

G.2 The Facility Director ensures that detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith. (K.17)

- G.2.1 Ensure written policies and procedures exist that provide a reasonable and equitable opportunity for detainees to participate in the practice of their faith. These policies include at least the implementation subjects addressed in this section.
- G.2.2 Policies and procedures are communicated to:
 - G.2.2a Appropriate staff members; and
 - G.2.2b Detainees, where appropriate.
- G.2.3 Policies and procedures are reviewed and updated.
- G.2.4 Detainees of all faiths have reasonable and equitable opportunities to participate in the practices of their faith.
- G.2.5 Providers of religious services have access to the facility, and are not denied solely on the basis of faith group membership.

SERVICES AND PROGRAMS: Volunteer Work Assignments

G.3 The Facility Director ensures that detainees are not required to work unless they volunteer to do so via a signed waiver form.

- G.3.1 Ensure written policies and procedures exist which ensure that detainees are not required to work unless they volunteer to do so. These policies include at least the implementation subjects addressed in this section.
- G.3.2 Policies and procedures are communicated to:
 - G.3.2a Appropriate staff members; and
 - G.3.2b Detainees, where appropriate.
- G.3.3 Policies and procedures are reviewed and updated.
- G.3.4 A “work/volunteer” document is on file for all detainees participating in non-routine housekeeping and sanitation work assignments.

SERVICES AND PROGRAMS: Work Assignments and Security

G.4 The Facility Director ensures that work assignments do not compromise the security of the facility or community, or the delivery of health care. The Facility Director also ensures that detainees do not supervise other detainees.

G.4.1 Ensure written policies and procedures exist that preserve the security of work assignments and specifically prohibit any detainee from having supervisory authority over any other detainee. These policies include at least the implementation subjects addressed in this section and also:

G.4.1a Ensure policies and procedures exist that describe the work assignments available to detainees.

G.4.2 Policies and procedures are communicated to:

G.4.2a Appropriate staff members; and

G.4.2b Detainees, where appropriate.

G.4.3 Policies and procedures are reviewed and updated.

G.4.4 Detainee work assignments do not involve unsupervised use of items constituting weapons or escape paraphernalia.

G.4.5 Detainees work under the direction of staff and not under other detainees.

SERVICES AND PROGRAMS: Exercise and Out-of-Cell Opportunities

G.5 The Facility Director ensures that staff permit detainees a minimum of one hour of outdoor recreation five days a week, if weather permits.

G.5.1 Ensure written policies and procedures exist that afford detainees with the opportunity to engage in recreational exercise outside their designated sleeping area, for a minimum period of one hour per day, 7 days per week. (One hour per day five days per week in special management units), unless specifically restricted for good cause. This standard cannot be altered because of lack of staff. These policies include at least the implementation subjects addressed in this section.

G.5.2 Policies and procedures are communicated to:

G.5.2a Appropriate staff members; and

G.5.2b Detainees, where appropriate.

- G.5.3 Policies and procedures are reviewed and updated.
- G.5.4 If the facility denies any individual or group of individuals the minimum recreation period, documentation exists that verifies that the denial is based on good cause in relation to individual misconduct or a facility security need.
- G.5.5 Recreation periods are consistently afforded to detainees.
 - G.5.5a Mandatory minimum periods are documented.

SERVICES AND PROGRAMS: Legal Materials (ICE Standard (b))

G.6 The Director affords detainees reasonable and equitable access to legal materials and reasonable opportunities to prepare and copy legal materials.

- G.6.1 Ensure written policies and procedures exist for equitable access to legal materials and reasonable opportunities to prepare and copy legal documents. These policies include at least the implementation subjects addressed in this section.
- G.6.2 Policies and procedures are communicated to:
 - G.6.2a Appropriate staff members; and
 - G.6.2b Detainees, where appropriate.
- G.6.3 Policies and procedures are reviewed and updated.
- G.6.4 Detainees are provided access to sufficient legal research materials and a reasonable opportunity to prepare legal documents.
- G.6.5 Detainees are provided reasonable access to copies of unique forms required for agency processes and reasonable access to copying services for submission of documents to agencies and the courts.
- G.6.6 Detainees are afforded access to sufficient writing materials, writing implements and postage.
 - G.6.6a Indigent detainees receive writing materials, writing implements, notary services when required by the court, and postage without charge in order to prepare and send legal documents to agencies and the courts.
- G.6.7 Detainees have access to notary services to obtain notarization of documents for which there is a legal requirement of notarization.

SERVICES AND PROGRAMS: Legal Representation (ICE Standard (c))

G.7 The Facility Director ensures that detainees have reasonable and equitable access to legal representation and the courts. (K.18)

G.7.1 Ensure written policies and procedures exist for reasonable access to legal representation and the courts. These policies include at least the implementation subjects addressed in this section.

