility, and security of		
, 1B-06)	vehicles are governed by policy and procedure.		
	<u>Comment:</u> None.		
	<u><i>Protocols</i></u> : Written policy/procedure. Vehicle log format. <u><i>Process Indicators</i></u> : Transport logs. Staff and inmate interviews.		
1-ICS-1B-02 (Ref. 4-ALDF-1B-03, 1B-04)	Annual safety inspections are conducted on all vehicles used by the facility inaccordance with applicable laws and regulations of the governing jurisdiction.		
	<u>Comment:</u> None.		
	<u>Protocols:</u> Written policy/procedure. Vehicle log format. Maintenance record format. Staff training curriculum. <u>Process Indicators:</u> Inspection reports. Completed vehicle logs. Maintenance records and receipts. Reports of vehicle problems/requests for repair or maintenance. Credentials of inspector. Documentation of completed repairs. Documentation of staff training and qualifications. Transport logs. Staff and inmate interviews.		

PERFORMANCE STANDARD Emergency Preparedness/Response

1C. The number and severity of emergencies are minimized. When emergencies occur, the response

minimizes the severity.

Definition: An emergency is any event that results in the suspension or disruption of normal facility operations.

EXPECTED PRACTICES

Emergency Plan

1-ICS-1C-01 (Mandatory)

There is a plan that guides the facility in emergency situations. All facility personnel are trained in the implementation of the emergency plan.

Comment: None.

<u>Protocols:</u> Written policy and procedure. Emergency plans. Training curriculum. Distribution list for plan. Process Indicators: Training records. Facility logs. Staff interviews and training records. Distribution records. Documentation of annual review. Documentation of staff receipt of, and training on, the plan.

Evacuation Plan

1-ICS-1C-02 (Mandatory) (Ref. 4-ALDF-1C-02) There is an evacuation plan for all emergencies including but not limited to fires.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. Evacuation plan. <u>*Process Indicators*</u>: Documentation of approval of plan. Documentation of annual review. Observation. Documentation of drills. Staff and inmate interviews.

Fire Safety

Code Conformance

1-ICS-1C-03 (Mandatory) (Ref. 4-ALDF-1C-07) applicable laws

The facility conforms to all fire safety codes in accordance with

and regulations of the governing jurisdiction.

Comment: None.

<u>Protocols</u>: Written policy and procedure. Facility plans/specifications. Fire regulations and codes. Internal inspection forms. Detention and alarm system testing schedule. <u>Process Indicators</u>: Documentation of compliance. Reports/inspections from external agencies. Internal inspection results and reports. Documentation of fire alarm and detection system maintenance and testing. Observation.

Flammable, Toxic, and Caustic Materials

1-ICS-1C-04 (Mandatory)	
4-ALDF-1C-11	Flammable, toxic, and caustic materials are controlled and used
safely.	

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. Staff training curriculum. Inmate training curriculum. Inmate handbook/rules. Internal inspection forms. <u>*Process Indicators*</u>: Staff training records. Inmate training records. Internal inspection results. Documentation of incidents that involved flammable, toxic, or caustic materials.

Emergency Power and Communication

Essential Lighting and Life-Sustaining Functions

1-ICS-1C-05	
(Ref. 4-ALDF-1C-12)	Essential lighting and life-sustaining functions are maintained
inside the facility	
	or by the community in an emergency.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. <u>*Process Indicators*</u>: Observation. Facility records and logs.

Equipment is in Working On 1-ICS-1C-06	rder
(Ref. 4-ALDF-1C-14)	All safety and security equipment is in working order.
	<u>Comment</u> : None.

<u>*Protocols*</u>: Written policy and procedure. Job descriptions. Emergency repair plan. <u>*Process Indicators*</u>: Facility records/logs. Personnel records.

2. Security

GOAL: Protect the community, staff, contractors, volunteers, and inmates from harm.

PERFORMANCE STANDARD: Protection from Harm

2A. The community, staff, contractors, volunteers, and inmates are protected from harm. Events that pose a risk of harm are prevented. The number and severity of events are minimized.

EXPECTED PRACTICES

1-ICS-2A-01 (Ref. 4-ALDF- are	The facility's security, life safety, and communications systems
2A-01)	monitored continuously from a secure location.
	Comment: None.
	<u>Protocols:</u> Written policy and procedure. Facility plans/specifications. Staff schedules. <u>Process Indicators:</u> Facility records and logs. Observation. Maintenance records.

Correctional Officers' Posts

1-ICS-2A-02 areas to	Correctional officers' posts are located adjacent to inmate living
(Ref. 4-ALDF- 2A-03,)	permit officers to see or hear and respond promptly to emergency situations.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. Facility plans/specifications. <u><i>Process Indicators</i></u> : Observation. Staff and inmate interviews.
1-ICS-2A-03 (Ref. 4-ALDF-2A-04)	There are written orders for correctional officer's posts.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure Post orders. Acknowledgment form.

<u>*Process Indicators*</u>: Observation. Staff and inmate interviews. Documentation of staff receipt of post orders.

Personal Contact Between Staff and Inmates

1-ICS-2A-04 (Ref. 4-ALDF-2A-01) required.	Personal contact and interaction between staff and inmates is
	<u>Comment:</u> None.
	<u><i>Protocols:</i></u> Written policy and procedure. Facility plans/specifications. <u><i>Process Indicators:</i></u> Observation. Facility logs. Staff and inmate interviews.
1-ICS-2A-05	
(Ref. new)	The facility administrator or designee visits the facility's living and activity areas at least weekly.
	Comment: None.
	<u><i>Protocols</i></u> : Written policy and procedure. Schedule. <u><i>Process Indicators</i></u> : Observation. Facility logs. Staff and inmate interviews.
Secure Perimeter	
1-ICS-2A-06	
(Ref. 4-ALDF2A-07)	The facility perimeter ensures inmates are secured and that access by the general public is denied without proper authorization.
	Comment: None.
	<u>Protocols:</u> Written policy and procedure. Facility plans/specifications. <u>Process Indicators:</u> Observation. Facility records and logs.

Female Inmate and Female Staff

1-ICS-2A-07	
(Ref. 4-ALDF-2A-08)	When a female inmate is housed in a facility, at least one female
staff	member is on duty at all times.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Staffing plans. <u>*Process Indicators*</u>: Records of staff deployment. Facility logs.

No Inmate Control Over Others

1-ICS-2A-08No inmate or group of inmates is given control, or allowed to
exert authority, over other inmates.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. *Process Indicators*: Observation. Staff and inmate interviews.

Inmate Movement under Staff Control

1-ICS-2A-09 (Ref. 4-ALDF-2A-10) staff.	All inmate movement from one area to another is controlled by
	<u>Comment:</u> None.
	<u>Protocols</u> : Written policy and procedure. Facility plans/specifications. Staffing plans. <u>Process Indicators</u> : Observation.
Staff Log	
1-ICS-2A-10 (Ref. 4-ALDF-2A-11) documented.	Emergency situations and unusual incidents shall be
	Comment: Permanent logs may be recorded electronically.
	<u><i>Protocols</i></u> : Written policy and procedure. Record keeping forms and formats.

<u>*Process Indicators*</u>: Completed logs and other records. Documentation of emergency situations and unusual incidents.

Staffing

Sufficient Staff

1-ICS-2A-11 (Ref. 4-ALDF-2A-14)

Staff, including a designated supervisor, are provided at all times to perform functions relating to the security, custody, and supervision of inmates.

Comment: None.

<u>Protocols:</u> Written policy and procedure. Staffing analysis process and plan. Staff deployment plans and schedules. <u>Process Indicators:</u> Documentation of annual review of staffing analysis and plan. Records of actual staff deployment. Facility logs.

Inmate Counts

Inmate Population Management System

1-ICS-2A-12	
(Ref. 4-ALDF-2A-16)	There is an inmate-population-management process that includes
records on the	
	1 • • • • • • •

admission, processing, and release of inmates.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Accounting system. Forms. Report formats.

Process Indicators: Completed forms. Reports. Staff interviews.

Counts

1-ICS-2A-13 (Ref. 4-ALDF-2A-17) one formal

The facility has a system for physically counting inmates. At least

count is conducted for each shift, with no less than three counts daily.

<u>*Comment*</u>: Electronic means should not be substituted for direct staff observation.

<u>*Protocols*</u>: Written policy and procedure. Accounting system. Forms. Identification forms/formats. <u>*Process Indicators*</u>: Completed forms. Facility records and logs. Documentation of inmate accounting activities. Staff interviews.

Reception

Legal Commitment and Medical Review

1-ICS-2A-14	
(Ref. 4-ALDF-	Prior to accepting custody of an inmate, staff determines that the
inmate is	
2A-19)	legally committed to the facility, and that the inmate is not in
need of immediate	
	medical attention.
	<u>Comment</u> : None.
	Protocols: Written policy and procedure. Admission forms.
	Process Indicators: Completed admissions forms. Facility logs.
Observ	vation.
Admissions	
1-ICS-2A-15	
(Ref. 4-ALDF- 2A-20,	Admission processes for a newly admitted inmate include, but are
not limited to:	
2A-21, 2A-23)	
	 soorching of the inmete and personal property

- searching of the inmate and personal property
- inventorying and providing secure storage of personal property
 - providing an itemized receipt of personal property
 - recording of basic personal data
 - performing a criminal history check, as applicable
 - photographing and fingerprinting, as required

• medical, dental, and mental health screening

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Intake and admission forms. Screening forms. Staff training curriculum. Inventory form. Receipt form.

<u>*Process Indicators*</u>: Observations. Staff and inmate interview. Intake records/files. Intake and admission records. Completed inventory forms and receipts.

Orientation

1-ICS-2A-16(Ref. 4-ALDF- 2A-27)Prior to being placed in the general population, each inmate is
provided with an orientation that includes facility rules and
regulations.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Orientation information and process. Inmate handbook.

Process Indicators: Observation. Intake records. Inmate interviews.

Classification and Separation

Objective Classification System

1-ICS-2A-17 (Ref. 4-ALDF- 2A-30, 2A-31)	 A-classification system is utilized that: Identifies the appropriate level of custody for each inmate Identifies appropriate housing assignment Identifies the inmate's interest and eligibility to participate in available programs
	<u>Comment:</u> None. <u>Protocols:</u> Written policy and procedure. Classification forms and formats. Methodology for validating process. Process for periodic review and appeal. Inmate handbook. Inmate orientation materials. <u>Process Indicators:</u> Classification records. Documentation of verification of the process. Documentation of periodic review and appeal. Inmate interviews.
Separation in Classification 1-ICS-2A-18 (Ref. 4-ALDF- 2A-32, 2A-33)	Inmates are separated according to gender, existing laws and regulations and/or consistent with the facility's classification plan.
	<u><i>Comment</i></u> : None. <u><i>Protocols</i></u> : Written policy and procedure. Housing assignment process and forms. Facility plans/specifications. Applicable statutes and regulations. Classification plan. <u><i>Process Indicators</i></u> : Inmate housing records. Observation. Staff and inmate interviews. Inmate classification records. Observation.
Single-Occupancy Cells	
1-ICS-2A-19 (Ref. 4-ALDF- housed in single	Inmates not suitable for housing in multiple occupancy cells are

2A-34) occupancy cells.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. <u>*Process Indicators*</u>: Observation. Interviews (staff, inmates.) Housing and classification records/logs.

Youthful Offenders

1-ICS-2A-20 (Ref. New)

Juveniles are defined by law. Whenever possible or practical, juveniles are not housed with adults.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Observation. Interviews (staff, inmates.) Housing and classification records/logs.

Special Management Inmates Segregation for Protection

1-ICS-2A-21 (Ref. 4-ALDF-2A-44) segregation when it	The facility administrator or designee can order immediate
	is necessary to protect an inmate or others.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Documentation of review within 72 hours. Facility records. Inmate records.
Health Care	
1-ICS-2A-22 (Ref. 4-ALDF-2A-45)	When an inmate is transferred to segregation, health care personnel are informed and provide assessment and review, as

indicated by the protocols established by the health authority.

<u>*Comment*</u>: Health care provider's visits are intended to be screening rounds and are not meant to be clinical encounters. The visit ensures that inmates have access to the health care system. The health care provider determines the appropriate setting for further medical attention or examination and may request an inmate's removal from a cell or housing area to a clinical environment.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Health records. Segregation logs. Duty assignment roster for health care providers. Observation. Interviews.

Observation of Special Management Inmates

1-ICS-2A-23 (Ref. 4-ALDF-2A-52)

Written policy, procedure, and practice require that all special management inmates are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart, on an irregular schedule

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Staffing plan. Log format. <u>*Process Indicators*</u>: Facility records and logs. Documentation of cell checks.

PERFORMANCE STANDARDS: Use of Physical Force

2B. Physical force is used only in instances of self-protection, protection of the inmate or others, prevention of escape, or prevention of property damage.

EXPECTED PRACTICES

Use of Force Restrictions on Use of Force

1-ICS-2B-01 (Mandatory) (Ref. 4-ALDF- 2B-01)	The use of physical force is restricted to protection of individuals, security, control and order.
	Comment: None.
	<u><i>Protocols:</i></u> Written policy and procedure. Staff training curriculum. <u><i>Process Indicators:</i></u> Facility records and logs. Incident reports. Training records.
Restraints Restraint Devices	
1-ICS-2B-02	
(Ref. 4-ALDF- 2B-02)	Restraint devices are never applied as punishment. Written policy, procedure, and practice define circumstances under which supervisory approval is needed prior to application.
	<u><i>Comment</i></u> : Restraint devices should be used only to prevent self- injury, injury to others, or property damage. Restraints are not applied for more time than is necessary.
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Documentation of supervisory approval. Staff interviews.
Weapons	
Procedures for Weapons	
1-ICS-2B-03	

(Ref. 4-ALDF- and use of	Procedures govern the availability, control, inventory, storage,
2B-04 ,)	firearms.

	<u>Comment</u> : None.
	<u>Protocols</u> : Written policy and procedure. Authorization forms. Facility plans/ specifications. <u>Process Indicators</u> : Facility logs and records. Completed authorization forms. Staff interviews.
1-ICS-2B-04 (Ref. 4-ALDF-2B-05) persons.	Access to firearms storage areas is restricted to authorized
	<u>Comment</u> : None.
	<u>Protocols</u> : Written policy and procedure. Authorization forms. Facility plans/ specifications. <u>Process Indicators</u> : Facility logs and records. Completed authorization forms. Staff interviews.
Chemical Agents Separate Chemical Agents	
1-ICS-2B-05 (Ref. New)	Chemical agents and electronic disablers are used only with the authorization of the facility administrator or designee.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. Authorization forms. Facility plans/ specifications. <u><i>Process Indicators</i></u> : Facility logs and records. Completed authorization forms. Staff interviews
Written Reports	
1-ICS-2B-06 (Ref. 4-ALDF2B-07)	Written reports are required for the discharge of a firearm.
	Comment: None.
	<u><i>Protocols:</i></u> Written policy and procedure. Report format. <u><i>Process Indicators:</i></u> Completed reports. Facility records and logs.

Use of Firearms

1-ICS-2B-07 (Mandatory) (Ref. 4-ALDF- 2B-08)	 The use of firearms complies with the following requirements: weapons are subjected to safety regulations a secure weapons locker is located outside the secure perimeter firearms are permitted only in designated areas except in emergency situations deadly force shall only be used to protect life or security and order of the facility firearms must be approved by the facility administrator
	<u>Comment</u> : None. <u>Protocols</u> : Written policy and procedure. Facility plans/specifications. Staff training curriculum. <u>Process Indicators</u> : Training records. Observation. Staff and inmate interviews.
Canine Units 1-ICS-2B-08 (Ref. 4-ALDF-2C-02)	 Where a canine unit exists, policy, procedure, and practiced provide the following: a mission statement, including goals and objectives emergency plans that are integrated into the overall emergency plans of the facility
	<u>Comment:</u> None. <u>Protocols:</u> Written policy and procedure. Canine unit mission statement, goals and objectives. <u>Process Indicators:</u> Facility records and logs.
1-ICS-2B-09 (Ref. 4-ALDF-2C-02)	Where a canine unit exists, policy, procedure, and practice for training of handlers/dog teams and upkeep and care of the animals provide for the following:

- criteria for selection, training, and care of animals
- criteria for selection and training requirements of handlers
- an approved sanitation plan which covers inspection, housing, transportation, and daily grooming for dogs

Each handler/dog team should be trained, certified, and recertified annually by a nationally recognized accrediting body or a comparable internal training and proficiency testing program.

Comment: None.

<u>Protocols:</u> Written policy and procedure. <u>Process Indicators:</u> Observation. Facility records and logs.

1-ICS-2B-10 (Ref. 4-ALDF-2C-02) Where a canine unit exists, policy, procedure, and practice provide daily and current records on training, care of dogs, and significant events.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Training records. Facility records and logs.

PERFORMANCE STANDARD: Contraband/Searches

2C. Contraband is minimized. It is detected when present in the facility.

EXPECTED PRACTICES

Searches

Procedures for Searches

1-ICS-2C-01

(Ref. 4-ALDFcontraband 2C-01)

Procedures guide searches of facilities and inmates to control

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Search procedures. <u>*Process Indicators*</u>: Observation. Facility records and logs. Inmate and staff interviews.

Body Cavity Search

1-ICS-2C-02 (Ref. 4-ALDF2C-05) Ma

Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Search procedures. <u>*Process Indicators*</u>: Observation. Facility records and logs. Inmate and staff interviews. Credentials of personnel who conduct searches.

