

Inmate Medical Considerations

804.1 FACILITY MEDICAL PLAN

To provide for the health, well-being and welfare of the inmates confined in the Montgomery County Detention, the Detention Administrator, will be responsible for the development of a written facility medical plan that complies with the North Carolina Minimum Jail Standards. The facility medical plan will be reviewed and updated, as necessary, on at least an annual basis by the Detention Administrator and must be approved by the Sheriff.

804.2 QUALIFIED MEDICAL PERSONNEL

The Detention Administrator will ensure that qualified medical professionals are made available to provide for the evaluation of inmate health care needs. To this end, the facility will contract with health care providers who are licensed, registered, certified and/or approved to perform health care services/functions in accordance with applicable state and local laws.

804.3 MEDICAL COMPLAINTS AND REFERRALS

To provide inmates with an opportunity to communicate their medical complaints and needs to qualified medical personnel, the Detention Administrator / Designee will develop and implement a system whereby inmates can express their medical complaints to detention officers. Inmates may submit a sick call request electronically or upon request, Detention Officers will ensure that their written complaints are referred to medical personnel during their routine visits to the facility. Inmates will be afforded the opportunity to communicate their health care complaints and needs to detention officers on a daily basis.

804.4 ROUTINE MEDICAL CARE OF INMATES (NON-EMERGENCY)

To promote the health and well-being of inmates confined to the Montgomery County Detention Center, officials will ensure that qualified health care professionals are available to provide needed routine medical services and treatment to inmates on a regularly scheduled basis and as needed. Routine medical care will be made available at regularly scheduled intervals.

804.5 EMERGENCY MEDICAL PLAN

To ensure that the health care needs of inmates housed at the Montgomery County Detention Center are met on a continuous basis, the facility will provide for 24-hour emergency medical care services through contracts with health care providers who employs a licensed physician, hospitals and through local Emergency Medical Services (EMS, or ambulance).

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804.6 DENTAL CARE

To protect the general health and welfare of inmates confined to the center, the Montgomery County Detention Center will arrange for dental care services by a licensed dentist to be provided to inmates for emergency dental care treatment/services only.

804.7 MENTAL HEALTH CARE DELIVERY SERVICES

To promote the mental well-being and health of inmates confined to the facility, Montgomery County Detention Center officials will refer inmates in need of mental health care services to the Local Management Entity (LME) or Contracted Mental Health Care Professional for needed treatment/care. A mental health screening form will be completed on each inmate entering the detention center. Inmate referrals to Mental Health may be made by the onsite health care professional, contract physician or Detention Administration. Detention Officers may report inmates who appear to be suffering from mental health problems to the on-site medical professional for examination.

804.8 SUBSTANCE ABUSE SERVICES FOR INMATES

Montgomery County Detention Center officials will provide routine and emergency medical services to inmates either suffering from severe drug or alcohol intoxication.

804.9 ADMINISTRATION AND CONTROL OF MEDICATIONS

All medications, whether nonprescription or prescription, will be administered, distributed and stored at the facility in a manner that reflects Montgomery County Detention Center policy objectives. Detention officers should be aware that it is not within the scope of their job to recommend or prescribe any type of medication to inmates. Rather, their role is to distribute medications to inmates that have been prescribed or recommended under the attending physician's direct written orders. The Facility in conjunction with the contract medical care provider has a medication policy by which we provide medications to inmate. Decisions as to what medications that are received will be based on medical decisions. UNDER NO CIRCUMSTANCES WILL ANY INMATE HOUSED AT THE FACILITY BE ALLOWED TO POSSESS, DISPENSE OR ADMINISTER ANY MEDICATIONS FOR EITHER THEMSELVES OR OTHERS.

804.10 HUNGER STRIKE

The medical services provider will provide guidelines for the medical and administrative management of offender's who refuse to eat.

804.11 SUICIDAL INMATES

Detention officers will make a reasonable effort to protect inmates who are believed to be potential suicide risks.

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804.12 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

To promote and protect the health, well-being, safety and welfare of inmates and staff of the Montgomery County Detention Center, detention officers will ensure, to the extent possible, that reasonable steps are taken to prevent the spread of AIDS/HIV among inmates and staff. All officers will receive training during their first year of employment relative to AIDS and the ways in which it can be transmitted. Detention officers will periodically receive information relative to AIDS and HIV infection during their course of employment. All officers employed by the facility will be required to follow universal safety precautions in order to prevent the infection and spread of AIDS/HIV disease. UNDER NO CIRCUMSTANCES WILL ANY INMATE BE SEGREGATED OR TRANSFERRED SOLELY BECAUSE THEY ARE INFECTED WITH AIDS OR HIV. Any officer found to have revealed that an inmate is HIV infected or has AIDS will be subject to disciplinary action.