G.7.2 Policies and procedures are communicated to:

G.7.2a Appropriate staff members;

G.7.2b Detainees, where appropriate; and

G.7.2c Outside organizations, as appropriate.

G.7.3 Policies and procedures are reviewed and updated.

G.7.4 Detainees are afforded access to legal representatives, including paraprofessionals employed by attorneys, during those periods provided by the facility.

G.7.5 Detainee access to legal representation and the courts is documented.

SERVICES AND PROGRAMS: Telephone Access (ICE Standard (d))

G.8 The Facility Director ensures that detainees have reasonable and equitable access to telephones.

G.8.1 Ensure written policies and procedures exist for reasonable and equitable access of detainees to telephones. These policies include at least the implementation subjects addressed in this section.

G.8.2 Policies and procedures are communicated to:

G.8.2a Appropriate staff members; and

G.8.2b Detainees, where appropriate.

G.8.3 Policies and procedures are reviewed and updated.

G.8.4 Detainees are afforded reasonable telephonic access to the community, which affords them opportunities to contact family members, public officials, and legal representatives.

- G.8.5 With the exception of confidential unmonitored telephonic access (e.g., no voice monitoring) to federal officials and legal representatives, unless otherwise restricted by judicial order, all telephone calls by detainees are recorded and monitored.

SERVICES AND PROGRAMS: Visitation Privileges (ICE Key Access Standard (e))

G.9 The Facility Director ensures that detainees are allowed visitation with family and friends.

- G.9.1 Ensure written policies and procedures exist for the allowance of reasonable visitation with family and friends, including the search of family and friends for contraband items. These policies include at least the implementation subjects addressed in this section.

- G.9.2 Policies and procedures are communicated to:

- G.9.2a Appropriate staff members; and
- G.9.2b Detainees, where appropriate.

- G.9.3 Policies and procedures are reviewed and updated.

- G.9.4 The facility provides a reasonable and equitable visitation program to all detainees.

- G.9.5 Detainees are afforded reasonable and frequent access to family, friends, and community representatives.

- G.9.5a Access is confirmed by documentation.

SERVICES AND PROGRAMS: Detainee Mail and Correspondence

G.10 The Facility Director ensures detainees can send and receive mail and maintains the confidentiality of privileged correspondence. (K.19)

- G.10.1 Ensure written policies and procedures exist that cover the handling, sending, receipt, and confidentiality of mail and privileged correspondence. These policies include at least the implementation subjects addressed in this section.

- G.10.2 Policies and procedures are communicated to:
 - G.10.2a Appropriate staff members; and
 - G.10.2b Detainees, where appropriate.
- G.10.3 Policies and procedures are reviewed and updated.
- G.10.4 The facility assures the following, unless special circumstances preclude (e.g., security, translation, etc):
 - G.10.4a Mail processed for delivery to detainees is inspected for prohibited enclosures, including the accounting of money.
 - G.10.4b Mail is processed in a timely manner, with a minimum of next day delivery to the postal service or detainee.
 - G.10.4c Appropriately labeled legal correspondence is separated and handled in a confidential manner.
 - G.10.4d Mail to and from detainees is not accessed by and not processed by other confined individuals.

SECTION H: WORKFORCE INTEGRITY

WORKFORCE INTEGRITY: Staff Background and Reference Checks

H.1 The Facility Director ensures that all staff have initial background and reference checks before they are hired and that periodic criminal history checks are conducted once staff are employed.

H.1.1 Ensure written policies and procedures exist for initial background/reference checks and periodic criminal history checks of facility staff. These policies include at least the implementation subjects addressed in this section

H.1.2 Policies and procedures are communicated to:

H.1.2a Appropriate staff members; and

H.1.2b Detainees, where appropriate.

H.1.3 Policies and procedures are reviewed and updated.

H.1.4 Applicants for facility employment are screened prior to entering on duty (EOD). The screening includes:

H.1.4a An arrest check through the National Crime Information Center (NCIC);

H.1.4b A credit history check, and a drug screening examination; and

H.1.4c Domestic Violence Civil Protective Orders.

H.1.5 Newly hired staff are placed in accordance with results of the screening.

H.1.6 All staff are required to immediately report arrests or other integrity violations relating to themselves or to fellow-employees.

H.1.7 Periodic background checks of staff are conducted.

WORKFORCE INTEGRITY: Staff Training, Licensing, and Credentialing

H.2 The Facility Director ensures that all staff are adequately trained, licensed, and credentialed according to applicable local and state regulations and that expected standards of conduct are included in the facility's overall training program.