PERFORMANCE STANDARD: Access to Keys, Tools, Utensils

2D. Improper access to and use of keys, tools and utensils are minimized.

EXPECTED PRACTICES

Key, Tool, and Utensil Control

1-ICS-2D-01 (Ref. New)	Keys are inventoried and use is controlled.
	<u>Comment:</u> None.
	<u><i>Protocols:</i></u> Written policy and procedure. <u><i>Process Indicators:</i></u> Observation. Facility records and logs. Inmate and staff interviews.
1-ICS-2D-02 (Ref. New)	Tools are inventoried and use is controlled.
	<u>Comment:</u> None.
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Observation. Facility records and logs. Inmate and staff interviews.

1-ICS-2D-03 (Ref. New)	Culinary equipment is inventoried and use is controlled.
	<u>Comment:</u> None.
	<u><i>Protocols:</i></u> Written policy and procedure. <u><i>Process Indicators:</i></u> Observation. Facility records and logs. Inmate and staff interviews.
1-ICS-2D-04 (Ref. New)	Medical/dental instruments are inventoried and use is controlled.
	<u>Comment:</u> None.
	<u><i>Protocols:</i></u> Written policy and procedure. <u><i>Process Indicators:</i></u> Observation. Facility records and logs. Inmate and staff interviews.

3. Order

GOAL: Maintain an orderly environment with clear expectations of behavior and systems of

accountability.

PERFORMANCE STANDARD: Inmate Discipline

3A. Inmates comply with rules and regulations.

EXPECTED PRACTICES

Rules and Discipline

1-ICS-3A-01 (Ref. 4-ALDF- violations. 3A-01, 3A-02, 2A-50)	There are disciplinary procedures governing inmate rule
	<u>Comment</u> : The rules should prohibit only observed behavior that can be shown clearly to have a direct, adverse effect on an inmate or on facility order and security. Penalties should be proportionate to the importance of the rule and the severity of the violation.
	<u>Protocols</u> : Written policy and procedure. Rules. Inmate handbook. Report formats. Sanctioning schedule. <u>Process Indicators</u> : Documentation of annual review. Inmate records. Disciplinary records. Inmate and staff interviews. Documentation that sanctioning schedule has been communicated to inmates. Documentation of facility administrator review and approval.

4. Care

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

PERFORMANCE STANDARD: Food Service

4A. Food service provides a nutritionally balanced diet. Food service operations are

hygienic and sanitary.

EXPECTED PRACTICES

Food Dietary Allowances

1-ICS-4A-01 (Mandatory)	
(Ref. 4-ALDF-	The facility's dietary allowances meet applicable laws and
regulations of the	
4A-07)	governing jurisdiction.

<u>*Comment*</u>: Copies of menu evaluations should be forwarded to the health authority.

<u>Protocols:</u> Written policy and procedure. Recommended dietary allowances.
 <u>Process Indicators:</u> Annual reviews. Nutritionist or dietician qualifications. Documentation of at least annual review and quarterly menu evaluations. Interviews with staff.

Therapeutic or Special Diets

1-ICS-4A-02 (Ref. 4-ALDF- appropriate	Therapeutic and/or special diets are provided as prescribed by
4A-09,)	clinicians or when religious beliefs require adherence to religious
dietary laws.	
	<u>Comment</u> : Therapeutic diets are prepared and served to inmates according to the orders of the treating clinician or as directed by the responsible health authority official. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten quarterly. Therapeutic diets should be kept as simple as possible and should conform as closely as possible

to the foods served other inmates. Pregnant women are only prescribed meals, if necessary.

<u>*Protocols*</u>: Written policy and procedures. Diet manual. Diet request form. Special diets.

Process Indicators: Health records. Diet records or forms.

Observation. Interviews. Documentation of chaplain's approval. Diet manual.

1-ICS-4A-03 (Ref. 4-ALDF-4A-10) dietary laws.

Special diets are provided as prescribed by appropriate clinicians when religious beliefs require adherence to religious

<u>Comment</u>: Therapeutic diets are prepared and served to inmates according to the orders of the treating clinician or as directed by the responsible health authority official. Prescriptions for therapeutic diets should be specific and complete, furnished in writing to the food service manager, and rewritten quarterly. Therapeutic diets should be kept as simple as possible and should conform as closely as possible to the foods served other inmates. Pregnant women are only prescribed meals, if necessary.

<u>*Protocols*</u>: Written policy and procedures. Diet manual. Diet request form. Special diets.

<u>*Process Indicators*</u>: Health records. Diet records or forms. Observation. Interviews. Documentation of chaplain's approval. Diet manual.

Food Service Facilities

1-ICS-4A-04 (Mandatory) (Ref. 4-ALDFequipment meet 4A-11)

There is documentation that shows food service facilities and

applicable laws and regulations of the governing jurisdiction.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Health and safety codes. <u>*Process Indicators*</u>: Documentation of compliance with codes. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

Health Protection for Food Service

1-ICS-4A-05 (Mandatory)	
(Ref. 4-ALDF-4A-13)	There is adequate health protection for all persons working in
food service.	

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Laws, statutes, and regulations.

<u>*Process Indicators*</u>: Inspection reports, completed forms, including documentation that identified deficiencies were corrected. Documentation of medical examinations and reexaminations. Inmate and staff interviews. Observation. Documentation of daily monitoring for health and cleanliness.

Food Service Inspection

1-ICS-4A-06 (Mandatory) (Ref. 4-ALDF- 4A-15)

There are food service inspections in accordance with applicable laws and regulations of the governing jurisdiction.

Comment: None.

Protocols: Written policy and procedure. Inspection forms and

formats.

<u>*Process Indicators*</u>: Observation. Measurement. Inspection reports, completed forms, including documentation that identified deficiencies were corrected.

Food Service Management

1-ICS-4A-07
(Ref. 4-ALDF-
each twenty-
4A-17, 4A-18)Meals are served under staff supervision at regular times during
four hour period in accordance with national customs.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Meal schedules. <u>*Process Indicators*</u>: Observation. Inmate interviews. Records of meals served and times served. Facility records and logs.

PERFORMANCE STANDARD: Hygiene

4B. Inmates maintain acceptable personal hygiene practices.

EXPECTED PRACTICES

Bedding Issue

1-ICS-4B-01 (Ref. 4-ALDF- 4B-02)	Inmates are issued bedding and linens with provisions for exchange at least once every 15 days.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Documentation of issue and exchange.
Clothing	
1-ICS-4B-02	
(Ref. 4-ALDF- 4B-03)	Inmates are issued clothing with provisions for exchange at least once every 15 days.
	<u>Comment</u> : None.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Observation. Inmate interviews. Documentation of cleaning and storage. Documentation of clothing issue.

Personal Hygiene

1-ICS-4B-03 (Ref. 4-ALDF- including articles for 4B-06)	Inmates are allowed articles to maintain personal hygiene	
	females.	
	<u>Comment:</u> None.	
	<u><i>Protocols:</i></u> Written policy and procedure. <u><i>Process Indicators:</i></u> Documentation that items are provided. Observation. Inmate interviews.	
Plumbing Fixtures		
1-ICS-4B-04 (Ref. 4-ALDF-4B-08, bothing and	Inmates have access to clean drinking water, adequate water for	
bathing and 4B-09, 4C-10)	personal hygiene and plumbing in working order.	
	<u>Comment</u> : None.	
	<u>Protocols</u> : Written policy and procedure. Facility plans/specifications. Applicable building codes and regulations. Documentation of periodic measurement of water temperature. Inmate grievances. Inmate interviews. <u>Process Indicators</u> : Observation. Inmate housing records.	
	Measurement. Inspection/ Maintenance records or reports.	
	Observation.	

PERFORMANCE STANDARD: Continuum of Health Care Services

4C. Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.

EXPECTED PRACTICES

Access to Care/Clinical Services

1-ICS-4C-01 (Mandatory) 4C-01, 4C-02, services on a	There is a process for all inmates to initiate requests for health
4C-03)	daily basis.
	<u>Comment:</u> No member of the correctional staff should approve or disapprove inmate requests for health care services. When the facility frequently has non-English speaking inmates, procedures should be explained and written in their language.
Grieva	<u><i>Protocols</i></u> : Written policy and procedures. Inmate handbook. nce procedure.
	<u>Process Indicators:</u> Documentation that inmates are informed about health care and the grievance system. Inmate grievances. Interviews. Financial records. Sick call request form. A health record. Clinical provider schedules. Observation. Interviews.
Emergency Plan	
1-ICS-4C-02 (Mandatory) (Ref. 4-ALDF-4C-08)	Inmates have access to twenty-four-hour emergency medical, dental, and mental health services, including on-site first aid, basic life support, and transfer to outside health services.
	<u>Comment:</u> In the event that primary health services are not available, and particularly in emergency situations, back-up facilities or providers should be predetermined. The plan may include the use of an alternative hospital emergency service or a physician on-call service.
	<u><i>Protocols:</i></u> Written policy or procedure. <u><i>Process Indicators:</i></u> Designated facility. Provider lists. Transportation logs. Interviews.

Infirmary Care

1-ICS-4C-03 (Ref. 4-ALDF4C-09) laws and	If infirmary care is provided onsite, it complies with applicable regulations of the governing jurisdiction.
	<u>Comment</u> : An infirmary is a specific area of a health care facility, separate from other housing areas, where inmates are housed and provided health care. Admission and discharge from this area is controlled by medical orders or protocols.
	<u>Protocols:</u> Written policy or procedures. Nursing manual. Licensing requirements and regulations. <u>Process Indicators:</u> Admission and inpatient records. Staffing schedules. Documentation of compliance with licensing requirements and regulations. Observations. Interviews.
Pregnancy Management	
1-ICS-4C-04 (Mandatory) (Ref. 4-ALDF-, 4C-13) provider.	Pregnant inmates have access to obstetrical services by a qualified
to rele	<u>Comment</u> : Management should include family planning services prior ease.

<u>*Protocols*</u>: Written policy and procedure. Inmate handbook. Contract or agreement. <u>*Process Indicators*</u>: Health record entries. Laboratory records. Interviews.

Communicable Disease and Infection Control Program

1-ICS-4C-05 (Mandatory) (Ref. 4-ALDF- 4C-14, 4C-15, 4C-16, 4C-17, provisions for the	Communicable diseases, are managed in accordance with a written plan approved by the health authority. The plan should include
4C-18)	screening, surveillance, treatment, containment, and reporting of infectious diseases.
	<u>Comment</u> : Because of their serious nature, methods of transmission, and public sensitivity, these diseases require special attention. Plans for the management of tuberculosis may be based on incidence and prevalence of the disease within the agency's population and the surrounding community.
	<u>Protocols</u> : Written policy and procedure, codes, regulations, and treatment guidelines. <u>Process Indicators</u> : Health records, laboratory, x-ray reports, and logs, chronic care forms, and clinic visit logs. Minutes of communicable disease and infection control committee meetings. Interviews. Documentation of waste pick up, spore count logs, and/or cleaning logs.

1-ICS-4C-06 (Mandatory) (Ref. 4-ALDF-4C-19)

Inmates with chronic medical conditions, receive periodic care by a qualified health care provider.

<u>*Comment*</u>: Professionally recognized chronic care guidelines are available from disease-specific organizations and various medical and physicians' associations.

<u>Protocols</u>: Written policy and procedure. Chronic care protocols and forms. <u>Process Indicators</u>: Health records. Chronic care logs. Specialist's schedules.

1-ICS-4C-07 (Mandatory) (Ref. 4-ALDF-4C-19)

Procedures for handling bio-hazardous waste and decontaminating medical and dental equipment must comply with applicable laws and regulations of the governing jurisdiction.

<u>*Comment*</u>: Professionally recognized chronic care guidelines are available from disease-specific organizations and various medical and physicians' associations.

<u>Protocols</u>: Written policy and procedure. Chronic care protocols and forms. <u>Process Indicators</u>: Health records. Chronic care logs. Specialist's schedules.

Dental Care

1-ICS-4C-08 Routine and emergency dental care is provided to inmates under the direction

(Ref. 4-ALDF-4C-20) and supervision of a dentist.

<u>Comment</u>: As part of the initial health care screening, a dentist or health care personnel, properly trained and designated by the dentist, should perform dental screening. The dental program also should provide inmates with instruction on the proper brushing of the teeth and other dental hygiene measures. The dental examination should include taking or reviewing the inmate's dental history and a full examination of hard and soft tissue of the oral cavity; diagnostic xrays should be available, if deemed necessary. The examination results should be recorded on a uniform dental record using a numbered system such as the Federation Dental International System.

<u>*Protocols*</u>: Written policy and procedure. Dental screening by examination forms. Requests to see the dentist. <u>*Process Indicators*</u>: Dental records. Admission logs. Referral and consultation records. Dental request forms. Dental interviews with staff.

Health Screens

ke physical and mental health screening commences upon the
val at the facility unless the inmate is a transfer. Screening is
ducted by health-trained staff. The screening includes at the
t the following:
any significant medical conditions
current medications
history of health problems
suicidal assessment
use of alcohol and other drugs
dental pain, swelling
possibility of pregnancy
mental or physical impairment
servation of the following:
mental and physical behavior, including state of consciousness, mental status, appearance, conduct, tremor, or sweating
body deformities and other physical abnormalities
ease of movement
condition of the body, including bruises and tattoos
symptoms of depression
<i>ment</i> : Health screening is a system of structured inquiry and ervation to prevent newly arrived inmates who pose a health or ty threat to themselves or others from being admitted to the

of admission by health care personnel or by a health-trained

correctional officer. Examples of symptoms of serious, infectious or communicable diseases include a chronic cough, lethargy, weakness, weight loss, loss of appetite, fever, or night sweats that are suggestive of such illness.

<u>*Protocols*</u>: Written policy and procedure. Screening protocols. Mental health screening form. <u>*Process Indicators*</u>: Health records. Completed mental health

screening forms. Transfer logs. Interviews.

Intra-System Transfer and Health Screening

1-ICS-4C-10 (Mandatory) (Ref. 4-ALDF-4C-23)	Transfer inmates receive a health screening by health-trained or qualified heath care personnel. The screening includes the following:
	 a review of the inmate's health file current medications current treatment plan
	<u><i>Comment</i></u> : Health screening of intrasystem transfers is necessary to detect inmates who pose a health or safety threat to themselves or others and who may require immediate health care.
	<u><i>Protocols</i></u> : Written policy and procedure. Screening form. <u><i>Process Indicators</i></u> : Health records. Completed screening forms. Transfer logs. Interviews.
Health Appraisal	
1-ICS-4C-11 (Mandatory) (Ref. 4-ALDF-4C-24) completed for each	A comprehensive physical and mental health appraisal is
completed for each	inmate within 30 days after arrival at the facility.
	<u><i>Comment</i></u> : Test results, particularly for communicable diseases, should be received and evaluated before an inmate is assigned to housing in the general population. Information regarding the inmate's physical and mental status also may dictate housing and activity assignments. When appropriate, additional investigation should be conducted into alcohol and drug abuse and other related problems.

<u>*Protocols*</u>: Written policy and procedure. Health appraisal form. <u>*Process Indicators*</u>: Health records. Completed health appraisal forms. Transfer logs. Interviews.

Mental Health Program

1-ICS-4C-12 (Mandatory) (Ref. 4-ALDF- 4C-27, warranted. 4C-28)	Inmates have access to mental health services as clinically
	<u><i>Comment</i></u> : An adequate number of qualified staff members should be available to deal directly with inmates who have severe mental health problems and to advise other correctional staff about their contacts with such individuals.
	<u>Protocols</u> : Written policy and procedure. Screening form. Job descriptions for mental health personnel. <u>Process Indicators</u> : Health records. Completed screening forms. Provider qualifications and time and attendance records. Observations. Interviews. Documentation of review by mental health personnel. Interviews.

Suicide Prevention and Intervention

1-ICS-4C-13 (Mandatory)

(Ref. 4-ALDF- 4C-32)A suicide-prevention program is approved by the health authority and reviewed

by the facility or program administrator.

Comment: None.

<u>*Protocols*</u>: Written policy and procedures. Training curriculum and lesson plans. Suicide-watch logs or forms.

<u>*Process Indicators*</u>: Health records. Documentation of staff training. Documentation of suicide watches and critical incident debriefings. Observations. Interviews.

Detoxification

1-ICS-4C-14 (Mandatory) (Ref. 4-ALDF- 4C-36)

Detoxification is conducted under medical supervision in accordance with applicable laws and regulations of the governing jurisdiction. When performed at the facility, detoxification is prescribed in accordance with clinical protocols approved by the health authority.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Community contract agreements.

Process Indicators: Health records. Transfer records. Interviews.

Pharmaceuticals

1-ICS-4C-15 (Mandatory) (Ref. 4-ALDF- 4C-38) Pharmaceuticals are managed in accordance with policies and procedures approved by the health authority and in compliance with applicable laws and regulations of the governing jurisdiction.

<u>*Comment*</u>: The formulary should include all prescription and nonprescription medications stocked in a facility or routinely procured from outside sources. Controlled substances are those classified by the Drug Enforcement Agency as Schedule II-V.

<u>*Protocols*</u>: Written policy and procedure. Federal and state laws and regulations. Format for documentation of medication, inventory, and storage of medication. <u>*Process Indicators*</u>: Health records. Completed medication administration, inventory, and storage forms. Documentation of compliance with federal and state laws.

PERFORMANCE STANDARD: Health Services Staff

4D. Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.

