



# National Commission on Correctional Health Care

ACCREDITATION UPDATE REPORT OF  
THE HEALTH CARE SERVICES AT  
ALACHUA COUNTY SHERIFF'S OFFICE/DEPARTMENT OF THE JAIL

Gainesville, FL

March 9, 2020

National Commission on Correctional Health Care  
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Alachua County Sheriff's Office/Department of the Jail, FL  
March 9, 2020

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On December 2-4, 2019 NCCHC conducted its review for continuing accreditation of the Alachua County Sheriff's Office/Department of the Jail under the NCCHC *2018 Standards for Health Services in Jails*. On February 7, 2020, NCCHC granted continuing accreditation with verification. This report focuses primarily on issues that required corrective action for compliance with the standards and is most effective when read in conjunction with NCCHC's February 7, 2020 report.

There are 39 essential standards, 38 are applicable to this facility and 38 (100%) were found to be in full compliance. One hundred percent (100%) of the applicable essential standards must be met for to achieve accreditation. ***The Alachua County Sheriff's Office/Department of the Jail has now met this condition.***

Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

None

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-E-03 Transfer Screening

There are 20 important standards; 19 are applicable to this facility and 18 (95%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. **The Alachua County Sheriff's Office/Department of the Jail has met this condition.**

Listed below are standards that were not compliant, partially compliant, or not applicable.

Standard number and name not compliant:

J-B-04 Medical Surveillance of Inmate Workers

Standard number and name partially compliant:

None

Standard number and name not applicable:

J-C-08 Health Care Liaison

**Decision:** On March 9, 2020, the Accreditation and Standards Committee awarded accreditation to the Alachua County Sheriff's Office/Department of the Jail.

<b>J-B-04 Medical Surveillance of Inmate Workers (I).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. There is an institutional committee or equivalent body that identifies and oversees inmate occupational-associated risks through a <i>medical surveillance</i> program			X
2. An initial <i>medical screening</i> of an inmate for contraindications to a work program, based on job risk factors and patient condition, is conducted prior to enrollment in the program.	X		
3. Ongoing medical screening of inmates in work programs is conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs.			X
4. The responsible physician reviews and approves the health aspects of the medical surveillance program.			X
5. Inmate illness or injury potentially related to occupational exposure or with occupational implications is identified and the information provided to the quality improvement committee for review.			X
6. All aspects of the standard are addressed by written policy and defined procedures.			X
<b>Comments:</b>			
Medical staff completes an initial health screening prior to inmate starting work assignment. However, no institutional committee or formal medical surveillance program exists. The responsible physician has not reviewed and approved a program to oversee inmate occupational-associated risks.			
We also found the initial medical screen does not assess for contraindications based on job risk factors and health conditions, nor is ongoing medical screening conducted.			
The following corrective action is required for Compliance Indicators #1, 3, 4, 5, and 6:			
Acceptable documentation includes a plan by the RHA on how this standard will be corrected including: <ul style="list-style-type: none"> <li>• Any policy and procedure changes</li> <li>• Proof of staff training</li> <li>• Verification that the plan has been implemented</li> <li>• A CQI study that assesses the effectiveness of the plan</li> </ul>			
Corrective action received in February 2020:			
The RHA indicated that no further corrective action will be taken.			

<b>J-B-05 Suicide Prevention and Intervention (E).</b>			
	<i>The compliance indicator is:</i>		
	<b>Fully Met</b>	<b>Partially Met</b>	<b>Not Met</b>
1. The responsible health authority and facility administrator approve the facility's suicide prevention program.	X		
2. A suicide prevention program includes the following:			
a. Facility staff identify suicidal inmates and immediately initiate precautions.	X		
b. Suicidal inmates are evaluated promptly by the designated health professional, who directs the intervention and ensures follow-up as needed.	X		
c. <i>Acutely suicidal</i> inmates are monitored by facility staff via constant observation.	X		
d. <i>Nonacutely suicidal</i> inmates are monitored by facility staff at unpredictable intervals with no more than 15 minutes between checks.		X	
3. The use of other inmates in any way (e.g., companions, suicide-prevention aides) is not a substitute for staff supervision.	X		
4. Treatment plans addressing suicidal ideation and its reoccurrence are developed.	X		
5. Patient follow-up occurs as clinically indicated.	X		
6. All aspects of the standard are addressed by written policy and defined procedures.	X		
<b>Comments:</b>			
Non-acutely suicidal inmates are placed in single cell housing that encircles an open day area. A custody staff member sits here and monitors each non-acutely suicidal inmate via a closed circuit video display, which shows all occupied cells on one screen. Monitoring is conducted 24 hours a day for the duration an inmate is housed within the designated cell. However, the suicide watch logs we reviewed indicated that non-acute monitoring was not, in fact, staggered on an unpredictable schedule, and that the documented times were the same for all inmates in the housing area. Additionally, we observed no direct staff monitoring at irregular intervals not exceeding 15 minutes.			