- K.18/G.8 Detainees are provided the privilege of a detainee telephone system. Effective security measures are in place to prevent misuse of the telephone system.
- K.19/G.11 The institution provides detainee mail services, which include timely processing and accountability of funds, special mail, and general correspondence.

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>A.3 Detainee Records</p> <p>The facility director maintains detainee records (including medical and mental health records) and ensures their security and confidentiality.</p>	<p>4-ALDF-7D-19 Intake booking information is recorded for every person admitted to the facility and includes at least the following data, unless prohibited by law: photograph; booking number; name and aliases of individual; current address (or last-known address); date of arrest and admission, duration of confinement, and a copy of the court order or other legal basis for commitment; name, title, agency, and signature of delivering officer; specific charges, sex, age, date of birth, place of birth, race, present or last place of employment; health status, including any current medical or mental health needs; emergency contact (name, relation, address, and phone number); driver's license and social security numbers (where applicable); notation of cash and property; additional information concerning special custody requirements, service needs, or other identifying information such as birthmarks or tattoos.</p> <p>4-ALDF-7D-20 The facility maintains custody records on all inmates committed or assigned to the facility, which includes but is 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; dispositions of court hearings; records of program participation; work assignments; classification records. The contents of inmate records are identified and separated according to a format approved by the facility administrator</p> <p>4-ALDF-7D-21 Unless release of information is required by statute, inmates sign a release of information consent form that complies with applicable federal and state regulations prior to release of information. A copy of the form is maintained in the inmate's case record.</p> <p>4-ALDF-7D-22 Electronic record-keeping systems and data are protected from unauthorized access.</p>
<p>A.4 Admission and Orientation</p> <p>The facility director provides a detainee admission and orientation program.</p>	<p>4-ALDF-2A-19 Prior to accepting custody of an inmate, staff determines that the inmate is legally committed to the facility, and that the inmate is not in need of immediate medical attention.</p> <p>4-ALDF-2A-20 The inmate and his/her property are immediately searched upon arrival at the facility.</p> <p>4-ALDF-2A-21 Admission processes for a newly admitted inmate include, but are not limited to: recording basic personal data and information to be used for mail and visiting list; criminal history check; photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics; assignment of registered number to the inmate; medical, dental, and mental health screenings; screening to detect signs of drug/alcohol abuse; suicide screening; inventory of personal property; and secure storage of inmate property, including money and other valuables. The inmate is given a receipt for all property held until release.</p> <p style="text-align: center;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>A.4 Admission and Orientation (continued)</p> <p>The facility director provides a detainee admission and orientation programs.</p>	<p>4-ALDF-2A-22 Newly admitted inmates are separated from the general population during the admission process. Inmates are assigned to initial holding settings according to their immediate security needs, physical and mental condition, and other considerations.</p> <p>4-ALDF-2A-25 Before reassignment from intake and short-term holding, there is an initial classification of the inmate that considers safety and security issues.</p> <p>4-ALDF-2A-26 Prior to placing an inmate in the general population, the inmate is given the opportunity to shower and is issued clean, laundered clothing.</p> <p>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 co-payments 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.</p> <p>4-ALDF-2A-28 If an inmate cannot read, orientation materials are read to the inmate by a staff member, or are provided through the use of an audio or video tape. For inmates who do not speak English, interpretive services are provided. Inmates verify, by signature, the receipt of their initial orientation and of the inmate handbook and written orientation materials. Signed acknowledgement of receipt of the handbook is maintained in the inmate's file.</p> <p>4-ALDF-2A-29 Information is provided to inmates about sexual abuse/assault including: prevention/intervention; self-protection; reporting sexual abuse/assault; treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at the facility.</p> <p>4-ALDF-6A-07 (MANDATORY) Inmates are not subjected to personal abuse, corporal punishment, personal injury, disease, property damage, or harassment. Inmate personal property is protected.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>A.5 Personal Property and Money</p> <p>The facility director ensures personal property and monies are properly recorded, stored, and returned to detainees upon their release. (K.2)</p>	<p>4-ALDF-2A-23 There is an itemized inventory of all personal property of newly admitted inmates and secure storage of inmate property, including money and other valuables. The inmate is given a receipt for all property held until release.</p> <p>4-ALDF-2A-24 Space is provided for storing the personal property of inmates safely and securely.</p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>A.6 Detainee Release</p> <p>The facility director ensures detainees are released only with proper orders, identity verification, and notification. (K.3)</p>	<p>4-ALDF-5B-13 All inmates held for 30 or more days who will be released to the community are provided with preparation for release that includes information about community resources.</p> <p>4-ALDF-5B-14 When the facility is designated to operate any type of pretrial intervention service or other release programs, its authority and responsibility are stated by statute or administrative regulation.</p> <p>4-ALDF-5B-15 When pretrial intervention program, diversion program, pretrial release program, or supervised release program is conducted in the facility, sufficient staff, space, and equipment are provided to service the program.</p> <p>4-ALDF-5B-16 Where temporary release programs exist, the programs have the following elements: written operational procedures; careful screening and selection procedures; written rules of inmate conduct; a system for evaluating program effectiveness; efforts to obtain community cooperation and support.</p> <p>4-ALDF-5B-17 Where work release and/or educational release are authorized, the facility administrator has authority to approve or disapprove participation for each inmate.</p> <p>4-ALDF-5B-18 Procedures for releasing inmates from the facility at the end of their term include, but are not limited to, the following: identification of outstanding warrants, wants, or detainees; 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; verification that no facility property leaves the facility; arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions; medical screening and arrangement for community follow-up where needed, to include medication, and instructions for forwarding or return of mail.</p>
<p>A.7 Accommodations for the Disabled</p> <p>The facility director ensures that accommodations are made for disabled detainees if the particular facility accepts disabled detainees.</p>	<p>4-ALDF-6B-04 Inmates with disabilities, including temporary disabilities, are housed in a manner that provides for their safety and security. Housing used by inmates with disabilities, including temporary disabilities, is designed for their use and provides for integration with other inmates. Program and service areas are accessible to inmates with disabilities who reside in the facility.</p> <p>4-ALDF-6B-05 Discrimination on the basis of disability is prohibited in the provision of services, programs, and activities.</p> <p>4-ALDF-6B-06 Appropriately trained individuals are assigned to assist disabled inmates who cannot otherwise perform basic life functions.</p> <p>4-ALDF-6B-07 Inmates with disabilities are provided with the education, equipment, and facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.</p> <p style="text-align: right;"><i>(continued)</i></p>