EXPECTED PRACTICES

Health Authority

1-ICS-4D-01 (Mandatory) (Ref. 4-ALDF-4D-01) for health care	The facility has a designated health authority with responsibility
	services. The health authority may be a physician, health services administrator, or health agency. The health authority is authorized and responsible for making deICSions about the deployment of health resources and the day-to-day operations of the health services program.
	<u>Comment</u> : The health authority and health services administrator may be the same person. The responsibility of the health authority includes arranging for all levels of health services, assuring the quality of all health services, and assuring that inmates have access to them. Health services should ensure the physical and mental wellbeing of the inmate population and should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education, and attending to environmental conditions. While overall responsibility may be assumed at a central office level, it is essential that each facility have an onsite health services administrator.
	<u>Protocols</u> : Written policy and procedure. Sample agreement or contract requirements with health care provider or authority. Job description. <u>Process Indicators</u> : Documentation of health authority designation. Contract. Billing records. Interviews. Documentation of mission statement, operational policies and procedures, scope of services and required personnel, coordination of care, and a quality management program.
Health Care Quarterly Mee	tings

1-ICS-4D-02(Ref. 4-ALDF- 7D-25)The health authority meets with the facility administrator at least
quarterly.

<u>*Comment*</u>: Minutes of the quarterly administrative meetings may be used to meet the requirements for a quarterly report.

<u>Protocols</u>: Written policy and procedure. <u>Process Indicators</u>: Documentation of meetings. Minutes and reports. Interviews.

Provision of Treatment

1-ICS-4D-03 (Mandatory)
(Ref. 4-ALDF-4D-02)Clinical decisions are the sole province of the responsible clinician
are not countermanded by non-clinicians.

<u>Comment</u>: The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the responsible clinician determines what services are needed; the official responsible for the facility provides the administrative support for making the services accessible to inmates.

Protocols: Written policy and procedure.

<u>*Process Indicators:*</u> Health record entries. Inmate grievances. Interviews.

Personnel Qualifications/Credentials

1-ICS-4D-04 (Mandatory) (Ref. 4-ALDF-4D-03, certifications, 4D-05)	Health care professional staff comply with applicable licensures,
	or registration requirements and applicable laws and regulations of the governing jurisdiction. If inmates are assessed or treated by non-licensed health care personnel, the care is provided pursuant to written standing or direct orders by personnel authorized to give such orders.
	<u><i>Comment</i></u> : Standing medical orders are for the definitive treatment of identified conditions and for the on-site emergency treatment of any person having such condition. Direct orders are those written specifically for the treatment of one person's particular condition.

<u>*Protocols*</u>: Written policy and procedures. Job descriptions. Standing orders. Copies of licensure requirements. <u>*Process Indicators*</u>: Personnel records. Copies of credentials or licensure. Documentation of compliance with standing orders. Health record entries. Interviews. Documentation of current credentials.

Emergency Response

1-ICS-4D-05 (Mandatory) (Ref. 4-ALDF- support, is provided 4D-08) staff	Emergency medical care, including first aid and basic life by health care professionals and those health-trained correctional
Stall	specifically designated by the facility administrator.
	<u><i>Comment</i></u> : The facility administrator and the health care authority may designate those correctional officers who have responsibility for responding to health care emergencies. Staff not physically able to perform CPR are exempt from the expected practice.
curri	<u>Protocols:</u> Written policy and procedure. Lesson plans and culum. <u>Process Indicators:</u> Verification of training. Records and certificates. Interviews.
Notification	
1-ICS-4D-06 Indiv serious	viduals designated by an inmate are notified in case of serious illness,
(Ref. 4-ALDF-4D-12)	injury, or death, unless security reasons dictate otherwise.
	<u><i>Comment</i></u> : The persons to be notified should be designated in writing as part of the facility's admissions procedures.
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Notification records.
Confidentiality	
1-ICS-4D-07 (Mandatory) (Ref. 4-ALDF-4D-13,) confinement case	The active health record is maintained separately from the

4D-14) record and access is controlled in accordance with applicable laws and regulations of the governing jurisdiction.

<u>*Comment*</u>: The principle of confidentiality protects inmate patients from disclosure of confidences entrusted to a health care provider during the course of treatment.

<u>Protocols</u>: Policy and procedure. <u>Process Indicators:</u> Observation. Interviews.

Involuntary Administration

1-ICS-4D-08 (Mandatory)
(Ref. 4-ALDF-4D-17)Involuntary administration of psychotropic medication(s) to
inmates is

authorized by a physician and provided in accordance withpolicies andprocedures approved by the healthauthority, and in accordance withapplicable laws andregulations of the governing jurisdiction.applicable laws and

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Laws and regulations. <u>*Process Indicators*</u>: A health record. Interviews.

Research 1-ICS-4D-09 (Mandatory) (Ref. 4-ALDF-4D-18) The use of inmates in medical, pharmaceutical, or cosmetic experiments is prohibited. This expected practice does not preclude inmate access to investigational medications on a case-bycase basis for therapeutic purposes in accordance with applicable laws and regulations of the governing jurisdiction.

<u>*Comment*</u>: Experimental programs include aversive conditioning, psychosurgery, and the application of cosmetic substances being tested prior to sale to the general public.

<u>*Protocols*</u>: Written policy and procedure. Laws and regulations.

Process Indicators: Health records. Interviews.

Use of Restraints

1-ICS-4D-10 (Mandatory) (Ref. 4-ALDF-4D-21) only applied in

Restraints on inmates for medical and psychiatric purposes are

accordance with policies and procedures approved by the health authority.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Monitoring form. <u>*Process Indicators*</u>: Health records. Restraint logs. Completed monitoring forms. List of providers authorized to order restraints. Interviews.

Sexual Assault

1-ICS-4D-11Information is provided to inmates about sexual abuse/assaultincluding:Information is provided to inmates about sexual abuse/assault

- prevention/intervention
- self-protection
- reporting sexual abuse/assault
- treatment and counseling

The information is communicated during in-processing.

Comment: None.

<u>*Protocols*</u>: Policy and procedure <u>*Process Indicators*</u>: Observation, inmate interviews, inmate handbook, completed receipt forms.

Sexual Conduct of Staff

1-ICS-4D-12 (Ref. 4-ALDF-4D- contract personnel	Sexual conduct between staff and detainees, volunteers or
22-1, 4D-22-5) subject to	and detainees, regardless of consensual status, is prohibited and
	administrative, disciplinary, and criminal sanctions.
	<u>Comment</u> : None.
	Protocols: Written policy and procedure.
	Process Indicators: Screening records. Admission logs. Classification
	records. Documentation of staff awareness, for example, annual in- service training curriculum.

Investigation of Sexual Assault

	An investigation is conducted and documented whenever a sexual assault
or (Ref. 4-ALDF-4D- 22-2)	threat is reported.
	<i>Comment</i> : The agency should report occurrences/allegations of sexual assault or threat in accordance with the laws of the jurisdiction. The investigation may be limited by what is allowed by the laws of the jurisdiction.
	<u><i>Protocols</i></u> : Written policy and procedure. <u><i>Process Indicators</i></u> : Referral records. Investigative reports.
Victims of Sexual Assa	ault
1-ICS-4D-14 (Mandat (Ref. 4-ALDF- 4D-22-	•
	<u>Comment</u> : None.

<u>Protocols</u>: Written policy and procedure. Referral documents.

<u>*Process Indicators*</u>: Completed referral forms. Medical records. Classification records.

Health Records

1-ICS-4D-15 (Ref. 4-ALDF-4D-26)

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping are approved by the health authority. The health record is made available to, and is used for documentation by all practitioners.

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

<u>*Protocols*</u>: Policy and procedure. Health record forms. <u>*Process Indicators*</u>: Health records. Completed forms. Interviews.

5. Program and Activity

GOAL: Help inmates to successfully return to the community and reduce the negative effects of confinement.

PERFORMANCE STANDARD: Inmate Opportunities for Improvement

5A. Inmates have opportunities to improve themselves while confined.

EXPECTED PRACTICES

Programs and Services

1-ICS-5A-01 (Ref. 4-ALDF- 5A-01)	Inmate programs, services and counseling are available.
	Comment: None.
	Protocols: Written policy and procedure. Facility program and

<u>*Protocols*</u>: Written policy and procedure. Facility program and activity schedule. <u>*Process Indicators*</u>: Activity schedules. Facility logs. Inmate interviews. Observation.

PERFORMANCE STANDARD: Family and Community Ties

5B. Inmates maintain ties with their families and the community.

EXPECTED PRACTICES

Visiting

1-ICS-5B-01	
(Ref. 4-ALDF- 5B-01,	Inmates may receive visitors. Visitors are required to identify themselves and register on entry into the facility
5B-02, 5B-03, 5B-04)	
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. Facility program, service plan and activity schedule. Staffing plan. Contracts for service.
	Process Indicators: Activity schedules. Facility logs. Inmate

interviews. Observation. Documentation of the identification and use of community resources. Review of contractual services. Program records. Inmate interviews.

Mail

1-ICS-5B-02 (Ref. 4-ALDF- 5B-06, 5B-08, 5B-09)	Inmates may send and receive mail.
	 <u>Comment:</u> Suspicious mail may include packages and letters unusual in appearance or which appear different from mail normally received or sent by the individual; packages and letters of a size or shape not customarily received or sent by the individual; packages and letters with a city and/or state postmark that is different from the return address; or packages and letters that leak, are stained, or emit a strange or unusual odor, or which have a powdery residue. <u>Protocols:</u> Written policy and procedure. Budget forms. Inmate handbook. <u>Process Indicators:</u> Documentation of postage provided to indigent inmates. Mail logs and records. Documentation that inmates are notified when mail is withheld. Staff and inmate interviews. Observation.
Telephone	
1-ICS-5B-03 (Ref. 4-ALDF5B-11)	Inmates are provided with access to telephones.
	Comment: None.
	<u><i>Protocols:</i></u> Written policy and procedure. Facility plans/specifications. <u><i>Process Indicators:</i></u> Observation. Inmate interviews. Documentation of inmate access to telephones.
Release	
1-ICS-5B-04	

(Ref. 4-ALDF5B-18)	Procedures for releasing inmates from the facility include, but are
not limited to,	

the following:

- identification of outstanding warrants, wants, or detainers
- verification of identity
- verification of release papers
- completion of release arrangements, including notification of the parole authorities in the jurisdiction of release, if required
- return of personal property
- provision of a listing of available community resources
- provision of medication as directed by the health authority

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Release forms and procedures.

<u>*Process Indicators:*</u> Completed release forms and documents. Facility records and logs. Inmate records. Observation.

PERFORMANCE STANDARD: Programs

5C. The negative impact of confinement is reduced.

EXPECTED PRACTICES

Exercise and Recreation Access

1-ICS-5C-01 available, at	Inmates have access to exercise and recreation opportunities. When
(Ref. 4-ALDF- permits. 5C-01, 5C-02)	least one hour daily is outside the cell or outdoors when weather
	<u>Comment:</u> None.
	Protocols: Written policy and procedure. Facility plans/specifications.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. Schedules. <u>*Process Indicators*</u>: Observation. Measurement. Facility logs and activity records.

Outdoor and Covered/Enclosed Recreation Area

Both outdoor and covered/enclosed exercise areas for general

1-ICS-5C-02 population (Ref. 4-ALDF-5C-03)

inmates are provided in sufficient number to ensure that each inmate is offered at least one hour of access daily. Use of outdoor areas is preferred, but covered/ enclosed are available for use in inclement weather. Covered/enclosed areas may be designed for multiple uses as long as the design and furnishings do not interfere with scheduled exercise activities.

<u>Comment</u>: Exercise/recreation spaces are not the same as dayrooms, although dayrooms can provide added opportunities for some exercise and recreation activities. The standard establishes performance requirements for exercise spaces, offering design and operational flexibility. It allows facilities in some climates to cover and/or enclose a yard, while others will have to provide indoor space. These spaces do not have to be "indoors" but must be fully functional when the outdoor areas are not feasible for use.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. Schedules. <u>*Process Indicators*</u>: Observation. Measurement. Facility logs and activity records.

Segregated Inmates

1-ICS-5C-03	Segregated inmates have access to both outdoor and
covered/enclosed exercise (Ref. 4-ALDF5C-04)	areas. The minimum space requirements for outdoor and covered/enclosed exercise areas for segregation units are as follows:
	• Group yard modules15 square feet per inmate expected to use the space at one time, but not less than 500 square

feet of unencumbered space

• Individual yard modules–180 square feet of unencumbered space

In cases where cover is not provided to mitigate the inclement weather, appropriate weather-related equipment and attire should be made available to the inmates who desire to take advantage of their authorized exercise time.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. Schedules. <u>*Process Indicators*</u>: Observation. Measurement. Facility logs and activity records.

Library Services

1-ICS-5C-04	
(Ref. 4-ALDF-5C-05)	Library services are available to inmates.

Comment: None.

<u>Protocols:</u> Written policy and procedure. Activity schedule. <u>Process Indicators:</u> Observation. Inmate interviews. Qualifications of staff member.

Work and Correctional Industries

1-ICS-5C-05 (Mandatory) (Ref. 4-ALDF- 5C-11) state, or local	Inmate working conditions comply with all applicable federal,
	work safety laws and regulations.
	<u>Comment</u> : None.
	Protocols: Written policy and procedure. Applicable laws and
regula	tions.
	Process Indicators: External inspection reports, completed forms,
	including documentation that identified deficiencies were corrected.
	Work records. Inmate and staff interviews.

Religious Programs

1-ICS-5C-06 (Ref. 4-ALDF- 5C-17) Inmates have the opportunity to participate in practices of their religious faith consistent with applicable laws and regulations of the governing jurisdiction.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Documentation of inmate religious activities. Documentation of reasons for limitations. Chaplain interviews. Inmate interviews.

Commissary/Canteen

1-ICS-5C-07	An inmate commissary or canteen may be available from which inmates
can	
(Ref. 4-ALDF-5C-25)	purchase approved items that are not furnished by the facility.
The commissary/	canteen's operations are strictly controlled using
standard accounting	procedures.
-	

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Commissary forms and formats. Fiscal procedures. Budgets. <u>*Process Indicators*</u>: Commissary records. Budgets.

6. Justice

GOAL: Treat inmates fairly and respect their legal rights. Provide services that hold inmates accountable for their actions, and encourage them to make restitution to their victims and the community.

PERFORMANCE STANDARD: Inmates' Rights

6A. Inmates' rights are not violated.

EXPECTED PRACTICES

Access to Courts

1-ICS-6A-01	
(Ref. 4-ALDF-	The right of inmates to have access to courts is ensured according
to applicable	
6A-01)	laws and regulations of the governing jurisdiction.

Comment: None.

<u>Protocols:</u> Written policy and procedure. <u>Process Indicators:</u> Facility logs. Inmate interviews. Attorney interviews.

Access to Counsel

 1-ICS-6A-02
 Inmate access to counsel is ensured according to applicable laws and regulations

 and regulations
 of the governing jurisdiction.

 Comment:
 None.

 Protocols:
 Written policy and procedure.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Inmate interviews. Facility log. Attorney interviews. Observation.

Access to Legal Materials

1-ICS-6A-03

(Ref. 4-ALDF-16A-03) laws and plan.	Inmates have access to legal materials according to applicable regulations of the governing jurisdiction. <i>Comment</i> : None. <i>Protocols</i> : Written policy and procedure. Legal assistance/resources <i>Process Indicators</i> : Observation. Facility logs. Inmate interviews.
Foreign Nationals	
1-ICS-6A-04 (Ref. 4-ALDF-6A-06) their country	Foreign nationals have access to the diplomatic representative of of citizenship. <i>Comment</i> : None. <i>Protocols</i> : Written policy and procedure. <i>Process Indicators</i> : Inmate interviews. Staff interviews.
Protection from Abuse	
1-ICS-6A-05 (Mandatory) (Ref. 4-ALDF-6A-07)	Inmates are not subjected to mental or physical abuse.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. Training curricula. <u><i>Process Indicators</i></u> : Facility logs. Incident reports. Inmate interviews. Staff training records.
Grooming	
1-ICS-6A-06 (Ref. 4-ALDF-6A-08) valid	Inmates are allowed freedom in personal grooming except when a governmental interest justifies otherwise.

Comment: None.

<u>Protocols:</u> Written policy and procedure. Grooming regulations.
 Inmate handbook.
 <u>Process Indicators:</u> Documentation of instances in which personal grooming choices were denied. Observation. Inmate interviews.

PERFORMANCE STANDARD: Fair Treatment of Inmates

6B. Inmates are treated fairly.

EXPECTED PRACTICES

Grievance Procedure

1-ICS-6B-01
(Ref. 4-ALDF- 6B-01)An inmate grievance procedure is made available to all inmates.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Grievance procedure. Inmate handbook. <u>*Process Indicators*</u>: Grievance records. Inmate interviews.

Discrimination

1-ICS-6B-02	
(Ref. 4-ALDF- 6B-02,	There is no discrimination against anyone.
6B-03)	

Comment: None.

<u>Protocols:</u> Written policy and procedure. Program and service descriptions and eligibility requirements. Inmate handbook. <u>Process Indicators:</u> Inmate interviews. Facility records. Grievances. Activity logs. Program records. Staff and inmate interviews.

