201—51.13(356,356A) Medical services. The facility administrator shall establish a written policy and procedure to ensure that detainees have the opportunity to receive necessary medical attention for the detainee's objectively serious medical and dental needs that are known to the facility staff. A serious medical need is one that has been diagnosed by a physician or physician associate as requiring treatment, or one that is so obvious that even a lay person would easily recognize the necessity for a physician's or physician associate's attention. The plan shall include a procedure for emergency services day or night and a procedure for regular medical attention. Responsibility for the costs of medical services and products remains that of the detainee as allowed by Iowa Code section 356.7. However, no detainee will be denied necessary medical services, dental service, or medicine because of a lack of ability to pay. Medical and dental prostheses shall be provided only for the serious medical needs of the detainee as determined by a licensed health care professional. Cosmetic or elective procedures need not be provided.

51.13(1) *Medical resources.* Each facility shall have a designated medical practitioner, which may include a hospital or clinic staffed by licensed physicians, licensed osteopathic physicians or physician associates, designated for the medical supervision, care and treatment of detainees as deemed necessary and appropriate. Medical practitioners shall be available on a 24-hour basis.

51.13(2) *Trained staff.*

a. All staff providing medication shall be trained in accordance with the Iowa state sheriffs' and deputies' association medication training program or other recognized medication administration course.

b. At least one staff member on duty at the facility shall be currently trained in first aid (or the equivalent) and CPR.

51.13(3) *Detainee involvement.* No detainee shall be involved in any phase of delivery of medical services.

51.13(4) *First-aid kits.* A first-aid kit approved by qualified medical personnel shall be available to staff.

51.13(5) *Chemical control agents.* Detainees affected by a chemical control agent shall be offered a medical examination and appropriate treatment as soon as reasonable.

51.13(6) *Screening upon admission.*

a. Any person who is obviously injured, ill or unconscious shall be examined by qualified medical personnel before being admitted to a facility.

b. Detainees suspected of having a contagious or communicable disease shall be separated from other detainees until examined by qualified medical personnel.

c. As a part of the admission procedure, a medical history intake form shall be completed for each person admitted to the facility. The intake procedure shall include screening for potential self-injury or suicide. Facility staff with actual knowledge that there is a substantial risk that a detainee intends to commit suicide shall take reasonable measures to abate the risk. The facility shall have a written suicide prevention plan. Essential elements of the plan shall include annual staff training to recognize the potential for suicide, communication between staff, appropriate housing, and intervention procedures.

d. During times when there is no means of immediate access to the district court, a person arrested on a charge constituting a simple misdemeanor and believed by the arresting officer/agency to be mentally ill, and because of that illness is likely to physically injure the person's self or others, shall be admitted to the facility only after the arresting officer/agency has demonstrated a reasonable effort to comply with the emergency hospitalization procedure as provided in Iowa Code section 229.22. The facility shall have a written plan to provide detainees access to services for the detection, diagnosis and treatment of mental illness.

e. Detainees shall be provided with information on how they can obtain necessary medical attention, and the facility's policy and procedure shall also reflect this.

51.13(7) *Medication procedures.*

a. Written policies and procedures pertaining to providing medication shall be established.

b. All prescription medicine shall be securely stored and inventory control practiced. Inventory control shall include documentation of all medication coming into the facility and the amount of medication returned or destroyed when a detainee is released.

c. A written procedure for recording the taking or administering of all medications shall be established.

Prescription medication, as ordered by a medical practitioner or licensed dentist, shall be provided in accordance with the directions of the prescribing medical practitioner or dentist. Detainees with medication from a personal medical practitioner or dentist may be evaluated by a medical practitioner or dentist selected by the facility administrator to determine if the present medication is appropriate.

51.13(8) *Medical records.* A separate medical record shall be maintained for each detainee receiving medical care. The record shall include the illness being treated, medication administered, special diets required, medical isolations and the name of the attending health professional or institution. The record may be kept in the detainee's file jacket but must be labeled "confidential."

51.13(9) *Medication storage.*

a. Detainees' medications shall be stored at the proper temperature, as defined by the following terms:

(1) Room temperature: temperature maintained between 15 degrees centigrade (59 degrees Fahrenheit) and 30 degrees centigrade (85 degrees Fahrenheit).

(2) Cool: temperature maintained between 8 degrees centigrade (46 degrees Fahrenheit) and 15 degrees centigrade (59 degrees Fahrenheit).

(3) Refrigerate: temperature that is thermostatically maintained between 2 degrees centigrade (36 degrees Fahrenheit) and 8 degrees centigrade (46 degrees Fahrenheit). All medication required to be "cool" or "refrigerated" shall be stored in a separate refrigerator or in a separate locked container within a refrigerator that is used for other purposes.

b. Any medications bearing an expiration date must not be administered beyond the expiration date.

c. Expired drugs or drugs not in unit dose packaging, whose administration had been discontinued by the attending medical practitioner, shall be destroyed by the facility administrator or designee in the presence of a witness. A record of drug destruction shall be made in each detainee's medical record. The record shall include the name, the strength and the quantity of the drug destroyed, and the record shall be signed by the facility administrator or designee and by the witness.

d. Medications dispensed by a pharmacy in unit dose packaging may be returned to the dispensing pharmacy pursuant to 481—Chapter 552.

e. Facilities utilizing unit dose packaging shall have written policies and procedures providing for the return of drugs so packed to the issuing pharmacy. Policy shall include proper recordkeeping of disposal.

[**ARC 0793D**, IAB 11/25/26, effective 12/30/26]