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<p>A.7 Accommodations for the Disabled (continued)</p> <p>The facility director ensures that accommodations are made for disabled detainees if the particular facility accepts disabled detainees.</p>	<p>4-ALDF-6B-08 Staff and inmates have access to an appropriately trained and qualified individual who is educated in the problems and challenges faced by inmates with physical and/or mental impairments, programs designed to educate and assist disabled inmates, and all legal requirements for the protection of inmates with disabilities.</p> <p>4-ALDF-7E-05 Reasonable accommodation is made to ensure that all parts of the facility that are accessible to the public are accessible and usable by staff and visitors with disabilities.</p>
<p>HEALTH CARE</p> <p>B.1 Intake Health Screening</p> <p>The facility director ensures that medical, dental, and mental health screenings are performed by trained, licensed health care professionals at intake and that follow-up action is taken, when necessary.</p>	<p>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:</p> <p><u>Inquiry into:</u> 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.</p> <p><u>Observation of the following:</u> 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.</p> <p><u>Medical disposition of the inmate:</u> 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 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 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, established 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.</p> <p style="text-align: right;"><i>(continued)</i></p>

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<p>B.1 Intake Health Screening (continued)</p> <p>The facility director ensures that medical, dental, and mental health screenings are performed by trained, licensed health care professionals at intake and that follow-up action is taken, when necessary.</p>	<p>4-ALDF-4C-23 (MANDATORY) All intrasystem 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:</p> <p><u>Inquiry into</u>: 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;</p> <p><u>Observation of</u>: general appearance and behavior; physical deformities; evidence of abuse or trauma;</p> <p><u>Medical disposition of inmates</u>: cleared for general population; cleared for general population with appropriate referral to health care service; referral to appropriate health care service for emergency treatment.</p> <p>A-ALDF-4C-29 (MANDATORY) All inmates receive an initial mental health screening at the time of admission to the facility by mental-health trained or qualified mental-health care personnel. The mental health screening includes, but is not limited to:</p> <p><u>Inquiry into whether the inmate</u>: has a present suicide ideation; his a history of suicidal behavior; is presently prescribed psychotropic medication; has a current mental health complaint; is being treated for mental health problems; has a history of inpatient and outpatient psychiatric treatment; his a history of treatment for substance abuse;</p> <p><u>Observation of</u>: general appearance and behavior; evidence of abuse and/or trauma; current symptoms of psychosis, depression, anxiety, and/or aggression;</p> <p><u>Disposition of inmate</u>: cleared for general population; cleared for general population with appropriate referral to mental-health care service; referral to appropriate mental-health care services for emergency treatment.</p>

