

№ 691 Order
of the Minister of Internal Affairs of Georgia

8.12.2016

**on Approval of the Instruction for Medical Service to Individuals Confined to
Temporary Detention Isolators of the Ministry of Internal Affairs of Georgia**

Based on the subparagraphs “a” and “m” of the 2nd paragraph of the article 5 of the Regulations approved under the #337 Resolution of December 13, 2013 of the Government of Georgia on “Approval of the Statute of the Ministry of Internal Affairs of Georgia” and the paragraph 6 of the article 16 of the #423 Decree of August 2, 2016 of the Minister of Internal Affairs of Georgia on “Approval of Typical regulations and Internal regulations of Temporary Detention Isolators of the Ministry of Internal Affairs” I hereby order:

Article 1

To approve the annexed Instruction for Medical Service to Individuals Confined to Temporary Detention Isolators of the Ministry of Internal Affairs of Georgia

Article 2

The Order shall be effective immediately upon its signing.

Giorgi Mgebrishvili

Minister

Instruction for Medical Service to Individuals Confined to Temporary Detention Isolators of the Ministry of Internal Affairs of Georgia

Instruction for Medical Service to Individuals Confined to Temporary Detention Isolators of the Ministry of Internal Affairs of Georgia

Article 1. General Provisions

1. The Instruction (hereinafter – the “Instruction”) for Medical Service to Individuals Confined to Temporary Detention Isolators of the Ministry of Internal Affairs of Georgia (hereinafter - the “Ministry”) determines the rules of assessment of health of the individuals (hereinafter the “Individual”) confined to the temporary detention isolator (hereinafter the “Isolator”) and the relevant medical services thereof, prevention of diseases in the isolator, complete description of injuries, the medical services relevant to the requirements set forth in the country in the field of health protection of the confined individuals in order to reduce the morbidity and mortality among them;

2. This Instruction shall apply to all the insulators of the Ministry, which operates properly equipped medical station and where the medical services are rendered by out-of-staff employee with medical education and the relevant certificate (hereinafter the “Medical worker of Isolator”) of the Medical Service (hereinafter the “Service”) of the Temporary Detention Department (hereinafter the “Department”) of the Ministry. Performing the duties specified in the instruction is mandatory for all medical personnel of the isolator.

Article 2. Organization of medical services and medical station of the isolator

1. Medical service in the isolator shall be organized by the Service. Medical services to persons in the isolator shall be carried out by the isolator’s medical employees through the medical stations operating in the following isolators:

a) (Seized);

- a¹) Mtskheta-Tianeti regional Temporary Detention Isolator;
- b) Tbilisi Temporary Detention Isolator;
- c) Adjara and Guria Regional Temporary Detention Isolator;
- d) Shida Kartli and Samtskhe-Javakheti Regional Temporary Detention Isolator;
- e) Kvemo Kartli Regional Temporary Detention Isolator;
- f) Kakheti Regional Temporary Detention Isolator;
- g) Imereti, Racha-Lechkhumi and Kvemo Svaneti Regional Temporary Detention Isolator;
- h) Samegrelo-Zemo Svaneti Regional Temporary Detention Isolator.

2. In the isolator with no medical station an emergency medical brigade shall be called to provide medical service.

3. Medical services in the medical stations may be carried out by the physicians and nurses. The physician of the isolator shall have the document certifying the relevant education and the state certificate of the relevant specialty (general profile physician, internal diseases and/or family medicine certificate). Before employing a medical station, a written contract shall be executed by and between the selected candidate and the Ministry; the contract shall be mandatory for the contracting parties.

4. The medical station is directly subordinated to the Service and is not included in the isolator.

5. Isolated area shall be allocated in the isolator for medical station. The medical station shall have the infrastructure and facilities for the maintenance of personal hygiene, cleaning and disinfection. The medical station should be provided with natural and artificial lighting, heating, natural ventilation. For a person with disabilities confined to the isolator, the medical station shall provide the maximally adjustable conditions for his/her safe movement and decent living.

