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CHAPTER 273

HEALTH SERVICES

RULE §273.1

Health Services

The owner/operator of each facility shall provide medical, mental, and dental services in accordance with the approved health services plan. These services may include, but shall not be limited to, the services of a licensed physician, professional and allied health personnel, hospital, or similar services.

Source Note: The provisions of this §273.1 adopted to be effective December 20, 1994, 19 TexReg 9650.

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RULE §273.2	Health Services Plan

Each facility shall have and implement a written plan, approved by the Commission, for inmate medical, mental, and dental services. The plan shall:

- (1) provide procedures for regularly scheduled sick calls;
- (2) provide procedures for referral for medical, mental, and dental services;
- (3) provide procedures for efficient and prompt care for acute and emergency situations;
- (4) provide procedures for long-term, convalescent, and care necessary for disabled inmates;
- (5) provide procedures for medical, mental, nutritional requirements, special housing and appropriate work assignments for known pregnant inmates;
- (6) provide procedures for the control, distribution, secured storage, inventory, and disposal of prescriptions, syringes, needles, and hazardous waste containers;
- (7) provide procedures for the distribution of prescriptions in accordance with written instructions from a physician by an appropriate person designated by the sheriff/operator;
- (8) provide procedures for the control, distribution, and secured storage of over-the-counter medications;
- (9) provide procedures for the rights of inmates to refuse health care in accordance with informed consent standards for certain treatments and procedures (in the case of minors, the informed consent of a parent, guardian, or legal custodian, when required, shall be sufficient);
- (10) provide procedures for all examinations, treatments, and other procedures to be performed in a reasonable and dignified manner and place; and
- (11) provide that adequate first aid equipment and patient evacuation equipment be on hand at all times.

Source Note: The provisions of this §273.2 adopted to be effective December 20, 1994, 19 TexReg 9650; amended to be effective December 30, 2009, 34 TexReg 9482

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RULE §273.3

Health Instructions

All medical instructions of designated physicians shall be followed.

Source Note: The provisions of this §273.3 adopted to be effective December 20, 1994, 19 TexReg 9650.

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RULE §273.4

Health Records

(a) The health services plan shall include procedures for the maintenance of a separate health record on each inmate. The record shall include a health screening procedure administered by health personnel or by a trained booking officer upon the admission of the inmate to the facility and shall cover, but shall not be limited to, the following items:

- (1) health history;
- (2) current illnesses (prescriptions, special diets, and therapy);
- (3) known pregnancy;
- (4) current medical, mental, and dental care and treatment;
- (5) behavioral observation, including state of consciousness and mental status;
- (6) inventory of body deformities, ease of movement, markings, condition of body orifices, and presence of lice and vermin.

(b) Separate health records shall reflect all subsequent findings, diagnoses, treatment, disposition, special housing assignments, medical isolation, distribution of medications, and the name of any institution to which the inmate's health record has been released.

(c) The Texas Uniform Health Status Update form, in the format prescribed by the Commission, shall be completed and forwarded to the receiving criminal justice entity at the time an inmate is transferred or released from custody.

(d) Each facility shall report to the Department of State Health Services (DSHS) the release of an inmate who is receiving treatment for tuberculosis in accordance with DSHS Guidelines.

Source Note: The provisions of this §273.4 adopted to be effective December 20, 1994, 19 TexReg 9650; amended to be effective September 1, 1998, 23 TexReg 8845; amended to be effective December 22, 1999, 24 TexReg 11519; amended to be effective November 1, 2004, 29 TexReg 10141; amended to be effective December 30, 2009, 34 TexReg 9483

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RULE §273.5

Mental Disabilities/Suicide Prevention Plan

(a) Each sheriff/operator shall develop and implement a mental disabilities/suicide prevention plan, in coordination with available medical and mental health officials, approved by the Commission by March 31, 1997. The plan shall address the following principles and procedures:

(1) Training. Provisions for staff training (including frequency and duration) on the procedures for recognition, supervision, documentation, and handling of inmates who are mentally disabled and/or potentially suicidal. Supplemental training should be provided to those staff members responsible for intake screening;

(2) Identification. Procedures for intake screening to identify inmates who are known to be or observed to be mentally disabled and/or potentially suicidal and procedures for compliance with Code of Criminal Procedure Article 16.22 and referrals to available mental health officials;

(3) Communication. Procedures for communication of information relating to inmates who are mentally disabled and/or potentially suicidal;

(4) Housing. Procedures for the assignment of inmates who are mentally disabled and/or potentially suicidal to appropriate housing;

(5) Supervision. Provisions for adequate supervision of inmates who are mentally disabled and/or potentially suicidal and procedures for documenting supervision;

(6) Intervention and Emergency Treatment. Procedures for staff intervention prior to the occurrence of a suicide and during the progress of a suicide attempt, or serious deterioration of mental condition;

(7) Reporting. Procedures for reporting of completed suicides to appropriate outside authorities and family members; and

(8) Follow-Up Review. Procedures for follow-up review of policies by the sheriff/operator and mental health and medical officials following all attempted or completed suicides.

