

105 CMR: DEPARTMENT OF PUBLIC HEALTH

105 CMR 205.000: MINIMUM STANDARDS GOVERNING MEDICAL RECORDS AND THE CONDUCT OF PHYSICAL EXAMINATIONS IN CORRECTIONAL FACILITIES

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205.001: Purpose

The purpose of 105 CMR 2.05.000 is to establish minimum standards relative to the conduct of the initial admission physical examinations within correctional facilities and to prescribe the medical record utilized therein.

205.002: Authority

105 CMR 205.000 is adopted under the authority of M.G.L. c. 111, §§ 2, 3, 5, 6 and c. 127, § 17.

205.003: Citation

105 CMR 205.000 shall be known, and may be cited as, 105 CMR 205.000: *Minimum Standards Governing Medical Records and the Conduct of Physical Examination in Correctional Facilities*.

205.010: Scope

105 CMR 205.000 shall apply to all correctional facilities, institutions, jails and houses of correction, as defined by M.G.L. c: 125, § 1, operated by the Commonwealth or any subdivision thereof.

205.020: Definitions

Correctional Facility shall mean any correctional facility or correctional institution as defined by M.G.L. c. 125, § 1, operated by the Commonwealth or any subdivision thereof, including jails and houses of detention.

Inmate shall mean a committed offender or other such person placed in a correctional facility as defined in M.G.L. c. 125, § 1.

Medical Care shall mean all services which are provided for the purpose of securing the prevention, diagnosis and treatment of illness or disability.

205.100: Inmates to be Screened

Immediately upon admission to the correctional facility, and prior to being placed in the general inmate population, an Admission Health Screening Report Form (105 CMR 205.600 Appendix B) shall be completed for each inmate by a person trained in the completion of such Form. Whenever possible such person shall be a member of the medical staff.

205.101: Inmates to Have Physical Examination

Each individual committed to a correctional facility for a term of 30 days or more shall receive a physical examination no later than 14 days after admission to said facility. However, an inmate entering a correctional facility who is accompanied by a medical record containing a record of a complete physical examination conducted less than three months prior to his admission need not be given a complete physical examination. Each such inmate not receiving a complete physical examination shall, however, be seen by a physician, or a physician's assistant or nurse practitioner under the supervision of a physician who shall:

- (A) Review the inmate's medical record.
- (B) Examine the inmate for any signs of trauma disease which may have been incurred by the inmate after his most recent physical examination.
- (C) Conduct any examinations and diagnostic tests which are clinically indicated.
- (D) Review the findings and any required follow-up services with the inmate.

205.102: Examinations to be Conducted by Licensed Personnel

All physical examinations shall be conducted by a physician licensed to practice medicine in the Commonwealth of Massachusetts or by a properly licensed nurse practitioner or physician assistant under the supervision of said physician.

205.103: Examinations to be Conducted in Privacy

Inmates shall be examined in a room which provides for privacy and dignity to the inmate and examiner. When necessitated for security reasons, a correctional officer may be present.

- (A) In existing facilities, physical examinations shall be conducted in a room which should be used solely for the purpose of providing health care. This examination room shall contain a handwash sink with hot and cold running water. The handwash sink shall be equipped with nonhand operated controls such as elbow, knee or foot controls. If, in an existing facility, the required handwash sink cannot be located in the examination room because of preexisting structural obstructions, the sink shall be located in close proximity to the examination room.

205.103: continued

(B) In new or renovated facilities, physical examinations shall be conducted in a room which shall be used solely for the purpose of providing health care. This examination room shall contain a handwash sink with hot and cold running water. The handwash sink shall be equipped with nonhand operated controls such as elbow, knee or foot controls.

205.104: Results of Examination to be Discussed with Inmate

Upon completion of the physical examination and all required and ordered laboratory tests a qualified person shall discuss with the inmate the results of said examination, its implication, and suggestions for further diagnosis and/or treatment.