6. The list of the equipment of the medical station of the isolator shall be determined in accordance with the Annex No.1.

Article 3. Availability of medical services

1. Medical service shall be available at any time regardless of the day and night. In accommodating in the isolator, after the written consent of the individual confined to the isolator, he/she shall be immediately interviewed and examined by the physician on duty for the purpose of evaluating

his/her health condition. When accommodating in the isolator, he/she shall be also provided with the information on the medical service in the isolator and the rules of use of this service. The request for consultation with the medical worker of the isolator shall be satisfied without any restriction and delay.

2. The person confined to the isolator shall have the access to medical service with the same quality it is enjoyed by free citizens in the civil health sector.

Article 4. Consent of the person confined to the isolator for medical service and confidentiality

1. Freedom of expression of consent to medical services and the protection of confidentiality of information on health status is the fundamental human right. In addition, its protection is important to build the trust between the medical worker and the individual confined to the isolator.

2. While receiving the medical service an individual should be provided with complete, objective and understandable information about the purpose and need for assessing his/her health conditions, diagnosis, treatment course, prescribed medicines, alternative diagnostics and treatment methods.

3. The necessary condition for medical care is to receive informed consent of a patient and in case if patient is underage or if it is impossible to obtain his/her informed decision – then the informed decision of the patient's relative or a legal representative. Receiving informed consent precedes medical care. Written informed consent is necessary in the cases defined by the Law of Georgia on Patient Rights.

4. The person confined to the isolator shall be entitled to get acquainted with the medical documentation on his/her health conditions existing in the isolator, except for the cases set forth by the Georgian legislation.

5. Competent patient having decision-making capacity shall have the right to refuse medical service, as well as to cease ongoing medical service at any stage. Patient shall be thoroughly informed about expected outcomes of refusal or cessation of medical services

6. All types of medical services provided to the individual confined to the isolator shall be carried out by a medical worker at placing an individual in the isolator as well as afterward in observation of confidentiality. Medical examination should be performed individually and not in groups. In the case of medical care, it is permissible to attend only the persons directly involved in it, except when the patient agrees or requires other persons to attend. If the physician requests for the safety reasons the presence of the other employee of the isolator during medical care, the medical service shall be carried out without any eavesdropping by the non-medical personnel, by keeping a reasonable distance by them.

7. Medical confidentiality should be kept confidential in the manner it is kept in the civil society. The proper preservation of the medical documentation is the duty of the medical worker of the isolator and he/she is obliged to keep confidentially the information about the patient both within the period of his/her life as well as after patient's death.

8. Disclosure of confidential information is permissible only in cases directly defined by the legislation of Georgia. The physician of the isolator has the right to disclose the confidential information about the patient's health and personal life if:

- A) The patient gives the right to disclose information;
- B) Nondisclosure of information will endanger the life and/or health of the third person (who is known);
- C) If there is reasoned suspicion on the disease subject to compulsory registration;
- D) Information shall be provided to other medical personnel participating in the medical service;
- E) Disclosure of information is essential for forensic examination;
- F) Disclosure of information requested by the law enforcement authorities in accordance with court decision;
- G) Information concerns the possible fact of domestic violence and / or the danger of recurrence of violence exists and this information shall be provided only to the appropriate state body for the protection of the rights and interests of the patient;
- H) Information is provided to the state authorities for the purpose of issuing social benefits for the patient. In this case the patient's consent is necessary to disclose information;
- I) In case of use of information for academic and scientific purposes the data is presented so that identification of person is impossible.

9. In order to protect the best interests of the patient, information about his medical documentation and health status can also be accessed by the following specially authorized persons without the patient's consent:

- A) Minister of Internal Affairs of Georgia;
- B) Curator Deputy Minister of Internal Affairs of Georgia;
- C) Head of the Legal Department of the Ministry, Deputy Head of the Department and the employee of the Department, which ensures the representation of the Ministry in court cases;

D) Head of General Inspection and Deputy Head;

E) Head of the Department and Deputy Head;

F) Head of the Service and Deputy Head.

