

DEPARTMENT OF GENERAL SERVICES
Records Management Division

RECORDS RETENTION AND DISPOSAL SCHEDULE

Wicomico County

Department of Corrections

AGENCY

DIVISION

Item No.	Description	Retention
1	<p><u>This Amendment modifies the Basic Schedule</u></p> <p>So much of retention as now reads" Retain hard copy six (6) months, thereafter microfilm. Destroy *** Creation."</p> <p>IS HEREBY AMENDED TO READ</p> <p>Retain hard copy <u>two (2) years</u>, thereafter microfilm. Destroy *** Creation.</p> <p><u>Inmate Medical Chart</u></p> <p>A. Size: 8½" X 11"</p> <p>B. File arrangement (external): Alphabetical by name of inmate and year.</p> <p>C. Contents:</p> <p>1) All charts include:</p> <p>a) <u>Medical Record Form - 8½" X 11"</u> This is a 2-sided checklist for history of medical problems and assessment of the inmate including blood pressure and pulse. There is a section for use by the Physician for inmate's physical examination.</p> <p>2) Charts may also include any of the following:</p> <p>a) <u>Progress Notes - 8½" X 11"</u> Includes dates and notes written by the Physician and Nurse.</p> <p>b) <u>Lab/X-Ray Reports - Various sizes.</u> Reports received from other facilities.</p>	<p>Retain hard copy two (2) years, thereafter microfilm. Destroy hard copy after microfilm verified. Destroy microfilm 12 years following its creation.</p>

Schedule Approved by Department,
Agency, or Division Representative

Schedule Authored by

7-2-92

[Signature]

Director

706 17 1989

[Signature]

Date

Signature

Title

Date

Store Archivist

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Item No.	Description	Retention
	<p>c) <u>Consultation Reports</u> - Various sizes. Reports from other Physicians.</p> <p>d) <u>AIDS Counseling Form</u> - 8½" X 11" Includes inmate's signature for acceptance or refusal of counseling, nurse's signature and date.</p> <p>e) <u>AIDS Informed Consent Form</u> 8½" X 11" Describes WCDC's policy to screen for AIDS virus. Lists Nurse's signature, date and inmate's signature for acceptance or refusal of the blood test.</p> <p>f) <u>Medical Records</u> - Various sizes. Records from other facilities.</p> <p>g) <u>Tuberculin PPD Test Form</u> - 3½" X 3" Lists inmate's name, questions about history of TB, date test given, location, date test read and results.</p> <p>h) <u>Pre-Release Screening Form</u> - 8½" X 11" Lists inmate's name, date of release, current medical problem(s), a checklist of agencies for inmate to contact, supervisors signature and inmate signature. A space is also provided for Nurse to fill out when a prescription is called in including medication called in, Nurse's signature and date.</p> <p>i) <u>Refusal of Medical Treatment Form</u> Includes date, inmate's name, what is being refused and by whom. Inmate's signature and Officer/Witness' signature.</p> <p>D. File arrangement (Internal)</p> <p>1) <u>Progress Notes</u> - On top (most current sheet first).</p> <p>2) Medical Record - Under progress notes</p>	<p>Retain hard copy two (2) years. Thereafter microfilm. Destroy hard copy after microfilm verified. Destroy microfilm 12 years following its creation.</p>

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	<p>3) <u>Lab/X-Ray/Consultation Reports</u> - Under medical record form (most recent report on top - in chronological order).</p> <p>4) <u>All other papers</u> - In any order, under Lab reports.</p>	
2	<p><u>Stock Prescription Medication Form</u> - 8½" X 11" Each page lists name and dose of medication, lot number, and expiration date. An entry is made each time a medication is ordered, prescribed, recycled or discarded. The date of entry, name of inmate or reason for destruction and current number of stock medication are listed.</p>	Same as Item 1
3	<p><u>Medication Destruction Inventory Form</u> - 8½" X 11" Lists date, name of medication destroyed, number discarded, reason and 3 witnesses. Method of destruction is written at the top of the page.</p>	Same as Item 1
4	<p><u>Stock Inventory of Prescription Form</u> - 8½" X 11" Lists date of inventory, whether there is a discrepancy or not, explanation and 3 witnesses.</p>	Same as Item 1
5	<p><u>OTC Medication Sign-Out Sheet</u> - 8½" X 11" Lists date and time given, commonly used OTC medications, inmate's name, officers signature and a section at the bottom of the page for OTC medications given that were not included in the list of 21.</p>	Same as Item 1
6	<p><u>Medication Log Sheet</u> - 4½" X 5½" Lists month, year, name of inmate, name, dose and frequency of medication. Officer signs when medication is offered. Inmate signs that he has received or refused medication.</p>	Same as Item 1
7	<p><u>Syringe with Needle Inventory Form</u> - 8½" X 11" Lists type and size of needle, date used, number of stock syringes ordered, number used, number discarded, reason and current number of stock.</p>	Same as Item 1

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Item No.	Description	Retention
8	<p><u>Authorization Release Form - 8½" X 11"</u> Includes date, consent to authorize release of records, inmate's name, address, S.S. number, inmate's signature and special reports requested.</p>	Same as Item 1
9	<p><u>Diet Slip - 2 X 5</u> Includes inmate's name, date and type of diet.</p>	Same as Item 1
10	<p><u>Inventory of First Aid Kits - 8½" X 11"</u> Lists date, location of First Aid Kit, Nurse's signature and amount of product.</p>	Same as Item 1
11	<p><u>Initial List for Sick Call - 8½" X 11"</u> Lists date, inmate's name and complaint. There is also a section to list inmates who are to receive a physical examination.</p>	Same as Item 1.
12	<p><u>Personal Health History Record - 8½" X 11"</u> Top section is general information and a checklist of past and present medical problems for employees to fill out on the bottom section.</p>	Same as Item 1
13	<p><u>Medical Clearance Form for Kitchen Duty - 8½" X 11"</u> This form is filled out for any inmate or employee working in the WCDC kitchen. It lists name, date, nurse's signature and states that medical clearance has been given.</p>	Same as Item 1