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<p>B.2 Medical, Dental, and Mental Health Appraisals</p> <p>The facility director ensures that full medical dental, and mental health assessments are completed by trained, licensed health care professionals for each detainee, within 14 day of arrival. (K.4)</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.2 Medical, Dental, and Mental Health Appraisals (continued)</p> <p>The facility director ensures that full medical dental, and mental health assessments are completed by trained, licensed health care professionals for each detainee, within 14 day of arrival. (K.4)</p>	<p>4-ALDF-4C-34 Inmates with severe mental illness or who are severely developmentally disabled receive a mental health evaluation. Where appropriate, these inmates are referred for placement in non-correctional facilities or in units specifically designated for handling this type of individual.</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>4-ALDF-4C-01 (MANDATORY) All inmates are informed about how to access health services and the grievance system during the admission/intake process. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. The information is translated into those languages spoken by significant numbers of inmates. When a literacy or language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate.</p> <p>4-ALDF-4C-02 When medical co-payment fees are imposed, the program ensures that, at a minimum: all inmates are advised, in writing, at the time of admission to the facility of the guidelines of the co-payment program; co-payment fees are waived when appointments or services, including follow-up appointments, are initiated by medical staff.</p> <p>4-ALDF-4C-03 There is a process for all inmates to initiate requests for health services on a daily basis. These requests are triaged daily by health professionals or health-trained personnel. A priority system is used to schedule clinical setting at least five days a week and are performed a physician or other qualified health care professional. Health care request forms are readily available to all inmates.</p> <p>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.</p> <p>4-ALDF-4C-05 Inmate 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.</p> <p>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.</p> <p style="text-align: center;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>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.</p> <p>4-ALDF-4C-08 (MANDATORY) There is 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.</p> <p>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.</p> <p>4-ALDF-4C-10 Inmates in the medical housing unit or infirmary area have access to operable washbasins with hot and cold running water at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio.</p> <p>4-ALDF-4C-11 Sufficient bathing facilities are provided in the medical housing unit or infirmary area to allow inmates to bathe daily. At least one bathing facility is configured and equipped to accommodate inmates who have physical impairments or who need assistance to bathe. Water for bathing is thermostatically controlled to temperatures ranging from 100 degrees Fahrenheit to 120 degrees Fahrenheit.</p> <p>4-ALDF-4C-12 Inmates in the medical housing unit of infirmary have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance. Toilets are provided at a minimum ratio of one for every 12 inmates in male facilities and one for every eight inmates in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing unit with three or more inmates have a minimum of two toilets. These ratios apply unless state or local building or health codes specify a different ratio.</p> <p style="text-align: center;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>4-ALDF-4C-13 (MANDATORY) If female inmates are housed, access to pregnancy management services is available. Provision of pregnancy management include the following: pregnancy testing; routine and high-risk prenatal care; management of chemically addicted pregnant inmates; comprehensive counseling and assistance, appropriate nutrition; postpartum follow up.</p> <p>4-ALDF-4C-19 (MANDATORY) Inmates with chronic conditions such as hypertension, diabetes, and other diseases, receive periodic care and treatment that includes: monitoring of medications; laboratory testing; use of chronic care clinics.</p> <p>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 of 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 a individualized treatment plan for each inmate receiving dental care; consultation and referral to dental specialists, including oral surgery, when necessary.</p> <p>4-ALDF-4C-21 Health education and wellness information is provided to all inmates.</p> <p>4-ALDF-4C-26 The health authority determines the conditions for periodic health examinations for inmates.</p> <p>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.</p> <p>4-ALDF-4C-28 Mental health services and activities are approved by the appropriate mental health authority.</p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>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 transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility.</p> <p>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.</p> <p>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.</p> <p>4-ALDF-4C-38 (MANDATORY) Management of pharmaceuticals includes: a formulary; a formalized method for obtaining non-formulary medications; prescription practices, including, requirements that medications are prescribed only when clinically indicated as one facet of a program of therapy, and a prescribing provider reevaluates a prescription prior to its renewal; medication procurement, receipt, distribution, storage, dispensing, administration, and disposal; secure storage and perpetual inventory of all controlled substances, syringes, and needles; administration and management in accordance with state and federal law and supervision by properly licensed personnel; administration of medication by persons properly trained and under the supervision of the health authority and facility of program administrator or designee; accountability for administering or distributing medications in a timely manner and according to physician orders.</p> <p>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.</p> <p>4-ALDF-4C-41 Exercise areas are available to meet exercise and physical therapy requirements of individual inmate treatment plans.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>4-ALDF-4D-02 (MANDATORY) Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>4-ALDF-4D-14 (MANDATORY) The health authority shares with the superintendent or the warden information regarding an inmate’s medical management. The circumstances are specified when correctional staff are advised of an inmate’s health status. Only that information necessary to preserve the health and safety of an inmate, other inmates, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addressed only the medical needs of the inmate as it relates to housing, program placement, security, and transport.</p> <p>4-ALDF-4D-19 Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmate’s privacy. Females inmates are provided a female escort for encounters with a male health care provider.</p> <p style="text-align: right;"><i>(continued)</i></p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>4-AL This standard has been deleted per the ACA 2008 Standards Supplement.</p> <p>4-ALDF-4D-22-1 through 4D-22-8 are still in effect as originally published.</p> <p>DF-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.</p> <p>4-ALDF-4D-22 The facility will ensure that information is provided to offenders about sexual abuse/assault including: Prevention/intervention; Self-protection; Reporting sexual abuse/assault; Treatment and counseling. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility.</p> <p>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.</p> <p>4-ALDF-4D-22-2 An investigation is conducted and documented whenever a sexual assault or threat is reported.</p> <p>4-ALDF-4D-22-3 Detainees identified as high risk with a 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.</p> <p>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, and counseled.</p> <p>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.</p> <p style="text-align: center;"><i>(continued)</i></p>