10. Persons as set out in the paragraph 9 of this article are authorized to get acquainted with the medical documentation and health conditions of a person in question based only on the necessity of service. These persons are not entitled to disclose or use the information obtained through the acquaintance of the health status of a person for official purposes even after termination of official authority.

Article 5. Professional independence and competence

1. The medical worker of the isolator shall be independent in discharging his/her professional duties, providing with of medical care and treatment and shall guide only by the medical criteria, taking into account the rules established by the legislation of Georgia and professional ethics. While rendering medical service to the individual confined to the isolator the medical worker of the isolator shall act as a personal physician / nurse of the patient, whose aim is to protect the patient's best interests. No interference from the part of any other employee of the isolator in fulfillment of professional duties by the medical worker of the isolator shall be admitted,

2. The medical worker of the isolator shall be equipped with additional knowledge and skills to succeed in adaptation to the professional practice, taking into account the specificity and the contingent confined to it.

Article 6. Obligations and prohibitions of medical personnel while providing medical services to the confined persons

1. In the course of providing medical services to a confined person, the medical worker of the isolator is obliged to provide his / her health protection and treatment with the same quality as of free citizens in the country.

2. Isolator's medical worker shall be prohibited:

A) To have direct or indirect connection with the actions relating to torture or other cruel, inhuman or degrading treatment or/and punishment measures, involvement in such acts, incitement or attempted incitement or attendance of such actions;

B) Professional relationship with the person confined to the isolator, if it does not aim to assess, protect or improve his/her physical and mental health, and this relationship does not confront the principles of medical ethics;

C) Use of professional knowledge and skills to facilitate the interrogation of a confined person with such methods that will negatively affect his/her physical or mental health or condition;

D) Use of professional knowledge and skills, delivery of in item of a substance to facilitate the torture or other cruel, inhuman or degrading treatment of the person confined to the isolator or to alleviate his resistance to such actions;

E) Participation in any restrictive action taken against the person confined to the isolator if it is not conditioned by medical statements and is not necessary for his/her physical and mental health and social security and / or other person's safety.

Article 7. Medical examination

1. At placing in the isolator the person - after the informed consent – shall undergo the first medical examination performed immediately by a physician on duty. The offer to conduct the first medical examination for a person is the obligation of the physician on duty of the isolator. In the course of the first medical examination, a person will be interviewed about his/her health, the data on his / her health status shall be recorded, as well as visual inspection shall be carried out to fully record the injuries on his/her body. The medical worker of the isolator should pay special attention to the following circumstances during the first medical examination: physical injuries and description of their traces (facts of violence and / or alleged facts of violence, tattoos, piercing and etc.), existence of contagious diseases or reasonable suspicions of the existence of those and threat of their spread, suicide risk first assessment, mental health problems and determination of need for psychiatric care; in case of need for urgent medical intervention, including the need for specialized medical care, intoxication caused by psychoactive substances or dependence on them, determination of the appropriate treatment, continuous care treatment, including medication.

2. The physician shall produce medical card (hereinafter - Medical Card) (Annex №3) immediately upon reception of an individual in the isolator and reflect the results of the initial medical examination in the Inspection Form (Annex #4) as provided by the legislation. The physician shall carry out the medical examination when discharging a person from the isolator in case of the latter's informed consent (Annex # 5). The forms completed in accordance with Annexes ##4 and shall be attached to the medical card.