205.105: Equipment Necessary for Physical Examination

The following equipment, at a minimum, must be available to the person conducting the required physical examination:

- (A) Thermometer;
- (B) Blood Pressure Cuff and Sphygmomanometer;
- (C) Stethoscope;
- (D) Ophthalmoscope;
- (E) Ostoscope;
- (F) Percussion Hammer;
- (G) Scale;
- (H) Examining Table with a disposable covering which shall be replaced after each use;
- (I) GooseNeck Light;
- (J) Pelvic Speculum (for female exams).

205.200: Content of Physical Examination

The physical examination shall include:

- (A) Inquiry concerning:
 - (1) Headache, recent head injury and loss of consciousness;
 - (2) Use of prescribed medicines;
 - (3) Chronic health problems such as heart disease, hypertension, seizure disorders, asthma, sickle cell disease, diabetes mellitus and tuberculosis;
 - (4) Regular use of barbituates, sedatives, opiates, alcohol, and non-prescribed drugs including tobacco;
 - (5) Unusual bleeding or discharge;
 - (6) Recent fever or chills;
 - (7) Allergy to medication and other substances;
 - (8) Lacerations, bruises, abscesses, ulcers and itchiness;
 - (9) Prior significant illness and hospitalization;
 - (10) Familial and domiciliary disease of significance;
 - (11) Immunization status;
 - (12) Current symptoms and abnormalities in the nervous, gastrointestinal, respiratory, auditory, integumentary, endocrine, cardiovascular, ophthalmic, musculoskeletal and hemopoetic systems.

205.200: continued

(B) Observation concerning:

- (1) Behavior which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;
- (2) Signs of trauma, recent surgery, abscesses, open wounds, parenteral drug use, jaundice, pediculosis and communicable disease;
- (3) Body deformities, ease of movement, scars;
- (4) Dental decay, filled and missing teeth.

(C) Physical inspection and examination of organs and structures, with emphasis on the presence or absence of the following abnormalities of the:

- (1) Head defects, contusions, lacerations and dried blood;
- (2) Mouth lesions, decay;
- (3) Ears gross hearing loss, blood/discharge fluid, ear drum, infection;
- (4) Nose blood and other discharges, recent injury;
- (5) Eyes bruises, jaundice, gross movement, pupil reactivity, visual acuity;
- (6) Chest labored or unusual breathing, penetrating wounds, heart, breast;
- (7) Abdomen tenderness, rigidity, signs of blunt injury, surgical scars;
- (8) Genitalia discharge, lesions, lice, a pelvic examination (female);
- (9) Extremities sign of drug use, hyperpigmentation of anticultural fossa, abscesses, deformity;
- (10) Back scoliosis, kyphosis.

(D) Diagnostic Tests: The following diagnostic tests shall be performed on each inmate consistent with the recommendations of the U.S. Preventative Services Task Force and as clinically appropriate in accordance with the provisions of 105 CMR 205.101:

- (1) Complete Blood Count (CB)
- (2) PPD skin test for tuberculosis infection by the Mantoux technique and/or chest film as appropriate;
- (3) Urine for the detection of glucose. Ketones, blood proteins and white blood cells. In males, if the results of the white blood cell test is positive, a test for Chlamydia trachomatis shall be conducted.
- (4) Female - culture for gonorrhea and test for Chlamydia trachomatis infection;
- (5) Female - Papanicolaou smear of the uterine cervix;
- (6) Female pregnancy test;
- (7) Mammogram - For all females over the age of 50 and those women between the ages of 40-49 who have a personal history of breast cancer or a first degree relative (mother, sister or daughter) with pre-menopausal breast cancer and who have been committed for a term of 90 days and have not had a mammogram within the previous 12 months;
- (8) HIV counseling and voluntary HIV testing.

(E) Measurement of:

- (1) Weight;
- (2) Height;
- (3) Blood Pressure;
- (4) Respiration;
- (5) Pulse;
- (6) Temperature.

205.500: Medical Record to be Maintained

Each inmate shall have an individual medical record which shall be kept separate from any other administrative records.