(b) Screening Instrument. An approved mental disabilities/suicide prevention screening instrument shall be completed immediately on all inmates admitted.

(c) Mental History Check. Each jail shall:

(1) check each inmate upon intake into the jail against the Department of State Health Services CARE or CCQ system to determine if the inmate has previously received state mental healthcare, unless the inmate is being housed as an out of state inmate or a federal inmate on a contractual basis;

(2) maintain documentation to be available at the time of inspection showing that information for each

inmate designated in paragraph (1) of this subsection was submitted for CARE or CCQ system checks; and

(3) include any relevant mental health information on the mental health screening instrument and, if sentenced to the Department of Criminal Justice, on the Uniform Health Status form.

Source Note: The provisions of this §273.5 adopted to be effective December 20, 1994, 19 TexReg 9650; amended to be effective October 23, 1996, 21 TexReg 10439; amended to be effective December 22, 1999, 24 TexReg 11519; amended to be effective December 17, 2006, 31 TexReg 10100; amended to be effective May 1, 2008, 33 TexReg 3446; amended to be effective December 30, 2009, 34 TexReg 9483; amended to be effective December 9, 2010, 35 TexReg 10770

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RULE §273.6

Restraints

Inmates exhibiting behavior indicating that they are a danger to themselves or others shall be managed in such a way as to minimize the threat of injury or harm. If restraints are determined to be necessary, they shall be used in a humane manner, only for the prevention of injury, and not as a punitive measure.

(1) The decision to apply restraints shall be made by supervisory or medical personnel. Appropriate staff should assess the inmate's medical condition.

(2) Restraints should restrict movement of an inmate only to the degree necessary to avoid injurious behavior. Soft or padded restraints should be used when feasible. Inmates shall not be restrained in a position or manner that would exacerbate any physical infirmities.

(3) A documented observation of the inmate shall be conducted every 15 minutes, at a minimum. The observations should include an assessment of the security of the restraints and the circulation to the extremities.

(4) The inmate should receive medical care a minimum of every 2 hours, to include changing position, exercising extremities, offering nourishment and liquids, offering toilet facilities, checking for medication needs, and taking vital signs. These checks shall be documented.

(5) Documentation of use of restraints shall include, but not be limited to the following: the events leading up to the need for restraints, the time the restraints were applied, the justification for their use, observations of the inmate's behavior and condition, the 15-minute checks and the time the restraints were removed.

(6) Restraints shall be removed from an inmate at the earliest possible time that the inmate no longer exhibits behavior necessitating restraint. In no case shall an inmate be kept in restraints longer than 24 hours.

Source Note: The provisions of this §273.6 adopted to be effective June 25, 2000, 25 TexReg 5917

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RULE §273.7

Tuberculosis Screening Plan

(a) Each facility having a capacity of 100 or more beds, or housing inmates transferred from a facility with a capacity of at least 100 beds or housing inmates from another state, shall develop and implement a plan for tuberculosis screening tests of employees, volunteers, and inmates. Inmates confined in the jail for more than 7 days shall be tested on or before the 7th day after the day of confinement. Inmates may be exempt from the screening test when the test conflicts with the tenets of an organized religion to which the individual belongs or when the test is contraindicated based on an examination by a physician. An inmate is not required to be retested at each rebooking if the inmate is booked into the facility more than once during a 12-month period, unless the inmate shows symptoms of or is known to have been exposed to tuberculosis.

(b) The tuberculosis screening plan shall be developed and implemented in accordance with 25 TAC §§97.171 - 97.180 (relating to Communicable Diseases) and the Texas Health and Safety Code, §§89.001 - 89.102 and shall be approved by the Tuberculosis Elimination Division, Department of State Health Services prior to use. The plan shall be made available to the Commission upon request. A copy of an inmate's medical records or documentation of screenings or treatment received during confinement shall accompany an inmate transferred from one correctional facility to another or to TDCJ-ID and be available for medical review upon arrival of the inmate.