Article 8. Planned outpatient medical service

1. The aim of the planned outpatient medical service is prevention, diagnosis, treatment and rehabilitation of diseases. This includes the medical service carried out by the physician on duty onsite as well as the transfer of the person to the appropriate medical institution.
2. Provision with medicines of the person confined to the isolator and undergoing medicinal treatment in there shall be managed from the store of medicines kept in the medical station of the isolator. The patient also has the right to take medicines sealed by the factory in the form of a parcel kept with the personal items of the person in case of submission of the appropriate prescription. The medical personnel of the isolator shall provide the confined person with the medicines for the treatment only in the amount of a single dose, which shall be administered under the direct supervision of the physician of the isolator.
3. The physician of the isolator shall deal with medical documentation in case of medical intervention in accordance with the procedure established by the legislation of Georgia.

Article 9. Emergency medical services

1. Emergency medical services include all the medical services, in case of postponement or non-delivery of which the death, significant limitation of physical and / or mental abilities or a significant deterioration of health of the confined person is imminent. Emergency medical services include onsite assistance to the confined person; in case of stabilization of health condition of the person and in the event of necessity, on the basis of the report of the isolator's physician and for providing the emergency medical services it also includes the transfer of the confined person to the relevant medical institution in accordance with geographical principle.
2. In the isolator there must always be an opportunity to call the emergency medical brigade. If the physician is not in the isolator or due to the objective circumstances, it is impossible to provide with medical service, the first medical aid shall be rendered to the confined person by the employee with the appropriate skills in the first medical aid before arrival of the emergency brigade. In order to satisfy this requirement, the Ministry should ensure that all the employees of the isolator have passed the specialized courses in first medical aid. In case of the need of emergency medical care, the non-medical personnel of the temporary detention isolator shall act in accordance with the "Standard Action Procedures of the Employees of the Temporary Detention Isolators".

Article 10. Access to laboratory services

1. Clinical and biochemical laboratory investigations of biological material of the person confined to the isolator shall not be carried out in the temporary detention isolator. In order to determine the intoxication caused by alcohol, drugs or other means the medical-narcological examination shall be performed in the licensed medical or examination facility by the relevant certified doctor

in compliance with the state standards approved by the Ministry of Labor, Health and Social Affairs of Georgia. During the initial examination or in case of medical-narcological examination and/or laboratory examinations, the necessity of which has been revealed during the planned outpatient medical service the confined person shall be transferred to the relevant medical or examination facility. The physician of the isolator shall mediate for the mentioned before the head of the isolator, who shall ensure the transfer of the confined person to the appropriate medical or examination facility.

2. In case of the desire of a confined person, despite the absence of confirmation of the need to conduct a laboratory examination by a physician on duty, the medical laboratory examination in the country should be available to him/her. The cost of the examination carried out in this case shall be compensated by the person, his / her family member or legal representative.

Article 11. Inpatient medical service

When detecting the need, on the basis of the diagnosis of the isolator's physician, the head of the isolator shall ensure the transfer of the confined person to the relevant inpatient facility for treatment or diagnosis.

Article 12. General overview of specialized medical services

1. The confined person - in case of necessity – shall be provided with specialized medical care, which implies medical services provided by specialists of the relevant profile. The doctor on duty of the isolator shall determine the need of the physician-specialist, after which – in case of the consent – the doctor on duty of the isolator shall mediate before the head of the isolator for the transfer of a confined person to the appropriate medical institution or invitation the relevant physician-specialist to the isolator. In presence of the reasonable claim the confined person is entitled to invite a personal doctor at his/her own costs with the permission of the head of the isolator.

2. In the case of withdrawal of the confined person to transfer him/her too the medical facility for specialized medical service the person in charge of conveying shall be delivered the certificate completed by the doctor of duty on the patient's health status (Form №IV-100/A), which is placed in the sealed envelope. The relevant medical personnel shall be delivered this documentation without damaging the envelope.

3. In case of necessity of invitation of a physician-specialist to the isolator, the time of the visit is agreed with the head of the isolator and the medical officer of the isolator. The physician-specialist shall have a valid certificate and identity document.