804.13 COMMUNICABLE DISEASES

To promote the well-being of inmates and to provide protection against the spread of illnesses throughout the facility, detention officers will conduct a preliminary health evaluation of all inmates upon their admission to the facility. Newly admitted inmates who appear or admit that they are suffering from certain communicable or contagious disease will be placed in medical administrative separation housing until such a time that they are examined by a licensed health care provider. Upon the orders of a licensed physician contracted with the facility to provide for health care services, inmates who are suffering from a known communicable or contagious disease will be placed in medical segregation status until such a time that the physician recommends the inmate for placement to the general population or for transfer to an outside facility. Any information or documentation identifying an inmate with a communicable disease will be kept strictly confidential.

804.14 TRANSPORTATION OF INMATES FOR MEDICAL CARE

Detention Officers will arrange for the transportation of inmates to outside medical care providers for both routine appointments and for emergency purposes. In an effort to ensure that detention officers are not being required to perform duties that would interfere with the continuous supervision of inmate housed at the facility, inmates being transported outside the facility will be transported by the transportation officer, detention officer or deputy sheriff.

804.15 MEDICAL RECORDS

To protect the privacy of inmates and to comply with state and federal statutes and case law, inmate medical records will be filed and maintained in a secure area separate from inmate confinement records. Authorized medical personnel will be responsible for the maintenance of inmate medical records and will be the only individual authorized access to inmate medical records.

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804.16 MEDICAL CO-PAYMENTS

The Montgomery County Detention Center may charge inmates for non-emergency medical services as determined by medical staff. Inmates will not be denied emergency or non-emergency care because of an inability to pay. However, twenty dollars (\$20.00) will be deducted from the inmate's trust fund for each Sick Call/Nurse visit (including dental services / visits) and Doctor's visit and three dollars (\$3.00) is deducted from the inmate's trust account for each prescription. This policy shall not apply for medical visits initiated by medical personnel, follow-up visits initiated by medical personnel, or emergency medical treatment.

804.17 MEDICAL HEALTH PLAN MUTUAL OPERATING AGREEMENT

To comply with the fore mentioned policy the Montgomery County Sheriff's Office has the follow mutual operating agreement and understands that inmate health care is the joint responsibility of the Montgomery County Sheriff, and Southern Health Partners, Inc., the contracted provider of care to the inmates of the Montgomery County Sheriff's Office Detention Center, hereinafter referred to as Southern Health Partners, Inc. (SHP).

It is understood Southern Health Partners, Inc. has specific Policies and Procedures for inmate health services on-site within the medical unit. These policies and procedures can be reviewed by the Montgomery County Sheriff and his designee at any time.

Receiving Screening

Upon the arrival of each inmate at the Montgomery County Sheriff's Office Detention Center, a preliminary health assessment (Receiving Screening) will be performed by detention officers.

At a minimum, the assessment will include the following:

- Documentation of current illnesses and health problems including medications taken and special health requirements.
- Documentation of mental health problems, dental problems and allergies.
- Behavior observation, including state of consciousness, mental status, appearance, conduct, tremors, sweating.
- Inquiry into use of alcohol and other drugs, including types, methods, date/time last taken and problems arising out of use.
- Notation of body deformities and ease of movement.
- Observation of persistent cough or lethargy as well as an inquiry to unintentional weight loss, night sweats and known exposure to TB.
- Inquiry as in known communicable diseases including Sexually Transmitted Diseases (STD).

- Condition of skin including, trauma markings, bruises, lesions, jaundice, rashes and infestations and needle marks or other indications of drug abuse.
- Status classification to succinctly identify the inmate's health status.
- Referral of the inmate for emergency health services or additional health services, as may be necessary.

If as a result of the receiving screening it is apparent that an inmate requires medical attention, then the inmate will immediately be referred for treatment. The appropriate level of treatment (i.e. treatment in-house by a member of the professional health services staff or referral to a hospital or other community-based health service) should be made after a thorough evaluation of the inmate's condition.

Health care standards require that information regarding access to health care services be communicated orally and in writing to inmates upon their arrival at the detention facility. To meet these standards, SHP will use notices, printed in both English and Spanish. These will be posted in the Intake area advising them of how to access the health care delivery system, in addition to the verbal and written/documented notification which is provided at booking.