205.501: Record to be Accurate

An accurate and complete medical record shall be maintained for each inmate from the time of admission to the time of discharge.

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205.502: Responsibility of Physician

The completion of the medical record shall be the responsibility of the attending physician. Orders for treatment and all reports shall be legibly entered into the medical record, either in ink or in type, and signed by the physician submitting such orders or reports.

205.503: Record to be Transferred with Inmates

At any time an inmate is transferred to another correctional or health care facility, a copy of the medical record or a summary sheet (See 105 CMR 205.600 Appendix A) shall accompany the inmate. Any portion of the record, which is not reasonably completed at the time of the transfer, shall be completed and a copy delivered to such facility within 72 hours of said transfer.

The medical record and/or summary sheet which accompany the inmate shall be sealed and given into the custody of the transportation officer responsible for the transfer of the inmate and shall be delivered to the person responsible for the maintenance of the medical records at the receiving facility.

205.504: Confidentiality

The medical staff shall maintain and use medical records in a manner which ensures the confidentiality of the information contained therein. Only those persons who need access to the record in order to provide medical services to the inmate or fulfill statutory obligations, and those persons specifically authorized by the inmate to see the record, shall have access to the records and information in them. The Department of Public Health staff shall have access to the records and information in them for the purpose of determining compliance with 105 CMR 205.000. Department of Public Health staff shall maintain the confidentiality of records relating to individual inmates.

205.505: Inspection of Records

Medical records may be inspected by the inmate to whom they relate, by his/her attorney or by any other person upon written authorization from the inmate. The inmates signature on the written authorization shall be witnessed by a correctional facility's staff person. Copies of such records shall be furnished within 72 hours of request. Fees for such copies shall not exceed the fees required for copying public documents.

205.600: Contents of Medical Record

Every medical record used in a correctional facility shall consist of, but need not be limited to, the following:

- (A) Admissions Health Screening Report, Appendix B;
- (B). Health History, Appendix C;
- (C) Physical Examination, Appendix D; or Physical Examination, Appendix E;
- (D) Problem List, Appendix F;
- (E) Progress Notes, Appendix G;
- (F) Medication Log Sheet, Appendix H;
- (G) Order Sheet, Appendix I.

Such records shall be kept on the forms appended to 105 CMR 205.600, or if said forms are inappropriate for a particular institution, on forms that have been submitted to, and approved in writing by the Commissioner of the Department of Public Health or his designee.

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205.601: Additional Requirements of Medical Record

In addition to those forms required by 105 CMR 205.600, the medical record shall also include any and all appropriate discharge summaries, referral reports and laboratory and diagnostic results.

205.602: All Visits to be Recorded

All contacts for the purpose of receiving medical care that the inmate has with a health care staff person shall be recorded in the appropriate place in the medical record.

205.603: Identification and Filing

The correctional facility shall maintain a system of identification and filing to insure rapid access to each patient's medical record, regardless of the physical form or method of storage of records.

205.604: Storage Space

The correctional facility shall provide adequate equipment and space for the storage of active and inactive medical records. The records shall be maintained so as to be safe from fire and water damage and from unauthorized use. Pursuant to M.G.L. c. 111, § 70 the medical records shall be retained for a period of 30 years from the last entry therein.

205.700: Severability

If any section, paragraph, sentence, clause, phrase, word, or other component of 105 CMR 205.000 shall be declared invalid for any reason whatsoever, that decision shall not affect the validity of any other portion of 105 CMR 205.000. To this end, the provisions of 105 CMR 205.000 are hereby declared severable.

205.701: Effective Date

The effective date of 105 CMR 205.000 is November 28, 2008. 105 CMR 205.000 shall govern the admission physical examination and the maintenance of the medical record for each inmate admitted to correctional facility on or after November 28, 2008.

REGULATORY AUTHORITY

105 CMR 205.000: M.G.L., c. 111, §§ 2, 3, 5, 6; M.G.L., c. 127, § 17.