Article 13. Dental services

Emergency dental services should be available to the person confined to the isolator. If necessary, this service shall be carried out in the dental clinic of the civil sector without delay.

Article 14. Psychiatric service

When placed in the isolator, the doctor on duty of the isolator shall evaluate the individual's mental health condition. In case of reveal of any aggravation of mental health condition of the person confined to the isolator, or any suspicion of it or in the event of submitting the relevant document certifying the mental disorder the person shall be sent to the relevantly equipped psychiatric facility for further diagnosis and/or treatment.

Article 15. Psychological Services

In case of necessity a confined person shall be ensured with psychological services.

Article 16. Availability of substitution therapy

In case of confining the person engaged in the drug substitution special program, on the basis of the application of this person, his/her family member of/and a legal representative, with the purpose of continuous therapy, the doctor on duty of the isolator shall mediate before the head of the isolator for the need of transfer of this person to the facility of substitution therapy, taking into account the individual schedule of treatment.

Article 17. Humanitarian assistance

Identification of especially vulnerable groups shall immediately take place at confining the individuals to the isolator and after that. These groups may cover: individuals with personal disorders and / or those dependent on psychoactive substances, pregnant or lactating mothers, adolescents, persons inclined to self-injury and suicide. Special attention should be given to the determination of risks and needs of the vulnerable groups by the medical employee of the isolator. For each specific case, in order to take into account the needs revealed, the doctor on duty of the isolator shall apply to the head of the isolator with the relevant written recommendation.

Article 18. Healthcare of the juvenile detainees

1. Provision of medical services to juveniles confined to the isolator shall be carried out in compliance with the requirements of the Georgian legislation. In case of need, the consultation of the doctor-pediatrician shall be available to the juvenile.
2. In case of confining a juvenile, the medical employee of the isolator shall pay special attention to: early detection, treatment and prevention of transmitted disease (including sexually transmitted diseases), oral health conditions, adythyology and harm reduction services, protection of mental health.

Article 19. Healthcare of women in the isolator

1. A special attention shall be paid for the women confined to the isolator in order to collect and evaluate the following information: signs of possible violence and facts of previous violence victims (including sexual harassment); mental health, especially post-traumatic stress disorder; suicidal behavior and drug addiction.
2. When placing a woman in the isolator, information on the status of her current pregnancy, the expected delivery or the status of lactating mother is to be established. Pregnant women should be placed separately from other persons and appropriate medical care should be provided to them. The head of the isolator / isolator medical worker is obliged to carry out all possible measures to transfer the pregnant for delivery to the facility of the relevant child care profile. If a woman in the isolator has a minor child, the head of the isolator shall be obliged to provide this information in writing in accordance with the Georgian legislation to the LEPL Social Service Agency of the Ministry of Labor, Health and Social Affairs of Georgia.

3. In case of a reasonable claim of a woman confined to the isolator, she shall be provided with the service of the same sex medical worker as far as possible. For the woman in the isolator, due to gender-specific needs, the protection of personal hygiene should be taken into account and for this purpose she should be provided with appropriate hygienic means.

Article 20. Healthcare of the persons with disabilities and ensuring their access to auxiliary means

The individuals with disabilities in the isolator shall be provided with the treatment adjusted to their individual needs, specific care and surveillance, including access to the auxiliary equipment and prostheses. The medical employee of the isolator shall assess the individual needs and abilities of a person, including the ability to care for herself/himself. In order to create conditions maximally adjusted to the needs of the person with disabilities in the isolator, the doctor on duty of the isolator shall submit the relevant recommendation to the head of isolator, taking into account the individual needs of the person.

Article 21. Medical services of persons depending on psychoactive substances and harm reduction measures

1. When confining to the isolator, the persons dependent on psychoactive substances shall be identified and in case of their informed consent, the medical planning / implementation shall take place. In case of intoxication, overdose and agonist condition due to psychoactive substances, the person shall be immediately transferred to the relevant medical facility for emergency medical care.

