

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 schedule supersedes Schedule C-588</u></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</u> - 8½ x 11" 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</u> - 8½ x 11" Includes dates and notes written by the Physician and Nurse.</p> <p>b) <u>Lab/X-Ray Reports</u> - Various sizes Reports received from other facilities.</p> <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>Retain hard copy six (6) months, thereafter microfilm. Destroy hard copy after microfilm verified. Destroy microfilm 10 years following its creation.</p>

Schedule Approved by Department, Agency, or Division Representative

Schedule Authorized by

9/15/90 J. W. [Signature] Director

11/15/90 [Signature] State Archivist

RECORDS RETENTION AND DISPOSAL SCHEDULE  
(CONTINUATION SHEET)

SCHEDULE  
NO. C-665

PAGE  
NO. 2 of 4

Item No.	Description	Retention
	<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>Retain hard copy six (6) months, thereafter microfilm. Destroy hard copy after microfilm verified. Destroy microfilm 10 years following its creation.</p>
D.	<p>File arrangement--(internal)</p> <p>1) <u>Progress Notes</u> - On top (most current sheet first).</p> <p>2) <u>Medical Record</u> - Under progress notes</p> <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>	

**RECORDS RETENTION AND DISPOSAL SCHEDULE**  
(CONTINUATION SHEET)

SCHEDULE  
NO. C-665

PAGE  
NO. 3 of 4

Item No.	Description	Retention
2	<p><u>Stock Prescription Medication Form - 8½ x 11"</u> 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 - 8½ x 11"</u> 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 - 8½ x 11"</u> 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 - 8½ x 11"</u> 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 - 4½ x 5½"</u> 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 - 8½ x 11"</u> 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
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

### RECORDS RETENTION AND DISPOSAL SCHEDULE (CONTINUATION SHEET)

SCHEDULE  
NO. C-665

PAGE  
NO. 4 of 4

Item No.	Description	Retention
11	<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.	Same as Item 1
12	<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. The bottom section.	Same as Item 1
13	<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.	Same as Item 1

RECEIVED DISTRICT ATTORNEY  
DATE: \_\_\_\_\_  
RETURNED TO RECORDS MANAGER  
DATE: \_\_\_\_\_