<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>4-ALDF-4D-22-6 (MANADATORY) Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence. If these procedures are performed in-house, the following guidelines are used: A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victims consent, the examination includes collection of evidence from the victim, using a kit approved by the appropriate authority; Provision is made for testing for sexually transmitted diseases (for example, HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate; Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate; Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up; A report is made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.</p> <p>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 immediate point-of-contact line officer.</p> <p>4-ALDF-4D-22-8 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.</p> <p>4-ALDF-4D-24 (MANDATORY) A system of internal review is developed and implemented by the health authority. The necessary elements of the system will include: participating in a multidisciplinary quality improvement committee; collecting, trending, and analyzing data combined with planning, intervening, and reassessing; evaluating defined data; on-site monitoring of health service outcomes on a regular basis through: 1.) chart reviews by the responsible physician or his or her designee, including investigation of complaints and quality of health records; 2.) review of prescribing practices and administration of medication practices; 3.) systematic investigation of complaints and grievances; 4.) monitoring of corrective action plans; 5.) reviewing all deaths in custody, suicide attempts, and illness outbreaks; 6.) developing and implementing corrective action plans to address and resolve identified problems and concerns; 7.) reevaluating problems or concerns to determine whether the corrective measures have achieved and sustained the desired results; 8.) incorporating findings of internal review activities into the organization’s educational and training activities; 9.) maintaining appropriate records of internal review activities; 10.) issuing a quarterly report to the health services administrator and facility administrator of the findings of internal review</p>

	<p>activities; 11.) ensuring records of internal review activities comply with legal requirements on confidentiality of records.</p> <p style="text-align: center;"><i>(continued)</i></p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.3 Access to Routine, Acute Chronic, and Emergency Health Services (continued)</p> <p>The facility director ensures that detainees have timely access to and receive dental, medical, and mental health care services from trained and/or licensed health care professionals for chronic and emergency conditions, as well as routine care when warranted. (K.5)</p>	<p>4-ALDF-4D-26 The health record file is complete and contains the following items filed in a uniform manner: patient identification on each sheet; a completed receiving screening form; health appraisal data forms; a problem summary; a record of immunizations; all findings, diagnoses, treatments, and dispositions; a record of prescribed medications and their administration, if applicable; laboratory, x-ray, and diagnostic studies; the place, date, and time of health encounters; health service reports; an individualized treatment plan, when applicable; progress reports; a discharge summary of hospitalization and other termination summaries; a legible signature and the title of the provider (may use ink, type, or stamp under signature); consent and refusal forms; release of information forms. 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.</p> <p>4-ALDF-4D-27 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.</p> <p>4-ALDF-4D-28 Inactive health record files are retained as permanent records in compliance with the legal requirements of the jurisdiction. Health record information is transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization of the inmate.</p>
<p>B.4 Experimental Research</p> <p>The facility director ensures that detainees do not volunteer or are recruited for biomedical, behavioral, pharmaceutical, or cosmetic research.</p>	<p>4-ALDF-4D-18 (MANDATORY) The use of inmate for medical, pharmaceutical, or cosmetic experiments is prohibited. Inmates are not precluded from individual treatment based on their 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 feature of the treatment and only with informed consent.</p>