2. In case if at confining the person to the isolator it is revealed that he/she has a medicine, which is impossible to identify or if as a result of its study of the undamaged packing of the medicine by the doctor on duty of the isolator it turns out that it belongs to a special control drugs, in case of absence of the relevant prescription, the drug shall be sealed by the authorized person of the isolator in an appropriate manner, the relevant minute shall be drawn up and immediately informed to prosecutor's office. In case of presenting a document certifying the purchase of a special control drugs on the basis of the relevant prescription of a physician, the medicine shall be kept in the medical storage and it shall be delivered to the confined person according to the prescription.

Article 22. Healthcare of ethnic, religious and other minorities

1. When confining ethnic, religious and other minorities to the isolator, their individual needs and attitudes to different issues should be taken into account in the course of medical care.
2. The language barrier should be considered in relation to ethnic minorities, which may be a hindrance factor in the relationship between the medical employee and the confined person. In order to solve this problem, the head of the isolator - on the basis of the recommendation of the doctor on duty – shall ensure the invitation of an interpreter with an appropriate knowledge. The medical employee of the isolator shall also take into account the risk of misinterpretation of the translation and the risk of violation of the confidentiality, about which the interpreter shall be warned in the very beginning. It is also possible to print brochures in different languages where the basic information about the medical service in the isolator and the rules for use of this service are contained.
3. During medical service the cultural and religious values of the confined person shall be taken into account; it is also important to determine the needs of the nutrition in accordance with their interests.

Article 23. Facilitation of healthcare of persons confined to the isolator and preventive measures

In order to facilitate the healthcare of persons confined to the isolator and prevent the diseases, the medical employee of the isolator is obliged to carry out preventive measures in addition to the treatment of confined persons in coordination with the isolator employees. These measures should include conduction of monitoring at on facilitation to the hygienic conditions in the isolator, provision with adequate living conditions, food, water and air cleanness, the issues related to self-injury, suicide and violence on duty shall issue a written recommendation to the head of the isolator regarding the shortcomings revealed and the ways of their remediation, and in case if the head of isolator does not take appropriate measures within reasonable time, he/she shall notify the head of the Medical Service.

Article 24. Prevention and control of contagious disease

1. For the purpose of preventing the contagious disease, the personnel and the persons confined to the isolators should be provided with regular information on the ways, symptoms and preventive measures of contagious diseases (viral hepatitis, HIV/AIDS, tuberculosis, skin diseases).

When needed, medical surveillance should be established on the individuals, with whom a particular ill person has had regular contact.

2. The relevant training shall be ensured for the staff of the isolator in the issues of preventive measures and dealing with the persons with contagious diseases. Also, the isolator's employees should be given the instruction on the inadmissibility of discrimination and confidentiality.

3. Segregation of the person only on the grounds that he/she is infected with HIV-infected, viral B or C hepatitis is not permitted. In order to avoid the spread of tuberculosis, the infection control measures should be taken. These measures include transferring a person ill or suspected of being ill with tuberculosis to a separate cell and, if necessary, active use of personal hygiene by the persons in contact with the person ill with tuberculosis.

Article 25. Prevention of torture and ill-treatment in the isolator

1. The medical station of the isolator shall immediately examine the body of the person at his/her entering the isolator; in case of registration of the injury and in the event of necessity, it shall submit the information on the mentioned to the relevant agency on the basis of the consent of the confined person. When placed in the isolator, any traces of violence detected during the primary medical examination of the person should be documented in details along with the relevant application of the person and the doctor's report. A similar approach should always be used when a person confined to the isolator is provided with the medical service after the fact of the violence in the isolator or when he/she is transferred from the isolator for any reason and then taken back again. The medical station shall have the log for description the injuries / self-injuries of the confined persons (Annex #6), which shall reflect the following: the surname and the first name of the person, time of detection of injury, the localization and character of the injury, the origin of the injury, signatures of the doctor on duty of the isolator and the confined person. It is necessary to carry out periodical statistics and of the bodily injuries detected and supply it to the head of the isolator and the medical service, as well as other relevant agencies. Copy of the record of injuries in the log shall be annexed to the medical card of the confined person.