Disabled Inmates

1-ICS-6B-03 (Ref. 4-ALDF-6B-04) Inmates with disabilities are housed and managed in a manner that provides for their safety and security. Comment: Temporary disabilities are conditions that can be treated with an expectation of healing. Temporary disabilities are not the result of chronic conditions, are short-term in nature, and resolve over

<u>*Protocols:*</u> Written policy/procedure. Facility plans/specifications. <u>*Process Indicators:*</u> Inmate records. Observation. Interviews. Inmate health records.

PERFORMANCE STANDARD: Due Process for Inmates

time.

6C. Alleged rule violations are handled in a manner that provides inmates with appropriate procedural safeguards.

EXPECTED PRACTICES

Inmate Discipline Written Guidelines

1-ICS-6C-01	
(Ref. 4-ALDF-	There are written guidelines for resolving inmate infractions.
6C-01)	

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Disciplinary guidelines. <u>*Process Indicators*</u>: None.

Disciplinary Report

1-ICS-6C-02Rule violations are being documented.(Ref. 4-ALDF- 6C-03)

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Disciplinary forms. <u>*Process Indicators*</u>: Completed disciplinary forms. Inmate records.

Written Statement

1-ICS-6C-03 (Ref. 4-ALDF-6C-07, charges prior to	An inmate charged with a rule violation will be notified of the
6C-11) disciplinary	the hearing. The inmate is given the statement at filed with the
uiscipilliary	committee. A record of the proceedings is made and retained.
	<u>Comment</u> : None.
	<u><i>Protocols</i></u> : Written policy and procedure. Disciplinary forms. <u><i>Process Indicators</i></u> : Disciplinary records. Inmate records.

Hearing

1-ICS-6C-04	An inmate charged with rule violations is present at the hearing,
unless the	
(Ref. 4-ALDF- 6C-08,	inmate waives that right in writing or through behavior. An
inmate may be	
	excluded during testimony. An inmate's absence or exclusion is
documented.	

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Waiver form. <u>*Process Indicators*</u>: Disciplinary records. Inmate records. Documentation of absence. Inmate interviews. Staff interviews.

Inmates have an opportunity to appeal disciplinary decisions.

Comment: None.

1-ICS-6C-05

(**Ref. 4-ALDF-6C-18**)

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Disciplinary records. Inmate records. Documentation of absence. Inmate interviews. Staff interviews.

Administration and Management

GOAL: Administer and manage the facility in a professional and responsible manner, consistent with legal requirements.

PERFORMANCE STANDARD: Recruitment, Retention, and Promotion

7A. Staff, contractors, and volunteers demonstrate competency in their assigned duties.

EXPECTED PRACTICES

Selection, Retention, and Promotion

1-ICS-7A-01 (Ref. 4-ALDF-7B-03) contractors, and	A criminal record check is conducted on all new employees,
	volunteers prior to their assuming duties to identify if there are criminal convictions that have a specific relationship to job performance.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. <u>*Process Indicators*</u>: Personnel records.

Training and Staff Development

1-ICS-7A-02	
(Ref. 4-ALDF7B-05)	Prior to assuming duties, each employee is provided with an orientation, which should include:

- working conditions
- code of ethics
- personnel policy manual

- employees' rights and responsibilities
- overview of the criminal justice system
- tour of the facility
- facility goals and objectives
- facility organization
- staff rules and regulations
- personnel policies
- program overview
- sexual harassment/sexual misconduct awareness

<u>*Comment*</u>: Orientation is distinct from training because it acquaints personnel with the setting in which they will be working but does not necessarily address the knowledge, skills, and abilities needed to implement assigned duties.

<u>*Protocols*</u>: Written policy and procedure. Orientation materials and schedule.

Process Indicators: Personnel records. Staff interviews.

Training Prior to Assuming Duties

1-ICS-7A-03 (Ref. 4-ALDF- in the facility 7B-10) include:	Prior to assuming duties, all correctional officers receive training under the supervision of a qualified officer. Training may
	 facility policies and procedures suicide prevention
	 use of force
	report writing
	inmate rules and regulations
	key control
	emergency plans and procedures
	cultural diversity
	communication skills
	cardiopulmonary resuscitation (CPR) /first aid
	sexual misconduct
	<u><i>Comment:</i></u> These training requirements apply to all correctional officers, whether they are full-time or part-time.
	<u>Protocols</u> : Written policy and procedure. Job descriptions. Training curriculum. Training record forms and formats. <u>Process Indicators</u> : Personnel records. Training records.

In-Service Training

1-ICS-7A-04 (Ref. 4-ALDF- critical areas 7B-10-1)	Correctional officers receive documented in-service training in of the operation at least annually which should include:
	 security procedures and negotiations suicide prevention use of force key control safety procedures emergency plans and procedures CPR/First aid inappropriate personal relationships including sexual misconduct appropriate conduct with inmates universal precautions occupational exposure
Annual Training	 <u>Comment:</u> This training will enable employees to sharpen skills, maintain certification and keep abreast of changes in policies, procedures, and legislation, judicial, or executive sessions. <u>Protocols:</u> Written policy and procedure. Job descriptions. Training curriculum. Training record forms and formats. <u>Process Indicators:</u> Personnel records. Training records.
1-ICS-7A-05 (Ref. 4-ALDF7B-08) include:	All non-security correctional staff (including support, clerical, health care employees, food service, maintenance, and contractors) receive continuing annual training, which should
	 security procedures and regulations supervision of inmates signs of suicide risk suicide precautions use-of-force regulations and tactics report writing inmate rules and regulations key control rights and responsibilities of inmates

- safety procedures
- all emergency plans and procedures
- interpersonal relations
- social/cultural lifestyles of the inmate population
- cultural diversity
- CPR/first aid
- counseling techniques
- sexual harassment/sexual misconduct awareness
- purpose, goals, policies, and procedures for the facility and parent

agency

- security and contraband regulations
- appropriate conduct with inmates
- responsibilities and rights of employees
- universal precautions occupational exposure
- personal protective equipment
- bio-hazardous waste disposal
- overview of the correctional field

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Job descriptions. Training curriculum. Training record forms and formats. <u>*Process Indicators*</u>: Personnel records. Training records.

Weapons Training

1-ICS-7A-06 (Mandatory)	
(Ref. 4-ALDF-7B-15)	All personnel authorized to use firearms and less-than-lethal
weapons	
	must demonstrate competency in their use at least annually.
Training	includes decontamination procedures for
individuals exposed to chem	ical agents.
individuals exposed to chem	ical agents.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Job descriptions. Training curriculum. Training record forms and formats.

Process Indicators: Personnel records. Training records.

PERFORMANCE STANDARD: Facility Administration

7B. The facility is administered efficiently and responsibly.

EXPECTED PRACTICES

Organization

1-ICS-7B-01	Written policies and procedures describe all facets of facility
operation, (Ref. 4-ALDF- updated, as	maintenance, and administration, are reviewed annually and
7 D-06 ,	needed.
	<u>Comment:</u> None.
	<u><i>Protocols</i></u> : Written policy and procedure. Policy and procedure manual. Distribution lists. Dissemination plan. <u><i>Process Indicators</i></u> : Documentation of annual review. Documentation of timely dissemination.
1-ICS-7B-02 and,	New or revised policies and procedures are disseminated to staff,
(Ref. 4-ALDF-7D-08)	where appropriate, to contractors, volunteers, and inmates, prior to implementation.
	<u>Comment:</u> None.
	<u><i>Protocols:</i></u> Written policy and procedure. Policy and procedure manual. Distribution lists. Dissemination plan. <u><i>Process Indicators:</i></u> Documentation of annual review. Documentation of timely dissemination.
Financial Practices	
1-ICS-7B-03	The facility administrator prepares and submits an annual
budget that requests (Ref. 4-ALDF- 7D-10)	necessary resources for facility operations and programs.
	<u>Comment</u> : None.
	Protocols: Written policy and procedure. Budget.

Process Indicators: Staff interviews.

Inmate Funds

1-ICS-7B-04Procedures govern the operation of any fund established for
inmates.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Budgets. <u>*Process Indicators*</u>: Inmate records. Financial records. Budgets.

Inmate Records

1-ICS-7B-045(Ref. 4-ALDF- 7D-20)The facility maintains custody records on all inmates committed
or assigned tothe facility, which include but are not limited to the following:

- intake/booking information
- court-generated background information
- cash and property receipts
- reports of disciplinary actions, grievances, incidents, or crime(s) committed while in custody
- disposition of court hearings
- records of program participation
- work assignments
- classification records

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Forms. File organization format.

<u>Process Indicators</u>: Inmate records and files. **1-ICS-7B-06**(Ref. 4-ALDF- 7D-20)

Inmates have reasonable access to information in their records. Access is only limited due to safety or security concerns for the inmate, other inmates, or the facility. The contents of inmate records are identified and separated according to a format approved by the facility administrator.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Forms. File organization format.

Process Indicators: Inmate records and files.

PERFORMANCE STANDARD: Staff Treatment

7C. Staff are treated fairly.

EXPECTED PRACTICES

Facility and Equipment/Reasonable Accommodation

1-ICS-7C-01	Reasonable accommodation is made to ensure that all parts of the
facility that	
(Ref. 4-ALDF-7E-05)	are accessible to the public are accessible and usable by staff and
visitors with	disabilities.

Comment: None.

<u>*Protocols*</u>: Written policy and procedure. Facility plans/specifications. *Process Indicators*: Observation.

Appendix A

Guidelines for Institution Security Levels

The following descriptions illustrate the numbers and types of barriers that separate inmates from the community. These guidelines are designed for illustrative purposes. Segments may be interchanged to compensate for strengths or weaknesses in other segments. Some agencies and systems use more or less than three levels of security. For those systems, these guidelines can be adjusted.

SECURITY ELEMENTS	SECURITY LEVELS		
	I (Minimum)	II (Medium)	III (Maximum)
Housing	Dormitories, cubicles, or rooms	Rooms and/or multiple occupancy cells and/or dormitories	Single cells, very secure, with heavy- duty hardware
Perimeter Security	None, or single fence; occasional patrol	Double fence; electric alarm system; patrol of perimeter or towers	A combination of dou- ble fence, wall, towers, and/or constant armed perimeter surveillance; and/or an electronic alarm system
Internal Security Measures	Inmate census taken at least three times daily	Inmate movement is controlled by pass sys- tem. Formal census is taken at least four times daily, plus frequent informal censuses.	Formal census is taken at least five times daily. Capability to quickly separate the inmates into smaller groups. Inmates are di- rectly supervised and/or escorted when outside the cellhouse or living area.

Appendix B

Classification Guidelines

The following descriptions illustrate behavior characteristics typical of inmate-custody levels.

Typical Behavior Patterns* for Various Levels of Custody for Inmates in a Correctional Facility

*These characteristics are used only as guidelines; decisions should also be based on evaluations by the classification committee (including mental health and security staff) to determine the proper custody-level assignment. Inmates also may be assigned increased or decreased levels of custody based on behavior during incarceration or extenuating circumstances relating to the behavior pattern.

Definition of Direct Supervision

FYPICAL BEHAVIOR		CUSTODY LEVELS			
PATTERNS	I (Minimum)	II (Medium)	III (Maximum)		
Risk of Escape	No history of escape or escape attempts from secure or nonsecure settings (within past five years). Length of sentence is three years or less to projected release date.	No escape history (in- cluding flight from custody) during past seven years. No history of escape attempts from a secure setting (within past five years). Length of sen- tence is five years or less to projected re- lease date.	Conduct that indicates high probability of es- cape attempts. History of escape or escape at- tempts from secure setting during the past 10 years. Length of sentence is 10 years or more to projected re- lease date.		
3ehavior	No history of violent behavior (within past five years). No pattern of threats or violence.	No history of institu- tion violence involving weapons or serious in- jury (within past five years). No history of assault on staff (within past five years). No pattern of serious insti- tutional misconduct. No active participation in prison gangs.	Recent history of vio- lent crimes and/or vio- lent institutional conduct within past five years. Active membership in gangs/groups advocat- ing violence. Serious assault on staff.		
hetwe	en inmates and				

A method of inmate management that ensures continuing direct contact

staff by posting an officer(s) inside each housing unit.

Officers in general housing units are not separated from inmates by a physical • barrier.

Officers provide frequent, nonscheduled observation of and personal • interaction with

inmates.

Appendix C

Definition of "Qualified Individual" for Safety and Sanitation Inspections

Several standards refer to documentation and inspections by "qualified individuals." (For example, Building and Safety Codes, Fire Safety, Food Service, Sanitation and Hygiene, and Work and Correctional Industries standards.) Such persons also may be referred to as an "independent, qualified source," "qualified departmental staff member," "qualified designee," or "qualified fire and safety officer."

A "qualified individual" is a person whose training, education, and/or experience specifically qualifies him or her to do the job indicated in the standard.

I. GENERAL REQUIREMENTS

When a standard calls for inspections, the individual conducting them needs to be trained in the application of appropriate codes and regulations. Standards do not specify the number of hours of training required, as this is determined in part by the tasks assigned. At a minimum, though, the qualified individual must (1) be familiar with the applicable codes and regulations and their requirements; (2) be able to use the appropriate instruments for measuring and documenting code compliance; (3) be able to complete checklists and prepare the necessary reports; and (4) have the authority to make corrections when deficiencies are found.

Training is often obtained from code officials or inspectors (fire marshals, building officials); government agencies that have statutory authority for inspections in a particular area (health department, labor department); or private organizations, such as the National Fire Protection Association. Often the individual obtains written certification or approval from these authorities to conduct in-house inspections. When trained and certified by the above sources to do so, a central office specialist may train and assist facility staff to conduct inspections.

II. SPECIFIC REQUIREMENTS

A. Authority Having Jurisdiction

The term "authority having jurisdiction" is defined as follows:

The authority having jurisdiction must be knowledgeable about the requirements of the National Fire Protection Life Safety Code. The authority having jurisdiction may be a federal, state, local, or other regional department or individual, such as the fire chief, fire marshal, chief of a fire prevention bureau, labor department, health department, building official, electrical inspector, or others with statutory authority. The authority having jurisdiction may be employed by the department/agency, provided that he or she is not under the authority of the facility administrator and that the report generated is referred to higher authorities within the department/ agency independent of influence by the facility administrator or staff. This rule applies no matter who generates the report. The definition also applies to the terms "independent, qualified source" and "independent, outside source."

B. Inspections

Qualified individuals conducting the monthly and weekly inspections required in the standards may be institutional staff members.

The qualified individual responsible for conducting monthly inspections (for example, fire and safety officer, safety/sanitation specialist) may be an institutional staff member trained in the application of jurisdictional codes and regulations. Periodically and as needed, this individual receives assistance from the independent authority or central office specialist(s) on requirements and inspections. This assistance may include participation in quarterly or biannual inspections. Training for the individual conducting the monthly inspections may be provided by the applicable agencies or through the agency's central office specialist(s).

The qualified departmental staff member who conducts weekly inspections of the facility may be an institutional staff member who has received training in and is familiar with the safety and sanitation requirements of the jurisdiction. At a minimum, on-the-job training from the facility's safety/sanitation specialist or the fire and safety officer regarding applicable regulations is expected, including use of checklists and methods of documentation.

The periodic weekly and monthly inspections may be conducted by either a combination of qualified individuals or one specialist, as long as the schedules and minimum qualifications described above are met. Safety and sanitation inspections may be conducted by the same person, provided this individual is familiar with the regulations for both types of inspections. When safety and sanitation requirements differ substantially, it may sometimes be necessary to call on several qualified individuals to conduct the inspections required by the standards. Using more than one person is strongly recommended.

III. COMPLIANCE AUDITS

In conducting standards compliance audits, the Commission Visiting Committees will review documentation submitted by the facilities to assist them in judging the qualifications of these individuals. In making compliance decisions, the audit teams will look closely at the facility's entire program—both practices and results—for ensuring safety and sanitation.

Appendix D

Guidelines for the Control and Use of Flammable, Toxic, and Caustic Substances (Revised January 2001)

This appendix provides definitions and recommendations to assist agencies in the application of standards that address the control of materials that present a hazard to staff and inmates. Substances that do not contain any of the properties discussed in the guidelines, but are labeled "Keep out of reach of children" or "May be harmful if swallowed," are not necessarily subject to the controls specified in the guidelines. Their use and control, however, including the quantities available, should be evaluated and addressed in agency policy. Questions concerning the use and control of any substance should be resolved by examining the manufacturer's Material Safety Data Sheet.

I. DEFINITIONS

Caustic material—A substance capable of destroying or eating away by chemical reaction.

Combustible liquid—A substance with a flash point at or above 100 degrees Fahrenheit. Classified by flash point as Class II or Class III liquid.

Flammable liquid—A substance with a flash point below 100 degrees Fahrenheit (37.8 degrees Centigrade).

Flash Point—The minimum temperature at which a liquid will give off sufficient vapors to form an ignitable mixture with the air near the surface of the liquid (or in the vessel used).

Label—A written, printed, or graphic material, displayed on or affixed to containers of hazardous chemicals.

Material Safety Data Sheet (MSDS)—A document required by government regulation for all hazardous chemical substances produced and/or sold in the United States. Each MSDS sheet shall be in English and shall contain the following information: the identity used on the label, physical and chemical characteristic (vapor pressure, flash point, and so forth), physical and health hazards, primary routes of entry, exposure limits, precautions for safe handling and use, control measures, emergency and first aid procedures, and the chemical manufacturer's name, address, and telephone number.