Source Note: The provisions of this §273.7 adopted to be effective June 25, 2000, 25 TexReg 5917; amended to be effective May 3, 2009, 34 TexReg 2680

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RULE §273.8

Health Services

For the purpose of establishing a continuity of care system for offenders with mental impairments, elderly, physically disabled, terminally ill, or significantly ill, the Texas Council on Offenders with Mental Impairments (TCOMI) and the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) and the Texas Commission on Jail Standards (TCJS) agree to the following Memorandum of Understanding.

(1) Authority and Purpose. Senate Bill 252, Acts 1993, 73rd Legislature, Chapter 488, 1, codified as Texas Health and Safety Code, §614.013, authorizes TCOMI and TCLEOSE and the TCJS to establish a written Memorandum of Understanding that identifies methods for:

(A) identifying offenders in the criminal justice system who are mentally impaired, elderly, physically disabled, terminally ill, or significantly ill;

(B) developing procedures for the exchange of information relating to offenders who are mentally impaired, elderly, physically disabled, terminally ill, or significantly ill by the Council, TCLEOSE, and the TCJS for use in the continuity of care and services program; and

(C) adopting rules and standards that assist in the development of a continuity of care and services program for offenders who are mentally impaired, elderly, physically disabled, terminally ill, or significantly ill.

(2) All entities agree to the extent possible to:

(A) enter into a Memorandum of Understanding fulfilling the statutory requirements and purposes of Health and Safety Code, §614.013, as set forth in this section;

(B) seek a statutory change in current statutes to allow for the exchange of information (including electronic) about offenders with special needs without consent of the individuals involved for the purpose of providing or coordinating services among the entities;

(C) develop a system that provides for timely identification of offenders with special needs who come into contact with law enforcement or jail personnel;

(D) submit a list of contact staff to the TCOMI who are responsible for responding to referrals and/or issues regarding persons with special needs;

(E) distribute relevant training seminar and/or educational information towards improving each agency's knowledge and understanding of the identification and management of offenders with special needs;

(F) develop and implement a standardized release of information form that can facilitate the

exchange of client information;

(G) inform the other of any proposed rule or standards changes which could affect the continuity of care system. Each agency shall be afforded 30 days after receipt of proposed change(s) to respond to the recommendations prior to the adoption;

(H) provide ongoing status reports to the Council on the implementation of initiatives outlined in this Memorandum of Understanding; and

(I) provide opportunities for cross-training for each other's staff.

(3) Texas Commission on Mental Impairments shall:

(A) provide technical assistance toward the development of improved medical and psychiatric screening standards;

(B) provide training and technical assistance to state or local law enforcement or jails on enhancing identification and management strategies for offenders with special needs;

(C) develop a statewide directory of contact staff for distribution to state and local law enforcement and jail personnel;

(D) monitor and coordinate the implementation of the activities of this Memorandum of Understanding;

(E) provide reports to the Legislature on the status of implementation of activities; and

(F) participate in any relevant research or studies relevant to offenders with special needs who come into contact with law enforcement or who are incarcerated in county jails.

(4) Texas Commission on Law Enforcement Officer Standards and Education shall:

(A) develop and publish a mental health officer training inservice curriculum to train law enforcement officers and county corrections officers;

(B) establish a Mental Health Officer Certification Program; and

(C) develop and publish an inservice training course for law enforcement officers and county corrections officers that is concerned with individuals with special needs.

(5) Texas Commission on Jail Standards shall:

(A) develop mental health standards which address training needs, identification, communication, housing, supervision and referrals; and

(B) provide technical assistance for local jails on management strategies for offenders with special needs.

(6) Review and Monitoring.

(A) TCOMI, TCLEOSE, and TCJS shall jointly monitor implementation of the continuity of care system as outlined in this Memorandum of Understanding. The intent of all agencies is to provide timely communication, discussion and resolution of transitional problems should any occur.

(B) This Memorandum of Understanding shall be adopted by the Texas Council on Offenders with Mental Impairments, the Texas Commission on Law Enforcement Officer Standards and Education and the Texas Commission on Jail Standards. Subsequent to adoption, all parties to this memorandum shall annually review this memorandum and provide status reports to the Texas Council on Offenders with Mental Impairments. Amendments to this Memorandum of Understanding may be made at any time by mutual agreement to the parties.

Source Note: The provisions of this §273.8 adopted to be effective June 25, 2000, 25 TexReg 5917

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