2. Like any other kind of medical care, inspection of injuries shall be carried out without any surveillance of non-medical personnel, beyond the sight of other persons, unless otherwise specified for the particular case by the physician of the isolator.

3. In order to develop the knowledge and skills necessary to document and describe the injuries, special medical trainings for the isolator medical employees shall be organized and focused on the tools of interviewing with the possible victims of ill-treatment.

Article 26. Prevention and management of self-injury and suicide in the isolator

1. The first medical examination at confining a person to the isolator has a great importance for the prevention of self-injury and suicide. In case of adequate medical examination, it is possible at least to identify the individuals in the risk groups and plan appropriate preventive measures. By offering the medical service to the person upon his/her confining to the isolator, also by getting him/her familiarized with the medical services rules it is possible to partially mitigate the emotional background of newly confined persons and reduce the sense of the threat in them.
2. The person in a risk group that is considered to be under the danger of suicide must be under the planned supervision of the medical employee of the isolator for a period of time required. It is important that such individuals do not have access to items that can be used for suicide (iron rods, glass debris, belt, tie, etc.). The doctor on duty of the isolator shall submit a written recommendation to the head of the isolator on the risks revealed and their prevention ways.
3. In order to avoid suicide, the medical employee of the isolator shall submit the information to all the employees of the isolator on the signs of suicide, and the Department should ensure their training in recognizing the suicide behavior.

Article 27. Monitoring of food, hunger strike management and provision hunger-strikers with medical service

1. The medical employee of the isolator is responsible for monitoring the compliance of cooking and distribution of food with the quantity and the quality approved with the Order of the Minister. The doctor on duty shall submit a written recommendation to the head of the isolator on the faults detected and the ways of their rectification.
2. The procedure of dealing with the hunger strikers in the isolator and the rights and obligations of the medical service of the isolator in the process of hunger strike are regulated by the Order of the Minister of Internal Affairs of Georgia on “Approval of the Instruction for Conditions of Hunger Strikers in Temporary Detention Isolators of the Ministry of Internal Affairs”.

Article 28. Anti-epidemic measures, sanitary-hygienic and living conditions and monitoring

The medical employee of the isolator is obliged to monitor the sanitary-hygienic and living conditions in the isolator, in particular, the clothes and linen cleanliness, the accessibility of shower and lavatory, as well as supervise the process of delivery hygienic means to the confined persons. In case of detection of any violation, the doctor on duty shall notify the head of the isolator in writing.

Article 29. Provision of medicinal means, including drugs under special control

1. Supply of medicines from the medical station of the isolator shall be carried out in a continuous mode, so that the medicines and medical supplies approved by the Annex #2 of this Instruction shall be permanently available in the medical station.
2. Acceptance, storage, distribution and documentation of medicines is carried out by the doctor on duty of the isolator in accordance with the Law of Georgia on “Drugs and Pharmaceutical Activity”. The medications prescribed in the Annex #2 of this Instruction are issued only in accordance with the physician’s prescription, free of charge.
3. The drugs under special control shall be delivered to the patients only in accordance with the Decree of the Minister of Labor, Health and Social Affairs of Georgia on “Approval, Prescription and Temporary Rules for Prescription of Forms for Substances under Special Control, Form of these Substances Medicine and Combined Preparations containing such Substances”,
4. The record of each case of issuing drugs under special control by the doctor on duty of the isolator shall be made in the medical card and the special log of the medicines used in the temporary detention isolator (Annex #11) and/or in the log for registration of medications under special control (Annex #7). The medical card shall indicate the name and quantity of medicines that have been prescribed, the justification of prescription, a single or daily dose, the prescription form number and the date of subscription, while special log shall indicate the first name and surname of the person confined to the isolator, name, quantity, prescription form number and the date of prescription of the medication.