FEDERAL PERFORMANCE-BASED DETENTION STANDARDS	PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4 TH EDITION
<p>B.5 Response to Medical, Mental, and Dental Health Needs</p> <p>The facility director ensures that all staff members are trained and the necessary licensed health care professionals, supplies, equipment, and facilities are available to respond to the medical, dental, and mental health needs of detainees.</p>	<p>4-ALDF-4D-01 (MANDATORY) The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. The responsibilities of the health authority include; establishing a mission statement that defines the scope of health care services; developing mechanisms, including written agreements, when necessary, to assure that the scope of services is provided and properly monitored; developing a facility’s operational health policies and procedures; identifying the type of health care providers needed to provide the determined scope of services; establishing systems for the coordination of care among multidisciplinary health care providers; developing a quality management program.</p> <p>The health authority may be a physician, health services administrator, or health agency. When the health authority is other than a physician, final clinical judgments rest with a single, designated, responsible physician. The health authority is authorized and responsible for making decisions about the deployment of health resources and the day-to day operations of the health services program.</p>
<p>B.6 Suicide Prevention</p> <p>The facility director ensures that a suicide prevention program is in place and that staff are regularly trained to recognize the signs and situations that indicate a potential suicide risk. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee suicide or attempted suicide. The facility director ensures that a suicide prevention program is in place.</p>	<p>4-ALDF-4C-32 (MANDATORY) A suicide-prevention program is approved by the health authority and reviewed by the facility or program administrator. It includes specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone inmate and is signed and reviewed annually. The program includes staff and inmate critical incident debriefing that covers the management of suicidal incidents, suicide watch, and death of an inmate or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for inmate supervision are trained on an annual basis in the implementation of the program. Training includes but is not limited to: identifying the warning signs and symptoms of impending suicidal behavior; understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors; responding to suicidal and depressed inmates; communicating between correctional and health care personnel; using referral procedures; housing observation and suicide-watch level procedures; follow-up monitoring of inmate who make a suicide attempt.</p> <p>4-ALDF-4C-33 When standard issued clothing presents a security or medical risk, the inmate is supplied with a security garment that promotes inmate safety and prevents humiliation and degradation.</p>
<p>B.7 Detainee Hunger Strike</p> <p>The facility director ensures that all staff are trained to recognize and respond to a</p>	

<p>detainee hunger strike, and that follow-up medical and mental health treatment is provided, as necessary. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee hunger strike.</p>	<p style="text-align: center;">NO STANDARD REFERENCED</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.8 Detainee Death</p> <p>The facility director ensures that staff are trained to respond to the serious illness or death of a detainee. The appropriate agency (USMS, ICE, etc.) will be notified immediately of a detainee death or serious illness or injury.</p>	<p>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.</p>
<p>B.9 Informed Consent/ Involuntary Treatment</p> <p>The facility director ensures that informed consent guidelines are followed prior to the delivery of care. The appropriate agency (USMS, ICE, etc.) will be notified in advance of providing such care.</p>	<p>4-ALDF-4D-15 (MANDATORY) Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse, in writing, medical, dental, and mental health care. If the inmate declines to sign the refusal form, it must be signed by a least two witnesses. The form then must be sent to medical and reviewed by a qualified health care professional. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care.</p> <p>4-ALDF-4D-16 There are guidelines that govern elective procedures or surgery for inmates. They must include decision-making processes for elective surgery needed to correct a substantial functional deficit or if an existing pathological process threatens the well-being of the inmate over a period of time.</p> <p>4-ALDF-4D-17 (MANDATORY) Involuntary administration of psychotropic medication(s) to inmates complies with applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met: administration is authorized by a physician who specifies the duration of therapy; less restrictive intervention options have been exercised without success as determined by the responsible physician or psychiatrist; details are specified about why, when, where, and how the medication is to be administered; the inmate is monitored for adverse reactions and side effects; treatment plans are prepared for less restrictive treatment alternatives as soon as possible.</p> <p>4-ALDF-4D-20 Due process is ensured prior to a transfer that results in an inmate's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled. Procedures for transfer comply with federal, state, and local law. In emergency situations, a hearing is held as soon as possible after the</p>

	transfer.
<p style="text-align: center;">FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p style="text-align: center;">PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>B.10 Infectious Disease</p> <p>The facility director ensures that there is an infectious disease control program which promotes a safe and healthy environment for staff, detainees, and visitors.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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; follow-up; and isolation, when indicated.</p> <p>4-ALDF-4C-18 (MANDATORY) Management of bio-hazardous waste and decontamination of medical and dental equipment complies with applicable local, state and federal regulations.</p> <p>4-ALDF-4D-05 All professional staff comply with applicable state and federal licensure, certification, or registration requirements. Verification of current credentials and job descriptions are on file in the facility.</p> <p>4-ALDF-4D-06 All new direct care staff receive a test for tuberculosis prior to job assignment and periodic testing thereafter.</p>
<p>SECURITY AND CONTROL</p>	<p>4-ALDF-2A-04 There are current written orders for every correctional</p>