NFPA Flammability Hazard (Red)—This degree of hazard is measured by using the flash point assigned to the product as specified on the material safety data sheet. (0, will not burn; 1, above 200F; 2, above 100 and below 200F; 3, below 100F; 4, below 73F)

NFPA Health Hazard (Blue)—The likelihood of a material to cause, either directly or indirectly, temporary or permanent injury or incapacitation due to an acute exposure by contact, inhalation, or ingestion. (0, normal material; 1, slightly hazardous; 2, moderately hazardous; 3, extreme danger; 4, deadly)

NFPA Reactivity Hazard (Yellow)—The violent chemical reaction associated with the introduction of water, chemicals also could polymerize, decompose or condense, become self-reactive, or otherwise undergo a violent chemical change under conditions of shock, pressure, or temperature. (0, stable; 1, unstable if heated; 2, violent chemical change; 3, shock and heat detonate; 4, may detonate)

NFPA Specific Hazard (White)—Other properties of the material that cause special problems or require special fire-fighting techniques (ACID=acid, ALK=alkali, COR=corrosive, OXY=oxidizer, P=polymerization, Y=radioactive).

Personal Protective Equipment (PPE)—Equipment intended to be worn by an individual to create a barrier against workplace hazards.

Secondary Container—A portable container into which chemicals are transferred for use.

Toxic Material—A substance that through which chemical reaction or mixture can produce possible injury or harm to the body by entry through the skin, digestive tract, or respiratory tract. The toxicity is dependent on the quantity absorbed and the rate, method, and the site of absorption and the concentration of the chemical.

II. PROCEDURAL GUIDELINES

Facility staff should control the use of flammable, toxic, and caustic substances through the use of a comprehensive program that begins with a review of what chemicals are in use in a particular facility. Controlling what is purchased is the critical first step in limiting the use of dangerous materials in increasing the safety and security of both staff and inmates. A thorough review process by the safety officer or other appropriate person or group can help to insure that the least dangerous product is used for a particular task. The information contained in the MSDS is critical in choosing products.

Limiting the use of extremely dangerous materials, whenever possible, is the best method of insuring the highest degree of safety for staff and inmates alike.

Diluted products with a hazardous rating (0) or (1) for health, flammability, and reactivity, using the guidelines from the MSDS, do not meet the definition of toxic material. Issue logs for these substances are not required but all containers must be labeled. MSDS sheets must be maintained on these substances and be readily available. An inventory of these products should be maintained in the primary storage area for general control purposes but is not required at the usable area.

When more dangerous materials (2, 3, or 4) must be used, a system of inventories, issue logs, and controlled storage must be instituted. At a minimum, the following areas must be addressed:

- 1. Stored materials must be dispensed and inventoried in accordance with written operating procedures.
- 2. Storage areas or cabinets must be kept inventoried and locked along with the MSDS

information pertaining to the items which are contained in that area. Flammable materials must be stored in accordance with all appropriate codes and approved by the authority having

jurisdiction.

- 3. When possible, all chemicals should be stored in their original container with the manufacturer's label intact. When chemicals are removed from the original to a secondary container, it will be labeled to identify the contents.
- 4. The facility safety officer or other designated person must maintain a master index of all flammable, caustic, and toxic substances used by a facility. Included with this will be all MSDS material on each substance.
- 5. Spills and disposal must be addressed in accordance with the guidelines indicated on the MSDS sheet.
- 6. A hazard communication program should be incorporated in the general staff training curriculum and a specific training program instituted for all offenders using a particular substance in either work or training activities.
- 7. At least annually, the control of toxic flammable and caustic chemicals should be reviewed to insure continued compliance with all aspects of the program. Any deficiencies will be addressed with remedial action.

Section 3:Adult Local Detention Facility (ALDF) Health Care Subcommittee

Proposals for Standard Revisions

Adult Local Detention Facility (ALDF) Healthcare Standards Subcommittee

Committee Members:

Dr. Newton Kendig, Chair, Federal Bureau of Prisons, Washington, DC Tony Wilkes, Davidson County Sheriff's Office, Nashville, Tennessee R.J. Weigel, Tulsa County Sheriff's Office, Tulsa, Oklahoma
Dr. Carmen Williams, Arlington County Sheriff's Office, Arlington, Virginia Ewa Podlacha, Correctional Healthcare Companies, Denver, Colorado Dean Rieger, Correctional Care Solutions, Nashville, Tennessee

ACA Staff:

Dr. Elizabeth Gondles, Healthcare Advisor to the ACA President Kathleen Bachmeier, Healthcare Specialist, Office of Correctional Healthcare Kathy Black-Dennis, Director, Standards and Accreditation Ben Shelor, Deputy Director, Standards and Accreditation

Adult Local Detention Facility (ALDF) Healthcare Standards Subcommittee

Key:

Manual: Manual in which the change is being proposed Standard No: Standard to which the change is being proposed Agency /Facility: Agency or facility submitting the proposed change Facility Size: Size of the agency/facility proposing the change Proposal Type: Type of proposal (addition of a new standard, deletion of the current standard, revision of the current standard, or clarification of the existing standard or comment)

Existing Standard: *The standard printed in the manual or Supplement as it currently stands. For example:*

Blacked-out text indicates text in the existing standard that has been removed in the proposal.

Proposal: The proposed change to the existing standard. For example:

Highlighted Text indicated new or revised wording to the existing standard in the proposal.

Comments: Comments from the field regarding the proposed revision. These comments generally indicate whether the commenting entity agrees or disagrees with the revision.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

None: Which other manuals will be affected by the proposed change

Action taken by the standards committee: Action taken by the committee, including approval of the proposed revision, denial of the revision, tabling of the revision for further consideration, or referral of the proposed revision to another ACA committee for assistance.

Approved Denied Tabled

Adult Local Detention Facility (ALDF) Healthcare Standards Subcommittee

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84) 4-ALDF-7D-25	Revision	94
85) 4-ALDF-7D-26	Revision	95

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: Outcome Measures, Section 1A Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion/Revision

Existing Standard: Outcome Measures: Section 1A (Page 1)

#2) Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months / Average daily population in the past 12 months.

#3) Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months. / Average daily population in the past 12 months.

#4) Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months. / Average daily population for past 12 months

#5) Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months. / Number of admissions in the past 12 months

#8) Existing: Number of inmate grievances related to safety or sanitation found in favor of inmates in the past 12 months. / The number of inmate's grievances related to safety or sanitation in the past 12 months.

Proposal:

#2) Deletion of Outcome Measure #2

#3) Deletion of Outcome Measure #3

#4) Deletion of Outcome Measure #4

#5) Number of inmate physical injuries requiring treatment as a result of the physical environment of the facility in the past 12 months. / Number of admissions in the past 12 months

#8) Number of inmate grievances related to safety or sanitation sustained during a twelve (12) month period / the number of offender grievances related to safety or sanitation during a twelve (12) month period

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Proposed revisions effectively cover OCM #2-#4 deletions."

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"Evaluated" should be defined, and does this mean if you do not evaluate a grievance it does not count? Keep outcome measure as written.

FOR ACA STAFF USE ONLY- Section 1A Outcome Measures

The above proposed revision, addition, or deletion would also affect the following manuals:

Tabled

None

Action taken by the standards committee:

Approved Denied

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: Outcome Measures, Section 1C Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: Outcome Measures: Section 1C (Page 9)

#2) Number of injuries, caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months / ADP of past 12 months

#6) Number of injuries requiring medical attention that resulted from emergencies that were not caused by forces external to the facility in the past 12 months.

#9) Number of injuries resulting from fires requiring medical treatment in the past 12 months.

Proposal:

#2) Number of inmate injuries caused by forces external to the facility, requiring medical attention that resulted from emergencies in the past 12 months / ADP of past 12 months

NEW Outcome Measures #3) Number of staff injuries caused by forces external to the facility requiring medical attention that resulted from emergencies in the past 12 months/ Average number of staff for the past 12 months

#6) Deletion of Outcome Measure #6

#9) Deletion of Outcome Measure #9

Clarification: Definition to be added to the glossary: *External Force*: Any force outside the control or influence of the facility/agency such as a natural disaster or weather event.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"OCMs being deleted covered in other OCMs that report "incidents"

(Continued from previous page)

FOR ACA STAFF USE ONLY- Section 1C Outcome Measures

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: Outcome Measures, Section 2A Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: Outcome Measures: Section 2A

#3) Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months. / ADP for past 12 months

#4) Number of physical injuries or emotional trauma requiring treatment as a result of incidents in the past 12 months. / Number of admissions in the past 12 months

Proposal: Removal of the phrase "emotional trauma" from Outcome Measures #3 and #4

#3) Proposed: Number of physical injuries requiring treatment as a result of incidents in the past 12 months. / Average Daily Population for past 12 months

#4) Proposed: Number of physical injuries requiring treatment as a result of incidents in the past 12 months. / Number of admissions in the past 12 months

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Fully agree with proposed revision."

FOR ACA STAFF USE ONLY- Section 2A Outcome Measures

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

ed Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-2A-45 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-2A-45 (MANDATORY)

When an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each inmate in segregation receives a daily visit from a health care provider. The presence of a health care provider in segregation is announced and recorded. The health authority determines the frequency of physician visits to segregation units.

Proposal:

1) When an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each inmate in segregation receives a daily visit from a health care provider. The presence of a health care provider in segregation is announced and recorded. The health authority determines the frequency of physician visits to segregation units. Inmates in segregation receive daily visits from the facility administrator or designee. Inmates may request visits from program staff.

2) The Subcommittee recommends placing a reference to this standard in Section 4 ("Care") of the ALDF manual.

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Mandatory standards are typically mandatory due to the expected practices directly impacting the health, life, or safety of staff and inmates. Notifying medical and assessing segregation placements as well as daily medical visits are crucial to the life and safety of inmates. Although important to maintaining a positive quality of confinement, daily visits of the administrator/designee and inmate requests to program staff do not necessarily directly impact inmates life or safety and this should not be mandatory. Additionally, this change would create inconsistencies with other manuals (i.e. ACI 4-4185 & 4-4400)."

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"Combines standard 2A-45 and 2A-53, yet still keeps both standards. Two separate type of checks (facility administrator vs medical), keep as two separate standards."

FOR ACA STAFF USE ONLY- 4-ALDF-2C-45 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-2A-53 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion

Existing Standard: 4-ALDF-2A-53

Inmates in segregation receive daily visits from the facility administrator or designee, members of the program staff on request.

Proposal: Delete Standard 4-ALDF-2A-53

Comments: This standard will be incorporated into Standard 4-ALDF-2A-45 to read:

When an inmate is transferred to segregation, health care personnel are informed immediately and provide assessment and review as indicated by the protocols established by the health authority. Unless medical attention is needed more frequently, each inmate in segregation receives a daily visit from a health care provider. The presence of a health care provider in segregation is announced and recorded. The health authority determines the frequency of physician visits to segregation units. Inmates in segregation receive daily visits from the facility administrator or designee. Inmates may request visits from program staff.

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"As stated in proposal for 4-ALDF-2A-45, these requirements should not be added to the existing mandatory standards."

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"Combines standards 2A-53 and 2A-45 and both standards under the proposal read the same. Keep as two separate standards for it is two separate type of checks (facility administrator vs. health care)."

FOR ACA STAFF USE ONLY- 4-ALDF-2A-53

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-2C-05 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-2C-05

Manual or instrument inspection of body cavities is conducted only when there is reasonable belief that the inmate is concealing contraband and when authorized by the facility administrator or designee. Health care personnel conduct the inspection in private.

Proposal:

Written policy, procedure, and practice provide that manual or instrument inspection of body cavities is conducted only when there is reason to do so and when authorized by the facility administrator or designee. The inspection is conducted in private by health care personnel or correctional personnel trained by health care personnel.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with proposed revision as it is more clear that the medical person conducting the search is "qualified"

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"Exceeds ACI 4-4193, which requires a "health care personnel or correctional personnel trained by health care personnel"

FOR ACA STAFF USE ONLY- 4-ALDF-2C-05

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled Referred to:

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: Outcome Measures, Section 4B Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion

Existing Standard: Outcome Measures, Section 4B

#3) Number of inmates diagnosed with hygiene-related 33 conditions (scabies, lice, or fungal infections) in the past 12 months / the average daily population in the past 12 months.

Proposal(s):

#3) Deletion of Outcome Measure #3

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree if I'm reading proposal correctly - the OCM will now be the same as ACI OCM 1A-1 and track MRSA cases."

FOR ACA STAFF USE ONLY- Section 4B Outcome Measures

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled Referred to:

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: Outcome Measures, Section 4C Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion/Addition

Existing Standard: Outcome Measures 1, 5, 6, 11, 12, 13, 15, 18, 19, 20, 22, 23, 24, 28, 29, 30, 31, 32, 33, and 34.

#1) Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner / Number of inmates with a positive tuberculin skin test in the past 12 months.

#5) Number of Hepatitis C positive inmates in the past 12 months / the average daily population in the past 12 months.

#6) Number of HIV positive inmates in the past 12 months / the average daily population in the past 12 months.

#11) Number of inmate deaths due to homicide in the past 12 months / the average daily population in the past 12 months.

#12) Number of inmate deaths due to injuries in the past 12 months / the average daily population in the past 12 months.

#13) Number of medically expected inmate deaths in the past 12 months / the average daily population in the past 12 months.

#15) Number of inmate admissions to the infirmary (where available) in the past 12 months / the average daily population in the past 12 months.

#18) Number of inmate specialty consults completed in the past 12 months / the number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.

#19) Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.

#20) Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months / the number of inmate grievances related to the quality of health care in the past 12 months.

#22) Number of individual sick call encounters in the past 12 months / the average daily population in the past 12 months.

#23) Number of physician visits contacts in the past 12 months / the average daily population in the past 12 months.

#24) Number of individualized dental treatment plans in the past 12 months / the average daily population in the past 12 months.

#28) Number of cardiac diets received by inmates with cardiac disease in the past 12 months / the number of cardiac diets prescribed in the past 12 months.

#29) Number of hypertensive diets received by inmates with hypertension in the past 12 months / the number of hypertensive diets prescribed in the past 12 months.

#30) Number of diabetic diets received by inmates with diabetes in the past 12 months / the number of diabetic diets prescribed in the past 12 months.

#31) Number of renal diets received by inmates with renal disease in the past 12 months / the number of renal diets prescribed in the past 12 months.

#32) Number of needle-stick injuries in the past 12 months / the number of employees on average in the past 12 months.

#33) Number of pharmacy dispensing errors in the past 12 months / the number of prescriptions dispensed by the pharmacy in the past 12 months.

#34) Number of nursing medication administration errors in the past 12 months / the number of medications administered in the past 12 months.

Proposal: Deletion of Outcome Measures 5, 6, 11, 12, 13, 15, 18, 20, 22, 23, 24, 28, 29, 30, 31, and 33; Revisions to Outcome Measures 1, 19, 32, and 34.

#1) Replace Outcome Measure **#1** with:

The number of women in the detention facility incarcerated for greater than 30 days over one year time frame that receives prenatal care / the number of pregnant inmates in the detention facility that are incarcerated for 30 days or more.

#5) Deletion of Outcome Measure **#5**

#6) Deletion of Outcome Measure #6

#11) Deletion of Outcome Measure #11

#12) Deletion of Outcome Measure #12

#13) Deletion of Outcome Measure #13

#15) Deletion of Outcome Measure #15

#18) Deletion of Outcome Measure #18

#19) Number of inmate grievances about access to health care services sustained in the past 12 months.

#20) Deletion of Outcome Measure #20

#22) Deletion of Outcome Measure #22

#23) Deletion of Outcome Measure #23

#24) Deletion of Outcome Measure #24

#28) Deletion of Outcome Measure **#28**

#29) Deletion of Outcome Measure #29

#30) Deletion of Outcome Measure #30

#31) Deletion of Outcome Measure #31

#32) Number of occupational exposures to blood-borne pathogens in the past 12 months / the number of staff (medical and non-medical) at the facility in the past 12 months

#33) Combined into Outcome Measure #34

#34) Number of serious medication errors in the past twelve (12) months

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"I am unsure of this proposal's rationale. Why not track # of Hep C, HIV, Homicides, Medically Expected & amp; Unexpected Deaths? Unless captured elsewhere, I disagree with deleting OCM's 5, 6, 11, 12, 13, 18, 20. These indicators involve various significant quality of care and confinement issues that the Commission on Accreditation needs to fully evaluate when deciding to award a facility's accreditation status. The deaths could be consolidated into the ACI OCM - # of total deaths divided by # of medically unexpected deaths."

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"#18 recommend not deleting, important to know how many consults are being completed vrs. how many are ordered."

FOR ACA STAFF USE ONLY- Section 4C Outcome Measures

The above proposed revision, addition, or deletion would also affect the following manuals:

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-04 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-04

Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated.

Proposal:

Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Inmate health care records should be reviewed by the facility's qualified health care professional or health-trained personnel upon arrival from outside health care entities. This review should include intrasystem transfers and healthcare records within the correctional system.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"I recommend strengthening the standard's language from "should" to "shall" This would make it a non-discretionary expectation that inmate health records are reviewed by the facility's qualified health care professional upon arrival from outside health care entities. Also, the last sentence of the revision is confusing - somehow may be better to incorporate "Including intrasystem transfers, inmate health records within the correctional system are reviewed"

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"Is it feasible for ALDF facilities to have 24-hour health care personnel or expect a qualified health care professional to be on call and come in at all hours to review inmates' record when inmate returns from an outside health care entity? Recommend change "upon arrival" to "within 24 hours".

FOR ACA STAFF USE ONLY- 4-ALDF-4C-04

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-05 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-05

Inmates who need health care beyond the resources available in the facility, as determined by the responsible physician, are transferred under appropriate security provisions to a facility where such care is on call or available 24 hours per day. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually.