Article 30. Management and analysis of medical records / documentation and statistics

1. In order to record the medical services provided to each person, the isolator is required to produce medical documentation containing information on diagnosis, treatment and purpose, as well as the current records regarding the changes in the condition of the person and the conducted examinations.
2. The medical employee of the isolator shall produce daily records in a medical card containing the information on particular cases related to the person confined to the isolator.

3. In addition to the management of medical documentation the medical employee of the isolator shall carry out the registration and reporting of data on the persons detained, issuing prescriptions and issuing medical documentation in confidentiality, prevention of violence and documenting signs of violence in accordance with national and international standards and if necessary, informing the relevant service, preparation and reporting of statistics on injury/violence; in accordance with the Decree of the Minister of Labor, Health and Social Affairs of Georgia on “Rule of Producing and Delivery of Medical Statistical Information” it shall produce statistical information and according to the established rules and terms delivers it to the LEPL of the Ministry of Labor, Health and Social Affairs of Georgia - L.Sakvarelidze National Center for Disease Control and Public Health.

4. The isolator’s medical employee shall manage the following registration documents and magazines:

A) Medical card of outpatient patient;

B) Log for registration of drugs under special control (Annex #7);

C) Log for traumas/self-injuries of persons confined to the temporary detention isolator;

D) Log for registration of chemical sterilization (Annex #8);

E) Form of medical examination of a detained person at bringing into/out of the isolator;

F) Log for First Medical Aid to the employees (Annex #9);

G) Estimate of expenditures of medicines (Annex #10);

H) Expenditure of medicines in the temporary detention isolator per day (Annex #11);

I) Other documents envisaged by the Georgian legislation.

5. Preparing, archiving and use of medical archive in the medical station of the isolator shall be carried out in accordance with the decree of Minister of Labor, Health and Social Affairs of Georgia on “Rules of Producing Medical Documents”.

Article 31. The mechanism of reviewing complaints and management of correspondence

In order to review the health-related issues, a person confined to the isolator is entitled to apply in writing to the doctor on duty, also a medical service, as well as physical person or a legal entity authorized by the law; the complaint / request shall be reviewed and responded immediately if there is no objective circumstance to impede its satisfaction. In case of any impeding circumstance, a person shall be informed in writing about these circumstances and the measures taken.

Article 32. Control and prevention of infection associated with medical services

1. The medical employee of the isolator shall constantly take into account the threats that can be resulted in improper sterilization and violation of safety rules in medical care. In order to prevent this, the strategy of fighting nosocomial infections should be developed, which will reflect all the key issues and procedures that will reduce the spread of the illnesses associated with medical care in the isolator.

2. The isolator's medical station is obliged to provide preventive and control measures for the infections associated with medical services in accordance with the Decree of the Minister of Labor, Health and Social Affairs of Georgia on Approving the Rule of Epidemic Supervision, Prevention and Control of Nosocomial Infections (hand hygiene, sterilization/disinfection (in case of use of reusable instruments / medical supplies), medical waste, patient flow management schemes); the medical station shall be responsible for the implementation of the mentioned procedures.

3. Sterilization/disinfection of medical instruments/medical goods used in the isolator shall be carried out in accordance with the Resolution of the Government of Georgia on “Approval of Technical Regulations for Disinfection and Sterilization in Medical, Public Healthcare and Public Facilities”; also the log for registration of chemical sterilization shall be produced (Annex #9).

Article 33. Quality management and monitoring of medical service

The assessment of the quality of medical services provided for the person confined to the isolator and the compliance of the medical station of the isolator with the legislation of Georgia shall be carried out the by the following agencies and organizations implementing internal and external monitoring:

A) LEPL - State Regulation Agency for Medical Activities;

B) Medical Service of the Department;

C) Other local and international organizations established by the legislation of Georgia.