<p>C.1 Post Orders</p> <p>The facility director will establish separate written post orders that clearly outline duties, responsibilities, and expectations for every duty post. (K.6)</p>	<p>officer post. Officers assigned to those posts acknowledge in writing that they have read and understand the orders and record the date. The facility administrator or designee reviews post orders annually and updates them as needed.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.2 Permanent Logs</p> <p>The facility director ensures that permanent logs are maintained for recording daily information, including routine occurrences, emergencies, or any unusual incidents.</p>	<p>4-ALDF-2A-11 Correctional staff maintain a permanent log and prepare shift reports that record routine information, emergency situation, and unusual incidents.</p>
<p>C.3 Security Features</p> <p>The facility director ensures that inspections and/or reviews of all security features are conducted regularly in order to identify needed maintenance or other discrepancies. (K.7)</p>	<p>4-ALDF-2A-13 Written policy, procedure, and practice require that the chief security officer or qualified designee conduct at least weekly inspections of all security devices noting the items needing repair or maintenance. The inspections are reported in writing to the warden/superintendent and/or chief security officer.</p>
<p>C.4 Security Inspections and/or Reviews</p> <p>The facility director ensures security patrols of all areas of the facility are conducted regularly. (K.8)</p>	<p>4-ALDF-2A-12 Supervisory staff conducts a daily patrol, including holidays and weekends, of all areas occupied by inmates. Unoccupied areas are to be inspected at least weekly. Patrols and inspections are documented.</p>
<p>C.5 Control of Contraband</p> <p>The facility director ensures the control and disposition of contraband.</p>	<p>4-ALDF-2C-01 Procedures guide searches of facilities and inmates to control contraband.</p> <p>4-ALDF-2C-06 Procedures govern the preservation, control, and disposition of all physical evidence obtained in connection with a violation of law and/or institutional regulation. At a minimum, the procedures address the following: chain of custody; evidence handling; location and storage requirements; manner of disposition.</p>
<p>C.6 Detainee Searches</p> <p>The facility director ensures that a detainee search program exists that preserves constitutional rights.</p>	<p>4-ALDF-2C-03 A strip search of a detainee at intake shall only be conducted when there is reasonable belief or suspicion that he/she may be in possession of an item of contraband. The least-invasive form of search is conducted. Reasonable belief may be based on: current charges or previous convictions for escape, possession of drugs or weapons, or crimes of violence; current or historical institutional behaviors of contraband possession or refusals to be searched or; contact with the public or exposure to public areas.</p> <p>4-ALDF-2C-04 A strip search of general population inmates is only conducted when there is reasonable belief that the inmate may be in</p>

	<p>possession of an item of contraband. The least-invasive form of search is conducted.</p> <p>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.</p>
<p>FEDERAL PERFORMANCE-BASED DETENTION STANDARDS</p>	<p>PERFORMANCE-BASED STANDARDS FOR ADULT LOCAL DETENTION FACILITIES, 4TH EDITION</p>
<p>C.7 Detainee Accountability and Supervision</p> <p>The facility director ensures the physical accountability and supervision of detainees to ensure the safety of both staff and detainees.</p>	<p>4-ALDF-2A-16 There is an inmate population management system that includes records on the admission, processing, and release of inmates.</p> <p>4-ALDF-2A-17 The facility has a system for physically counting inmates. The system includes strict accountability for inmate assigned to work and educational release, furloughs, and other approved temporary absences. At least one formal count is conducted for each shift, with no less than three counts daily.</p>
<p>C.8 Use of Force</p> <p>The facility director ensures that force is used only when necessary and only as long as necessary. The facility director also ensures that when force is use, it is not excessive and it is properly documented and reported.</p>	<p>4-ALDF-2B-01 (MANDATORY) The use of physical force is restricted to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event is physical force used as punishment.</p>
<p>C.9 Non-routine Use of Restraints</p> <p>The facility director ensures that restraints are used only when necessary. The facility director also ensures that restraints are used correctly and only for non-punitive purposes.</p>	<p>4-ALDF-2B-02 Restraint devices are never applied as punishment. There are defined circumstances under which supervisory approval is needed prior to application.</p> <p>4-ALDF-2B-03 (MANDATORY) Four/five point restraints are used only in extreme instances and only when other types of restraints have proven ineffective. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four/five point restraint. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and /or other medical management, as appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a four/five point position, the following minimum procedures are followed: direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee; subsequent visual observation is made at least every 15 minutes; restraint procedures are in accordance with guidelines approved by the designated health authority; all decisions and actions are documented.</p>
<p>C.10 Tool & Equipment Control</p>	<p>4-ALDF-2D-01 (MANDATORY) The use of keys is controlled.</p>