Proposal:

Inmates who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision as it ensures that inmates in medical need are transferred to where such care is available - regardless of 24 hour or on call availability."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-05

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-06 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-06

A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system addresses the following issues:

- Prioritization of medical need
- Urgency (for example, an ambulance versus a standard transport)
- Transfer of medical information

Proposal:

A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues:

- Prioritization of medical need
- Urgency (for example, ambulance vs. standard transport)
- Use of medical escort to accompany security staff, if indicated
- Transfer of medical information

The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example hospital, health care provider, or another correctional facility), is the joint responsibility of the facility or program administrator and the health services administrator.

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision should increase the importance of cooperation between facility and health services administrators in cases of medical transfers."

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-07 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-07

There is a treatment plan for inmates who require close medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is approved by the appropriate licensed physician, dentist, or mental health practitioner for each inmate.

Proposal:

A written, individual treatment plan is required for inmates requiring medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each inmate requiring a treatment plan.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with proposal, may want to change language from "appropriate" to "responsible" health care practitioner."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-07

The above proposed revision, addition, or deletion would also affect the following manuals:

Tabled

None

Action taken by the standards committee:

Approved Denied

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-08 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-08 (MANDATORY)

There are 24-hour emergency medical, dental, and mental health services. Services include the following:

- On-site emergency first aid and crisis intervention
- Emergency evacuation of the inmate from the facility
- Use of an emergency medical vehicle
- Use of one or more designated hospital emergency rooms or other appropriate health facilities
- Emergency on-call or physician, dentist, and mental health professional services are available 24 hours per day, when the emergency health facility is not located in a nearby community
- Security procedures ensure the immediate transfer of inmates, when appropriate

Proposal:

There is a written plan for access to twenty-four-hour emergency medical, dental, and mental health services. The plan includes:

- On-site emergency first aid and crisis intervention
- Emergency evacuation of the inmate from the facility
- Use of an emergency medical vehicle
- Use of one or more designated hospital emergency rooms or other appropriate health facilities
- Emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community
- Security procedures providing for the immediate transfer of inmates when appropriate

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The proposed revision will promote a more organized, prepared written plan that incorporates all of the standards requirements rather than just stating a facility has all the services available. Proposal also brings this standard in alignment with other manuals (ie. ACI 4-4351)."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-08 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved D

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-09 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-09

If infirmary care is provided onsite, it includes, at a minimum, the following:

- Definition of the scope of infirmary care services available
- A physician on call or available 24 hours per day
- Health care personnel have access to a physician or a registered nurse and are on duty 24 hours per day when patients are present
- All inmates/patients are within sight or sound of a staff member
- An infirmary care manual that includes nursing care procedures
- An infirmary record that is a separate and distinct section of the complete medical record
- Compliance with applicable state statutes and local licensing requirements

Proposal:

Inmates are provided access to infirmary care either within the correctional setting or off site. If infirmary care is provided onsite, it includes, at a minimum, the following:

- Definition of the scope of infirmary care services available
- A physician on call or available twenty-four hours per day
- Health care personnel have access to a physician or a registered nurse and are on duty twenty-four hours per day when patients are present
- All inmates/patients are within sight or sound of a staff member
- An infirmary care manual that includes nursing care procedures
- An infirmary record that is a separate and distinct section of the complete medical record
- Compliance with applicable state statutes and local licensing requirements

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Proposed revision aligns standards expectations with other manuals (ie. ACI 4-4352)."

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-14 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-14 (MANDATORY)

There is a written plan that addresses the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, and administrative representatives, meets at least quarterly to review and discuss communicable disease and infection control activities. Agencies work with the responsible public health authority to establish policy and procedure that include the following: an ongoing education program for staff and inmates; control, treatment, and prevention strategies, which may include screening and testing, special supervision, or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

Proposal:

There is a written plan to address the management of communicable and infectious diseases in inmates. The plan shall include procedures for:

- Prevention to include immunizations, when applicable
- Surveillance (identification and monitoring)
- Inmate education and staff training
- Treatment to include medical isolation, when indicated
- Follow-up care
- Reporting requirements to applicable local, state, and federal agencies
- Confidentiality/ Protected health information
- Appropriate safe guards for offenders and staff

Communicable disease and infection control activities are discussed and reviewed at least quarterly by a multidisciplinary team that includes clinical, security, and administrative representatives.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision does align with ACI 4-4354 - However, it does not contain the last bulleted requirement that states "post-exposure management protocols particularly for HIV and viral hepatitis infection". This may need to be added."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-14 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved De

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-14-1 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Addition

Existing Standard: None

Proposal: 4-ALDF-4C-14-1

The management of inmates with Methicillin Resistant Staphylococcus Aureus (MRSA) infection includes requirements identified in the communicable disease and infection control plan. In addition, the plan for MRSA management shall include procedures for:

- Evaluating and treating infected inmates in accordance with an approved practice guideline
- Medical isolation, when indicated
- Follow-up care, including arrangements with appropriate health care authorities for continuity of care if inmates are relocated prior to the completion of therapy

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with this addition"

FOR ACA STAFF USE ONLY- 4-ALDF-4C-14-1

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-15 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-15

There is a written plan that addresses the management of tuberculosis. The plan includes procedures for initial and ongoing testing for infection, surveillance, treatment, including treatment of latent tuberculosis, follow-up, and isolation when indicated.

Proposal:

Management of Tuberculosis (TB) in inmates includes procedures as identified in the communicable disease and infection control plan. In addition, the plan for TB management shall include procedures for:

- When and where inmates are to be screened/tested
- Treatment, of latent tuberculosis infection and tuberculosis disease
- Medical Isolation, when indicated
- Follow-up care, including arrangement with applicable Departments of Health for continuity of care if inmate is released prior to completion of therapy

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision will align standard with ACI 4-4355."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-15

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-16 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-16 (MANDATORY)

There is a written plan that addresses the management of hepatitis A, B, and C. The plan includes procedures for the identification, surveillance, immunization when applicable, treatment, when indicated, follow-up, and isolation when indicated.

Proposal:

Management of Hepatitis A, B, and C in inmates includes procedures as identified in the communicable disease and infection control plan. In addition, the plan for hepatitis management shall include procedures for:

- When and where inmates are to be tested/screened
- Hepatitis A and B Immunization, when applicable
- Treatment protocols
- When and under what conditions inmates are to be separated from the general population

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision will align standard with other manuals (ACI 4-4356)."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-16 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-17 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-17 (MANDATORY)

There is a written plan that addresses the management of HIV infection. The plan includes procedures for the identification, surveillance, immunization; when applicable, treatment; when indicated, follow-up, and isolation, when indicated.

Proposal:

Management of HIV infection in inmates includes procedures as identified in the communicable disease and infection control plan. In addition, the plan for HIV management shall include:

- When and where inmates are to be HIV tested
- Pre and post test counseling
- Immunization and other prevention measures, when applicable
- Treatment protocols
- Confidentiality and Protected health information
- When and under what conditions inmates are to be separated from the general population

Comments:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision will align standard with other manuals (ACI 4-4357)."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-17 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-18 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-18 (MANDATORY)

Management of biohazardous waste and decontamination of medical and dental equipment complies with applicable local, state and federal regulations.

Proposal:

There is a plan for the management of biohazardous waste and for the decontamination of medical and dental equipment.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"This revision will align standard with other manuals (ACI 4-4358)."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-18 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-20 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-20

Routine and emergency dental care is provided to each inmate under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- A dental screening conducted within 14 days of admission, unless completed within the last six months, conducted on initial intake with instructions on dental hygiene
- A dental examination by a dentist within 12 months of admission, supported by diagnostic x-rays, if necessary
- Treatment of dental pain; sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas, and repair of partials and dentures for those inmates with less than 12 months detention
- A treatment plan with x-rays for those inmates who request care with more than 12 months detention
- A defined charting system that identifies the oral health condition and specifies the priorities for treatment by category
- Development of an individualized treatment plan for each inmate receiving dental care
- Consultation and referral to dental specialists, including oral surgery, when necessary

Proposal:

Dental care is provided to each inmate under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- An oral health screening by a trained, qualified medical person within 14 days of admission unless completed within the last six months, with instructions on dental hygiene. This can occur during the initial intake or the comprehensive health appraisal.
- As part of screening, the oral health status is assessed by the health care provider who has been trained to assess dental pain, swelling, or functional impairment. The screening is conducted per the guidance of the dentist authority. Either as a result of the oral health appraisal or as otherwise identified, emergent care will be referred for treatment by a licensed dentist.
- A clinical dental examination by a dentist within 12 months of admission, supported by diagnostic x-rays (if necessary), periodontal assessment, and using a defined charting system that identifies the oral health condition and specifies the priorities for treatment by category through a classification system or treatment plan;
- Provision of palliative and emergent care will be provided to inmates with less than 12

months detention;

- Provision of care will be provided to inmates with greater than 12 months detention;
- Development of an individualized treatment plan for each inmate receiving dental care
- Consultation and referral to dental specialists, including oral surgery, when necessary

COMMENT: Emergent care will include the treatment of dental pain, provision of sedative fillings, extraction of non-restorable teeth, gross debridement of symptomatic areas, and repair of partials and dentures when the health of the inmate would otherwise be adversely affected. Dentists providing care should use the SOAP format for urgent and emergent care.

A dentist will perform clinical dental examinations within a year of detention. A dental examination will include: A dental health history; a periodontal exam (Periodontal Screening and Recording (PSR) or Community Periodontal Index of Treatment Needs (CPITN); an examination of the hard and soft tissues of the oral by means of an illuminator light, mouth mirror, and explorer; and x-rays for diagnostic purposes should be available if deemed necessary. The results of the dental examination are recorded on an appropriate uniform dental record using a numbered system such as the Universal Numbering System.

The dental program should also provide inmates with instruction on the proper brushing, innerproximal care of teeth, and other dental hygiene measures. Providers can convey this information through video sessions, handouts (with graphics), or by individual or group instruction.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision and different timelines from ACI manual is necessary with jail population being shorter term and quick turnover."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-20

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-21 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion

Existing Standard: 4-ALDF-4C-21

Health education and wellness information is provided to all inmates.

Proposal:

Delete Standard 4-ALDF-4C-21

COMMENTS:

David Haasenritter Assistant Deputy (Corrections Oversight), Army Corrections Command:

"Health education and wellness information should be provided to inmates."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-21

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-22 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-22 (MANDATORY)

Intake medical screening for inmates commences upon the inmate's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:

Inquiry into:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms and medications
- Current illness and health problems, including communicable diseases
- Dental problems
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use
- The possibility of pregnancy
- History of problem
- Other health problems designated by the responsible physician

Observation of the following:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
- Body deformities and other physical abnormalities
- Ease of movement
- Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

Medical disposition of the inmate:

• Refusal of admission until inmate is medically cleared

- Cleared for general population
- Cleared for general population with prompt referral to appropriate health care service
- Referral to appropriate health care service for emergency treatment

Inmates, who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention, are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by trained custody staff, a subsequent review of positive findings by the licensed health care staff is required. The responsible physician, in cooperation with the facility manager, establishes protocols.

Facilities that have reception and diagnostic units or a holding room conduct receiving screening on all inmates on their arrival at the facility as part of the admission procedures.

Proposal:

Intake medical screening for inmates, excluding intra-system, commences upon the inmate's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:

Inquiry into:

- Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
- Current illness and health problems, including communicable diseases
- Dental problems
- Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
- The possibility of pregnancy and history of problems and other health problems designated by the responsible physician

Observation of the following:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
- Body deformities, ease of movement, and so forth
- Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

Medical disposition of the inmate:

- General population
- General population with prompt referral to appropriate health care service
- Referral to appropriate health care service for emergency treatment

• Referral for medical assessments for any inmates on prescribed medication

Inmates who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance and prescribed treatment plan. When screening is conducted by trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-22 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-23 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-23 (MANDATORY)

All intra-system transfer inmates receive a health screening by health-trained or qualified health care personnel, which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:

Inquiry into:

- Whether the inmate is being treated for a medical or dental problem
- Whether the inmate is presently on medication
- Whether the inmate has a current medical or dental complaint

Observation of:

- General appearance and behavior
- Physical deformities
- Evidence of abuse or trauma

(

Medical disposition of inmates:

- Cleared for general population
- Cleared for general population with appropriate referral to health care service
- Referral to appropriate health care service for service for emergency treatment

Proposal:

All intra-system transfer inmates receive a health screening by health-trained or qualified health care personnel which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:

Inquiry into whether the inmate:

- Is being treated for a medical or dental problem
- Is presently on medication
- Has a current medical or dental complaint

Observation of the following:

- General appearance and behavior
- Physical deformities
- Evidence of abuse or trauma

Medical disposition of the offenders

- To general population
- To general population with appropriate referral to health care service
- Referral to appropriate health care service for service for emergency treatment
- Referral for medical assessments for any inmates on prescribed medication

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-23 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-24 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-24 (MANDATORY)

A comprehensive health appraisal for each inmate is completed within 14 days after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required except as determined by the designated health authority. Health appraisal includes the following:

- Review of the earlier receiving screening
- Collection of additional data to complete the medical, dental, mental health, and immunization histories
- Laboratory and/or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
- Recording of height, weight, pulse, blood pressure, and temperature
- Other tests and examinations as appropriate
- Medical examination, including review of mental and dental status
- Review of the results of the medical examination, tests, and identification of problems by a physician or other qualified health care personnel, if such is authorized in the medical practice act
- Initiation of therapy when appropriate
- Development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation

Proposal:

A comprehensive health appraisal for each inmate is completed within 14 days after arrival at the facility by a qualified medical person. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated health authority. Inmates with immediate medical needs are seen as soon as medical conditions warrant medical intervention. Health appraisal includes the following:

Within 14 days of arrival at the facility:

- Review of the earlier receiving screening
- Review of medications and their appropriateness
- Collection of additional data to complete the medical, dental, mental health, and immunization histories
- Laboratory and/or diagnostic tests to detect communicable disease, including venereal

disease and tuberculosis

- Recording of height, weight, pulse, blood pressure, and temperature
- Review of past medical examination and tests as appropriate
- Development and implementation of a plan of care which includes recommendations concerning housing, job assignment, and program participation

Within 30 days of arrival for inmates with identified significant health problems

- Medical examination performed by a physician or mid-level practitioner authorized to perform such duties in a medical practice act
- Review of medical, mental and dental status
- Review of earlier screenings and appraisals which may have discovered such conditions as cardiac problems, diabetes, communicable diseases and so forth
- Review of past medical history, other practitioner examinations and tests
- Initiation of therapy and diagnostic tests when appropriate
- Review and prescribing of medication
- Endorsing or changing recommendations concerning housing, job assignment, and program participation

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, adding "qualified medical person" strengthens and clarifies the expectation.

FOR ACA STAFF USE ONLY- 4-ALDF-4C-24 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-25 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion

Existing Standard: 4-ALDF-4C-25

Health appraisal data collection and recording includes the following:

- A uniform process as determined by the health authority
- Health history and vital signs collected by health-trained or qualified health care personnel
- Collection of all other health appraisal data performed only by qualified health personnel
- Review of the results of the medical examination, tests and identification of problems is performed by a physician or mid-level practitioner, as allowed by law

Proposal: Deletion of 4-ALDF-4C-25

Comments: This standard was incorporated into standard 4-ALDF-4C-24.

FOR ACA STAFF USE ONLY- 4-ALDF-4C-25

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-26 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Deletion

Existing Standard: 4-ALDF-4C-26

The health authority determines the conditions for periodic health examinations for inmates.

Proposal: Delete Standard 4-ALDF-4C-26

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-26

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-27 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-27 (MANDATORY)

Mental health services include at a minimum:

- Screening for mental health problems on intake as approved by the mental health professional
- Referral to outpatient services for the detection, diagnosis, and treatment of mental illness
- Crisis intervention and the management of acute psychiatric episodes
- Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting
- Referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility
- Obtaining and documenting informed consent

Proposal:

All intersystem and intra-system transfer inmates will receive an <u>initial</u> mental health screening at the time of admission to the facility by mental health trained or qualified mental health care professional. The mental health screening includes, but is not limited to:

Inquiry into whether the inmate(s):

- Has a present suicide ideation
- Has a history of suicidal behavior
- Is presently prescribed psychotropic medication
- Has a current mental health complaint
- Are being treated for mental health problems
- Has a history of inpatient and outpatient psychiatric treatment
- Has a history of treatment for substance abuse

Observation of:

- General appearance and behavior
- Evidence of abuse and/or trauma
- Current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of inmate:

- To the general population
- To the general population with appropriate referral to mental health care service
- Referral to appropriate mental health care service for emergency treatment

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Revision aligns standard with other manuals."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-27

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-28 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-28 (MANDATORY)

Mental health services and activities are approved by the appropriate mental health authority.

Proposal:

The designated mental health authority approves all mental health services and activities.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The language change from "appropriate" to "designated" is much more clear."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-28 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-30 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-30 (MANDATORY)

Inmates who are referred as a result of the mental health screening or by staff referral will receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include, but are not limited to:

- Assessment of current mental status and condition
- Assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- Assessment of violence potential and person-specific circumstances that increase violence potential
- Review of available historical records of inpatient and outpatient psychiatric treatment
- Review of history of treatment with psychotropic medication
- Review of history of psychotherapy, psycho-educational groups, and classes or support groups
- Review of history of drug and alcohol treatment
- Review of educational history
- Review of history of sexual abuse-victimization and predatory behavior
- Assessment of drug and alcohol abuse and/or addiction
- Use of additional assessment tools, as indicated
- Referral to treatment, as indicated
- Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

Proposal:

All inmates receive a mental health appraisal by a qualified mental health person within 14 days of admission to the facility. If there is documented evidence of a mental health appraisal within the previous 90 days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health examinations include, but are not limited to:

- Assessment of current mental status and condition
- Assessment of current suicidal potential and person-specific circumstances that increase suicide potential

- Assessment of violence potential and person-specific circumstances that increase violence potential
- Review of available historical records of inpatient and outpatient psychiatric treatment
- Review of history of treatment with psychotropic medication
- Review of history of psychotherapy, psycho-educational groups, and classes or support groups
- Review of history of drug and alcohol treatment
- Review of educational history
- Review of history of sexual abuse-victimization and predatory behavior
- Assessment of drug and alcohol abuse and/or addiction
- Use of additional assessment tools, as indicated
- Referral for mental health treatment plan as indicated
- Recommendations concerning housing, job assignment, and program participation are developed

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision aligns standard with other manuals (ACI 4-4371), although historical vs. current bullets are reversed."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-30 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-31 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-31

Inmates referred for mental health treatment receive a comprehensive evaluation by a licensed mental health professional. The evaluation is completed within 14 days of the referral request date and includes at least the following:

- Review of mental health screening and appraisal data
- Direct observations of behavior
- Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities
- Compilation of the individual's mental health history
- Development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility

Proposal: 4-ALDF-4C-31 Mental Health Referrals for a Treatment Plan

Inmates referred for mental health treatment plan receive a comprehensive evaluation. Inmates with immediate mental health needs are seen as soon as mental health conditions warrant intervention. The evaluation is completed within 14 days of the referral request date and includes at least the following:

- Review of mental health screening and appraisal data
- Direct observations of behavior
- Collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities
- Compilation of the individual's mental health history
- Development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Revision strengthens standard by including provision to evaluate inmates ASAP if mental health conditions warrant intervention."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-31

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

1 Tabled

Referred to:_____

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-35 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-35

When the health of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist, medical or dental adaptive devices are provided.

Proposal:

When the health of the offender would be negatively affected medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) will be provided, as determined by the responsible physician or dentist.

COMMENT: Evidence that prostheses or orthodontic devices have been received is documented in the offender's medical record and security staff will be notified to make sure that this device meets the facility security requirements. "Orthoses" are defined as specialized mechanical devices, such as braces, foot inserts, or hand splints, used to support or supplement weakened or abnormal joints or limbs. "Aids to Impairment" include, but are not limited to, eyeglasses, hearing aids, canes, crutches, and wheelchairs.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Revision improves the clarity of the standard's expectation."

FOR ACA STAFF USE ONLY- 4-ALDF-4C-35

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-36 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-36 (MANDATORY)

Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Inmates experiencing severe, life-threatening intoxication (an overdose) or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

Proposal: Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs.

COMMENT:

FOR ACA STAFF USE ONLY- 4-ALDF-4C-36 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Referred to:_____

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4C-40 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4C-40

The facility and program administrator, or a designee, and the responsible clinician, or designee, consult prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas:

- Housing assignments
- Program assignments
- Disciplinary measures
- Transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

Proposal: Standard language will remain unchanged, however comment will add the phrase "Maximum cooperation between custody personnel, <u>mental health</u>, and health care providers...."

Comment: Maximum cooperation between custody personnel, mental health, and health care providers is essential so that all groups are aware of decisions and movements regarding inmates with special needs."

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The addition of the comment will promote the importance of multidisciplinary cooperation needed when dealing with special needs inmates."

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: Section 4D Outcome Measures Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: Section 4D Outcome Measures

#3) Number of employees completing in-service training requirements in the past 12 months / The number of employees eligible in the past 12 months

#4) Number of MD staff who left employment in the past 12 months / The number of authorized MD staff positions in the past 12 months

#5) Number of RN staff who left employment in the past 12 month / The number of authorized RN staff positions in the past 12 months

#6) Number of LPN staff who left employment in the past 12 months / The number of authorized LPN staff positions in the past 12 months

#7) Number of medical records staff who left employment in the past 12 months / The number of medical records staff positions in the past 12 months

#8) Number of alleged sexual misconduct incidents between staff and detainees in the past 12 months / Average daily population in the past 12 months

#12) Number of detainees identified as high risk with a history of sexually assaultive behavior in the past 12 months / Average daily population in the past 12 month

#13) Number of detainees identified as at risk for sexual victimization in the past 12 months / Average daily population in the past 12 months.

Proposal:

#3) Deletion of Outcome Measure **#**3

#3) (NEW) Number of problems identified by quality assurance program that were corrected during a twelve (12) month period / Number of problems identified by quality assurance program during a twelve (12) month period.

#4) Deletion of Outcome Measure #4

#4) (NEW) Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.

#5) Deletion of Outcome Measure **#5**

#6) Deletion of Outcome Measure #6

#7) Deletion of Outcome Measure #7

#8) Deletion of Outcome Measure #8

#12) Number of inmates identified as high risk with a history of sexually assaultive behavior in the past 12 months / Average daily population in the past 12 month

#13) Number of inmates identified as at risk for sexual victimization in the past 12 months / Average daily population in the past 12 months.

COMMENTS:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The only OCM deletion that I disagree with is OCM #3, tracking in-service training completion. This OCM is active for ACI manual and is beneficial as it automatically tracks compliance with staff in-service training completion rates."

FOR ACA STAFF USE ONLY- Section 4D Outcome Measures

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved 1

Denied Tabled

Referred to:_____

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-02 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-02 (MANDATORY)

Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.

Proposal:

Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision aligns standard with other manuals (ie. ACI 4-4381)."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-02 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-03 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-03 (MANDATORY)

If the facility provides health care services, they are provided by qualified health care personnel whose duties and responsibilities are governed by job descriptions that include qualifications and specific duties and responsibilities. Job descriptions are on file in the facility and are approved by the health authority. If inmates are treated at the facility by health care personnel other than a licensed provider, the care is provided pursuant to written standing or direct orders by personnel authorized by law to give such orders.

Proposal:

If the facility provides health care services, they are provided by qualified health care staff whose duties and responsibilities are governed by written job descriptions, contracts or written agreements approved by the health authority. Verification of current credentials and job descriptions are on file in the facility.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Revision aligns standard with other manuals (ACI 4-4382)."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-03 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Denied

Approved

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-04 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-04

A health-trained staff member coordinates the health delivery services under the joint supervision of the responsible health authority and facility administrator, when qualified health care personnel are not on duty.

Proposal:

When institutions do not have qualified health care staff, health trained personnel coordinate the health delivery services in the institution under the joint supervision of the responsible health authority and facility administrator.

COMMENTS:

FOR ACA STAFF USE ONLY- 4-ALDF-4D-04

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-06 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-06

All new direct care staff receives a test for tuberculosis prior to job assignment and periodic testing thereafter.

Proposal:

All direct care staff are offered screening for tuberculosis infection and disease prior to job assignment and periodically in accordance with recommendations from applicable local, state and federal public health authorities.

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision states that all direct care staff are "offered" TB screening and this is inconsistent with other manuals. For example, ACI 4-4368 clearly requires that all direct care staff are screened for TB and periodically screened in accordance with applicable local, state, and federal health authorities. Why should expectation for jail medical staff be any different?"

FOR ACA STAFF USE ONLY- 4-ALDF-4D-06

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-07 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-07

All direct care staff are offered the hepatitis B vaccine series.

Proposal:

All direct care staff are offered the hepatitis B vaccine series in accordance with the institution's communicable and infectious disease plan.

Comment: The "exposure control plan" mentioned in this standard references the plan for infectious and communicable diseases mandated in 4-ALDF-4C-14(M).

COMMENTS:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision aligns the standard with other manuals (ie. ACI 4-4387)."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-07

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-08 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-08 (MANDATORY)

Correctional and health care personnel are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following:

- Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations
- Administration of basic first aid
- Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization
- Methods of obtaining assistance
- Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- Procedures for patient transfers to appropriate medical facilities or health care providers
- Suicide intervention

Proposal:

Designated correctional and all health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following:

- Recognition of signs and symptoms, and knowledge of action required in potential emergency situations
- Administration of basic first aid
- Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization
- Methods of obtaining assistance
- Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
- Procedures for patient transfers to appropriate medical facilities or health care providers
- Suicide intervention

COMMENTS:

FOR ACA STAFF USE ONLY- 4-ALDF-4D-08 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-09 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-09

First aid kits are available in designated areas of the facility as determined by the designated health authority in conjunction with the facility administrator. The health authority approves the contents, number, location, and procedures for monthly inspection of the kit(s) and written protocols for use by non-medical staff. An automatic external defibrillator is available for use at the facility.

Proposal:

First aid kits are available in designated areas of the facility based on need and an automatic external defibrillator is available for use at the facility. The health authority approves the contents, number, location, and procedures for monthly inspection of the kits(s) and develops written procedures for the use of the kits by nonmedical staff.

COMMENT: First aid kits are not always required when there is 24/7 medical coverage.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"I believe the standard proposal that needs to be adopted is the ACI 4-4390 standard, including the comment section. This would ensure jails have an AED available and also provide more guidance on who is responsible for determining the placement of first aid kits throughout the facility. In addition, why exclude first aid requirements for jails with 24/7 medical coverage when this is not the same expectation for prisons with 24/7 medical coverage?"

FOR ACA STAFF USE ONLY- 4-ALDF-4D-09

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

l Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-10 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-10

Any students, interns, or residents delivering health care in the facility, as part of a formal training program, work under staff supervision commensurate with their level of training. There is a written agreement between the facility and training or educational facility that covers the scope of work, length of agreement, and any legal or liability issues. Students or interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

Proposal:

Any students, interns, or residents delivering health care in the facility, as part of a formal training program, work under staff supervision commensurate with their level of training. There is a memorandum of understanding, written agreement, or contract between the facility and training or educational facility that covers the scope of work, length of agreement, and any legal or liability issues. Students or interns agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Nonconcur with the revision"

FOR ACA STAFF USE ONLY- 4-ALDF-4D-10

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Denied

Approved

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-11 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-11

Unless prohibited by state law, inmates, under staff supervision, may perform familial duties commensurate with their level of training. These duties may include the following:

- peer support and education
- hospice activities
- assisting impaired inmates on a one-on-one basis with activities of daily living
- serving as a suicide companion if qualified and trained through a formal program that is part of a suicide prevention plan

Inmates are not to be used for 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, or health records
- operating diagnostic or therapeutic equipment except under direct supervision, by specially trained staff, in a vocational training program

Proposal:

Unless prohibited by state law, inmates (under staff supervision) may perform familial duties commensurate with their level of training. These duties may include:

- peer support and education
- hospice activities
- assist impaired offenders on a one-on-one basis with activities of daily living
- suicide companion or buddy if qualified and trained through a formal program that is part of suicide prevention plan
- Handling of dental instruments for the purpose of sanitation and cleaning when working as a dental assistant while in a training program that is certified by a state department of education or other comparable appropriate authority (inmates must be under direct supervision and in compliance with applicable tool control policies).

Inmates are not to be used for 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, or health records
- operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-11

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-13 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-13 (MANDATORY)

Information about an inmate's health status is confidential. The active health record is maintained separately from the confinement case record. Access to the health record is in accordance with state and federal law.

Proposal:

The principle of confidentiality applies to inmate health records and information about inmate health status.

- The active health record is maintained separately from the confinement case record.
- Access to the health record is in accordance with state and federal law.
- To protect and preserve the integrity of the facility, the health authority shares with the Jail Administrator information regarding an inmate's medical management.
- The circumstances are specified when correctional staff should be advised of an inmate's health status. Only that information necessary to preserve the health and safety of an inmate, other inmates, volunteers, and visitors or the correctional staff is provided.
- Policy determines how information is provided to correctional classification staff, volunteers, and visitors to address the medical needs of the inmate as it relates to housing, program placement, security and transport.
- Complies with Health Insurance Portability and Accountability Act (HIPAA) where applicable in a correctional setting.

COMMENT:

Andrew Albright

Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision aligns standard with other manuals (ie. 4-4396)."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-13 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-18 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-18 (MANDATORY)

The use of inmates for medical, pharmaceutical, or cosmetic experiments is prohibited. Inmates are not precluded from individual treatment based on his or her need for a specific medical procedure that is not generally available. Facilities electing to perform research will comply with all state and federal guidelines. An individual's treatment with a new medical procedure by his or her physician is undertaken only after the inmate has received a full explanation of the positive and negative features of the treatment and only with informed consent.

Proposal:

The use of inmates for medical, pharmaceutical, or cosmetic experiments is prohibited. This does not preclude inmate participation in clinical trials that are approved by an institutional review board based on his/her need for a specific medical intervention. Institutions electing to perform research will be in compliance with all state and federal guidelines.

COMMENT: Experimental programs include aversive conditioning, psychosugery, and the application of cosmetic substances being tested prior to sale to the general public. An individual's treatment with a new medical procedure by his or her physician should be undertaken only after the offender has received a full explanation of the positive and negative features of the treatment and only with informed consent.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The revision aligns standard with other manuals (ie. ACI 4-4402)."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-18 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-19 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-19

Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates' privacy. Female inmates are provided a female escort for encounters with a male health care provider.

Proposal:

Health care encounters, including medical and mental health interviews, examinations and procedures should be conducted in a setting that respects the inmate's privacy.

COMMENT: Female inmates are provided a female escort for encounters with a male health care provider, if requested.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-19

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Referred to:_____

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-19-1 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Addition

Existing Standard: None

Proposal:

If Telehealth is used for patient encounters, the plan includes policies for:

- Patient consent
- Confidentiality/Protected health information
- Documentation
- Integration of the report of the consultation into the primary health care record

Comment: Protocols and Process Indicators will be added by ACA Staff in consultation with the ALDF Healthcare Subcommittee following action from the Standards Committee.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"The addition of telehealth standard coverage is needed in jail manual."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-19-1

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Referred to:_____

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-21 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-21 (MANDATORY)

The use of restraints on inmates for medical or psychiatric purposes includes:

- Conditions under which restraints may be applied
- Types of restraints to be applied
- Identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not successful
- Monitoring procedures
- Length of time restraints are to be applied
- Documentation of efforts for less restrictive treatment alternatives as soon as possible
- An after-incident review

Proposal:

The use of restraints for medical and psychiatric purposes is defined, at a minimum by the following:

- Conditions under which restraints may be applied
- Types of restraints to be applied
- Identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would not be successful
- Monitoring procedures for inmates in restraints
- Length of time restraints are to be applied
- Documentation of efforts for less restrictive treatment alternatives as soon as possible
- An after-incident review

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, minimum standard requirements are more clear."

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-1 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-1

Detainees are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.

Proposal:

Inmates are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revised language as it clearly encompasses all inmates, not just "detainees" that could be interpreted as a specific segment of the jail population."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-1

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Denied

Approved

Tabled

Referred to:_____

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-2 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-2

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

Proposal:

Written policy, procedure, and practice require that an investigation is conducted and documented whenever a sexual assault or threat is reported.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, brings in alignment with other manuals."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-2

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-3 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-3

Detainees identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Detainees with a history of sexually assaultive behavior are identified, monitored, and counseled.

Proposal:

Written policy, procedure, and practice require that inmates identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, brings in alignment with other manuals."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-3

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-4 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-4

Detainees identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Detainees at risk for sexual victimization are identified, monitored, counseled.

Proposal:

Written policy, procedure, and practice provide that inmates identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Inmates at risk for sexual victimization are identified, monitored, and counseled.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, brings in alignment with other manuals."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-4

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-5 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-5

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

Proposal:

Written policy, procedure, and practice ensure that sexual conduct between staff and inmates, volunteers or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, brings in alignment with other manuals."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-5

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-7 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-7

Detainees who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point-of-contact line officer.

Proposal:

Written policy, procedure and practice provide that inmates who are victims of sexual abuse have the option to report the incident to a designated staff member other than an immediate point-of-contact line officer or outside entity.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision. However, the language "or outside entity" is not exact to ACI 4-4281-7."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-7

The above proposed revision, addition, or deletion would also affect the following manuals:

Tabled

None

Action taken by the standards committee:

Approved Denied

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-22-8 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-22-8

All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender's information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.

Proposal:

Written policy, procedure and practice provide that all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are retained in accordance with an established schedule.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, brings in alignment with other manuals."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-22-8

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-23 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-23

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

Proposal:

Authorities having jurisdiction are promptly notified of an inmate's death. Procedures specify and govern the actions to be taken in the event of the death of an inmate.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"I do agree with most of the language changes. However, the change in language from "immediate" to "promptly" notifying authorities having jurisdiction in cases of inmate deaths opens the interpretation of what is a "prompt" timeframe to notify - 1 hour, 8 hours, etc? I believe that in cases of inmate deaths, the expectation is that jails notify immediately. This does not mean a cause of death has to be prematurely determined. Inmate death notifications that are not viewed as being "prompt" enough by an authority having jurisdiction may result in a jail suffering negative media and/or scrutiny attention by others. Immediate is a clear expectation."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-23

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-25 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-25 (MANDATORY)

An external peer review program for physicians, mental health professionals, and dentists is implemented. The reviewed is conducted no less than every two years.

Proposal:

A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists and dentists every two years.

COMMENT: The credentialing and privileging process is an integral part of assuring the competence of the providers for the inmate patients they treat. This should be routine every two years with an ability to have immediate review if problems of practice arise. Immediate reviews are serious and only should be permitted by a careful decision of the most senior physician responsible for the system or institution. A mechanism for patient care complaints, observations by other health services providers, security, or other nonmedical providers should be established so that the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician on whom the complaint(s) has (have) been made. The investigation and its findings are confidential in most states by statute. The responsible physician should receive the report, take indicated action, and be prepared to demonstrate to the auditors, within the confines of confidentiality, the process, process indicators, and the actions available (for example, termination of the physician, required education in an area, prohibition against seeing a type of disease entity without another physician, and so forth). It is important that the auditors appreciate that the process is real and meaningful and that peer review is not simply a paper trail without substance.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision, language changes are more clear."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-25 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved

Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-4D-27 (MANDATORY) Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-4D-27 (MANDATORY)

Non-emergency inmate transfers require the following:

- Summaries, originals, or copies of the health record accompany the inmate to the receiving facility; health conditions, treatments, and allergies are included in the record
 Confidentiality of the health record
- Determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance
- Written instructions regarding medication or health interventions required en route for transporting officers separate from the medical record
- Specific precautions to be taken by transportation officers, including universal precautions and the use of masks and/or gloves

A medical summary sheet is required for all inter- and intra-system transfers to maintain continuity of care. Information included does not require a release of information form.

Proposal:

Non-emergency offender transfers require the following:

- Health record confidentiality to be maintained.
- Summaries, originals, or copies of the health record accompany the offender to the receiving facility. Health conditions, treatments and allergies should be included in the record.
- Determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance;
- Written instructions regarding medication or health interventions required en route should be provided to transporting officers separate from the medical record.
- Specific precautions (including standard) to be taken by transportation officers (for example masks or gloves).

A medical summary sheet is required for all inter and intra-facility transfers in order to maintain the provision of continuity of care. Information included does not require a release of information form.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-27 (M)

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-7D-25 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-7D-25

The health authority meets with the facility administrator at least quarterly and submits quarterly reports. The report addresses topics such as the effectiveness of the health care system, a description of any environmental factors that need improvement, changes effected since the last reporting period, and, if needed, recommended corrective action. The health authority immediately reports any condition that poses a danger to staff or inmate health and safety.

Proposal:

Move 4-ALDF-7D-25 to become 4-ALDF-4D-24-1

Comment: This revision would effectively delete 7D-25 and renumber this standard as 4D-24-1.

FOR ACA STAFF USE ONLY

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied Tabled

Manual: Adult Local Detention Facilities (ALDF), 4th Edition Standard No: 4-ALDF-7D-26 Agency /Facility: ALDF Healthcare Subcommittee Facility Size: N/A (ACA Subcommittee) Proposal Type: Revision

Existing Standard: 4-ALDF-7D-26

Quarterly statistical reports are prepared and include, at a minimum, the use of health care services by category, referrals to specialists, prescriptions written, laboratory and x-ray tests completed, infirmary admissions, if applicable, on-site or off-site hospital admissions, serious injuries or illnesses, deaths, and off-site transports. Reports are submitted to, and reviewed by, the health authority and the facility administrator.

Proposal:

Move 4-ALDF-7D-26 to become 4-ALDF-4D-24-2

COMMENT:

Andrew Albright Bureau Chief, Ohio Department of Corrections and Rehabilitation:

"Agree with revision."

FOR ACA STAFF USE ONLY- 4-ALDF-4D-7D-26

The above proposed revision, addition, or deletion would also affect the following manuals:

None

Action taken by the standards committee:

Approved Denied

Tabled

Section 4: Adult Probation and Parole Services (APPFS)

Submissions for Standards Revisions



APPTS Proposal Jan 13' Standiants Convirter

American Correctional Association Probation & Parole Committee

November 1, 2012

Mr. Harley Lappin, Chair Committee on Standards c/o American Correctional Association 206 North Washington Street, Suite 200 Alexandria, VA 22314

Re: Performance-Based Standards for Adult Probation and Parole Field Services, Fourth Edition

Dear Mr. Lappin:

For some years the Probation & Parole Committee has undertaken the development of standards for safe offices for adult probation and parole facilities. Proposed standards have been developed to address basic facility safety and design issues in order to enhance operational standards as provided in the referenced publication. These proposed standards were circulated for review and comment to the committee's members and friends. They have been favorably received. The proposed "Section 4 - Facilities" has the endorsement and favorable recommendation of the Probation & Parole Committee.

Enclosed please find the proposed "Section 4 - Facilities" formatted for inclusion as a supplement to the Performance-Based Standards for Adult Probation and Parole Field Services, Fourth Edition.

Please note that these are all non-mandatory standards for the purpose of accreditation. Also, a parallel effort by the American Probation and Parole Association (APPA) has resulted in the issuance of the APPA *Position Statement on Ideal Safe Office Design*.

1

Sincerely,

Datti Koukides)

Patti Loukides, Chair Probation & Parole Committee

Enclosure cc: Kathy Black-Dennis

Adult Probation and Parole Field Services

Performance Based Standards for Adult Probation and Parole Field Services (APPFS),

(Sections 1 through 3 are the same)

4. FACILITIES

non-mandatory standards

GOAL: Offices should be designed to meet current and anticipated operations, functions and services including enhanced safety and security for staff and visitors. The facilities and operational procedures should be appropriate to the operations. Due to the nature of operations, some features of the facilities may need to exceed minimum requirements of local codes or ordinances. In some locations, probation and parole staff are providing support to victims and for victim appearances, including making contact with victims, making victims aware of sentencing dates and dispositions, conducting financial investigations to support restitution as part of sentencing, and other activities. This trend toward multi-tasking of responsibilities between various agencies includes victim issues, sex offender tracking, and support of community policing. Consequently, requirements for confidentiality of conversations, records, and requirements for privacy of access for visitors, court-related agency staff, and clients should be provided by offices, meeting rooms, and workstations.

PERFORMANCE STANDARD

- 4A. Facilities shall provide enhanced safety and security for staff and visitors.
- <u>Outcome Measures:</u> Facilities shall provide enhancements for the safety and security of staff and visitors to reduce the potential for incidents.

EXPECTED PRACTICES

4-APPFS-4A-01 (New) All new construction, renovation and remodeling projects must comply with applicable state and local statutes and standards.

<u>Comment</u>: State statutes and standards to be addressed include not only architectural and engineering requirements, but include restrictions and standards regarding:

• Proximity of convicted sex offenders to schools or within the community <u>*Protocols:*</u> None.

Process Indicators: None.

4-APPFS-4A-02 (New) The facilities conform to applicable federal, state, and/or local fire safety codes. Compliance is documented by the authority having jurisdiction. A fire alarm and automatic detection system are required, as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority having jurisdiction approves any variances, exceptions, or equivalencies that do not constitute a serious life safety threat to the occupants of the facility.

<u>Comment:</u> The applicable fire safety code(s) must be comprehensive, ensure basic protection of life, and include the use of fire detection and alarm systems in all habitable areas of the facility. The applicable code(s) should be applied to all areas of the facility. Reports of periodic inspections and any actions taken to those inspections must be available.

Protocols: None. Process Indicators: None.

4-APPFS-4A-03 (New) Reasonable accommodation is made to ensure that all parts of the facility are accessible and usable by staff and visitors with disabilities.

<u>Comment:</u> Refer to ADAAG (Americans with Disabilities Act Accessibility Guidelines) available from the Access Board at the following internet address: www.access-board.gov. <u>Protocols:</u> None.

Process Indicators: None.

SITE

4-APPFS-4A-04 (New) Site planning should incorporate CPTED (Crime Prevention Through Environmental Design) guidelines or principles.

<u>Comment:</u> For example, large sculptures, planters or other somewhat indestructible objects serving as vehicle barriers may be placed around the building where offenders are reporting. CPTED design principles help guide the use of landscape materials, site lighting, visibility and other physical design elements that can help deter or speed detection of threats and risks.

Protocols: None. Process Indicators: None.

4-APPFS-4A-05 (New) Parking shall be provided at a minimum to meet all local codes, ordinances and covenants, and meet the demands for the facilities.

<u>Comment:</u> Parking requirements for each project should meet functional requirements for staff, visitors, official vehicles and other needs (deliveries, vehicles and trailers, and the like).

<u>Protocols:</u> None. Process Indicators: None.

4-APPFS-4A-06 (New) Parking spaces for Probation and/or Parole staff should be close to the office and well lighted, and separated from or not readily accessible by the public.

<u>Comment:</u> None. <u>Protocols:</u> None. <u>Process Indicators:</u> None.

4-APPFS-4A-07 (New) When staff parking spaces are reserved they should not be identified with titles or individual names.

<u>Comment:</u> None. <u>Protocols:</u> None. Process Indicators: None

BUILDING

- 4-APPFS-4A-08 (New) Probation office areas should be designed into several separate and distinct areas, including:
 - Public access and waiting areas;
 - Staff / client accessible areas -- including offices or interview rooms, conference / meeting rooms, and testing / sample areas -- where clients can meet with officers in individual or group activities, and where staff are provided with appropriate functional workstations and safety / security support systems and backup;
 - Staff-only areas -- including support staff workstations, records areas, secured computer areas, and the like; and
 - Building support areas -- for staff and support services access and use for mechanical, electrical, data, telecommunication and security systems. <u>Comment</u>: Providing appropriate functional zones for a probation and parole office is critical for functional efficiency of the office, and helps maintain a safe and secure work environment.

Protocols: None.

Process Indicators: None

4-APPFS-4A-09 (New) Adequate space shall be provided for administrative, security, professional, and clerical staff and functions.

Comment: These spaces may include

- Administrative offices and workstations;
- Personnel records and separate personnel medical records;
- Library;
- Probation / parole staff offices;
- Offender records;
- Reception / waiting areas;
- Conference;
- Interview rooms;
- Evidence room;
- Law enforcement processing room;
- Substance testing, sample and storage areas;
- Staff and public restrooms;
- Staff service rooms;
- Cashier / accounting, vault or safe;
- Weapons / ammunition storage;
- Information systems areas (file server, work areas);
- Supply and equipment storage;
- Training and training storage;
- Electronic monitoring office and equipment storage;
- Mail and package receiving / screening; and
- Building support areas (mechanical, electrical, janitorial, data / telecommunication, security, and the like).

Protocols: None.

Process Indicators: None

4-APPFS-4A-10 (New) Conference and interview rooms in the Probation and/or Parole Offices shall be provided with doors with integral vision panel and/or side vision panel, or should have interior windows to provide direct visual observation from other staff locations.

<u>Comment:</u> None. <u>Protocols:</u> None. <u>Process Indicators:</u> None.

4-APPFS-4A-11 (New) The size of the reporting office space or workstation for each Probation and/or Parole Officer shall be determined by functional need. Data/telecommunication and power outlets should be positioned to accommodate office

arrangements that provide the officer equal or primary access to the door (as compared with offender/visitor access) to avoid staff being trapped.

<u>Comment:</u> Typical closed offices for Probation and/or Parole Officers are 120-150 square feet. Typical open-office (cubicle) workstations (for Probation and / or Parole Officers when used with the "sterile interview"¹ room concept) are 64-100 square feet. *Protocols:* None.

Process Indicators: None.

4-APPFS-4A-12 (New) If Probation and/or Parole officers are assigned open-office (cubicle) workstations, these workstations should be provided with adequate height and sound-absorptive materials to reduce sound transmission between adjoining and nearby work stations or activities.

If Probation and/or Parole officers are assigned individual or shared closed offices, the offices should provide acoustic privacy to adjoining offices or activities.

<u>Comment</u>: The daily activities of Probation and/or Parole officers involve confidential, emotional and highly-charged matters. The wide range of situations and activities (phone, direct conversation, and group discussions) involved in day-to-day activities require that the planning and design for acoustic privacy to achieve highly soundabsorptive environments.

Protocols: None. Process Indicators: None.

4-APPFS-4A-13 (New) Windows in Probation and/or Parole offices where offenders have access shall be configured in such a way that visual contact from outside is not possible.

<u>Comment:</u> Window placement should consider the view angle from the street. For example, if sidewalks and streets are located directly outside offices, the plan may provide for the use of windows located at 6' above the floor. Other provisions, including provisions for impact-resistant glazing, should be reviewed on a case-by-case basis. <u>Protocols:</u> None.

Process Indicators: None.

4-APPFS-4A-14 (New) Substance testing/sampling locations shall be equipped with discrete observation capabilities.

<u>Comment</u>: The configuration of the sample restroom should allow the staff to monitor and control activities at all times and make certain tests will be accurate. <u>Protocols</u>: None.

Process Indicators: None.

¹ The "sterile interview room" concept refers to Probation and /or Parole offices that provide a series of unassigned interview rooms near the reception/waiting room that are used for probation / parole meetings or interviews. This allows Officers to be located in a separate workstation / cubicle with appropriate acoustic privacy for phone conversations and other activities.

4-APPFS-4A-15 (New) Whenever possible, staff restrooms should be provided separate from public restrooms used by offender and visitors.

<u>Comment:</u> Separate staff restrooms enhance staff safety. <u>Protocols:</u> None. <u>Process Indicators:</u> None.

4-APPFS-4A-16 (New) All visitor entrances to the Probation and/or Parole office shall be controlled with a receptionist or screening area. There shall be a secured, bulletresistant barrier with bullet-resistant glass between the receptionist and the waiting area. Wall construction in the area between the receptionist and the waiting area should be designed to a similar bullet-resistant standard.

<u>Comment:</u> Having direct observation and control of the waiting area is an important feature of a safe and secure office for Probation and/or Parole operations. In most installations, the glass and partition should be attack-rated. *Protocols:* None.

Process Indicators: None.

4-APPFS-4A-17 (New) Probation and/or Parole offices shall have a controlled receiving area.

<u>Comment</u>: All deliveries shall be registered, screened and logged in prior to being accepted.

Protocols: None. Process Indicators: None.

4-APPFS-4A-18 (New) Trash bins used for the Probation and/or Parole offices where offenders report shall be placed outside and away from the building.

<u>Comment:</u> Trash bins are hiding places for contraband and/or bombs. <u>Protocols:</u> None. <u>Process Indicators:</u> None.

4-APPFS-4A-19 (New) Doors providing access to staff work areas should be locked and access controlled.

<u>Comment:</u> Before entering or exiting the office, workers should visually check the outside of the building to be certain nothing is abnormal.

Protocols: None.

Process Indicators: None,

4-APPFS-4A-20 (New) All entry and exit doors should provide appropriate safety and security hardware and always be locked unless under visual control.

<u>Comment</u>: Doors should be constructed of materials and hardware that, in the event of violence, could prevent damage or break-ins.

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Protocols: None. Process Indicators: None.

SYSTEMS

4-APPFS-4A-21 (New) Appropriate security systems should be provided for Parole and/or Probation offices. A specific threat and risk assessment should be done for each office and location, and specific system recommendations developed for each office and location.

Comment: Typical systems currently provided for Parole and Probation offices include

- A perimeter intrusion system should be provided to detect intrusions and alert staff and response personnel for action.
- In large offices, access controls systems such as a card-access system may be provided, although key control may be appropriate in smaller offices. Electronic door position switches and electronic releases should be provided at the public reception area and may be required in other areas.
- Provide screening systems such as walk-through metal detectors and package x-ray units. When entering clients should be searched before leaving the reception/waiting areas and going back into the interview and/or offices. Offices located within courthouses or other buildings with exterior perimeter security systems and screening may require only hand-held screening equipment. If not otherwise provided, parole and/or probation offices may require their own walk-through metal detectors and package x-ray units. If provided, these should be professionally staffed and tested regularly.
- Closed-circuit television equipment (CCTV) systems should be used to provide appropriate monitoring for response and incident recording. Equipment may be used in corridors and movement areas, parking lots and site areas, and other locations. *Protocols:* None.

Process Indicators: None.

4-APPFS-4A-22 (New) A video recording system should be provided in all areas where offenders have access.

Comment: Constant surveillance shall be available through a video recording system. The video cameras offer deterrence.

Protocols: None.

Process Indicators: None.

4-APPFS-4A-23 (New) A duress alarm station should be provided at the receptionist station, in each Probation and/or Parole officer workstation, and in any interview and/or meeting areas where clients may be present.

<u>Comment:</u> A response plan must be provided for this system and for various types of emergencies and response types. <u>Protocols:</u> None. <u>Process Indicators:</u> None.

4-APPFS-4A-24 (New) Mechanical and electrical systems shall be provided for good office design standards for lighting, glare reduction, appropriate ventilation and temperature control. Temperatures are appropriate to the summer and winter comfort zones. All mechanical systems should be designed to provide appropriate ambient sound levels to support privacy and confidentiality, and system design should meet sound attenuation level requirements between spaces to preserve confidentiality of conversations between rooms.

<u>Comment:</u> None. <u>Protocols:</u> None. <u>Process Indicators:</u> None.

4-APPFS-4A-25 (New) Written policies and procedures provide that personnel be trained and assigned to building maintenance for security purposes.

<u>Comment</u>: Provide to selected personnel to some training standards to insure emergency response techniques to identify threats or emergencies

- Fire control
- Electrical power outages
- Emergency medical service
- Responding to law enforcement
- Fire/security alarms
- Emergency evacuation
- Bomb or suspicious packages

• Biohazard threats

Protocols: None.

Process Indicators: None.

End