Daily Triage of Complaints

In order to ensure that inmate health problems and requests are addressed promptly, appropriately and efficiently, we use a structured triage procedure, proven effective in other correctional settings.

Our Medical Director (Physician and/or Physician Assistant or Nurse Practitioner under supervision by a Physician) always oversees the triage system that is followed by all health care personnel. This ensures that the inmates receive the appropriate level of care and that their complaints are properly processed and resolved.

Inmates have the ability to access the triage system by submitting a health care request form. These requests are received and processed daily by the health care staff, and as a first step in the triage system the inmate is then seen by a member of the professional nursing staff and appropriate treatment is administered within the scope of the Nurse Practice Act. Those inmates requiring a higher level of service will be referred to the physician, physician assistant, or other appropriate professional practitioner in a timely manner.

If the physician or other practitioner determines that the inmate's medical needs are more extensive or specialized than can be addressed within the facility's health care program, an appropriate referral to outside medical services will be provided.

Sick call must be conducted on-site by a physician, nurse practitioner or a physician assistant under the direction of a physician. The majority of inmates to be seen by the physician will have been screened as part of the formal triage system. However, this will not preclude an inmate who had not been triaged or who has a sudden or acute problem, from seeing the physician during the time the physician is on-site at the facility.

Appropriate documentation will be recorded and maintained for all inmates seen at sick call. This information will be incorporated into the inmate's medical record as appropriate. An inmate's medical record will contain appropriate entries completely documenting each sick call encounter (i.e., an inmate's specific health request, the assessment of the health care professional who saw the inmate, the prescribed treatment plan, and any follow-up encounters). This will ensure that all inmates' health requests are promptly and properly handled, documented, and followed through to a satisfactory resolution.

Special Medical Program

We will provide all special health care services required including, but not limited to, care for inmates who are chronically or terminally ill, physically handicapped, developmentally disabled or inmates with special mental health needs or convalescing inmates. Individual treatment plans will be developed for all chronically ill, terminally ill and convalescing inmates. Examples of chronic illness include diabetes, hypertension, asthma and epilepsy. Convalescing inmates include those recovering from fractures, inpatient surgical procedures, and hepatitis and other communicable diseases. The type of treatment will be determined by the needs of the individual inmate, but may include such things as medications, special diets, physical therapy, laboratory tests or dressing changes. Each treatment plan will be initiated by the physician and will be detailed in the individual's medical record.

We will keep a list of inmates with special needs and maintain schedules for medical treatment in accordance with our established protocols for each illness. For example, daily blood sugars are obtained on all diabetics receiving insulin, Dilantin levels are monitored monthly on epileptic inmates, and blood pressure evaluations are performed as clinically indicated on inmates receiving anti-hypertensive drugs.

Medical determination of a tendency towards suicide or a history of seizures will result in the inmate being assigned to quarters that have close supervision.

We realize that communicable diseases, such as tuberculosis (TB), HIV and hepatitis require special attention in inmate populations. We have developed an Infection Control Program that incorporates education, diagnosis and treatment of inmates. Screening for TB and/or HIV occurs at time of intake, if conditions indicate that such testing is necessary.

Neither North Carolina nor Federal laws specifically require HIV testing upon request; however we feel that the most prudent course to take would be to make testing available but limit it by leaving the decision to the medical staff.

Data supports that our inmate population has a higher than usual incidence of Sexually Transmitted Disease, (STD). This is addressed in the medical intake screening and then in more depth upon the History & Physical. If at the time of intake, the H&P or any time complaints of that nature is offered, we will then initiate testing and or treatment.

Our Infection Control Program includes, but is not limited to:

- Surveillance procedures to detect inmates with infectious and communicable diseases, appropriate immunizations to prevent these diseases and proper treatment and care for inmates with these diseases.

- The decontamination of medical equipment and proper disposal of sharps and medical bio-hazardous waste used by the medical staff, or determined by the medical staff to be considered bio-hazardous waste.
- Strict adherence to universal precautions by health care workers to prevent exposure to blood-borne pathogens.
- Notifying the Local county health department of suspected/confirmed cases of all STD, TB, HIV, Hepatitis, Listeria E-coli, MRSA, as well as other disease reportable according to the NC Administrative Code 10ANCAC41A.0101 and 0102 criteria.

We will also dispose of all medically-related infectious and hazardous waste in accordance with all state and federal regulations. We follow and assure compliance with Occupational Health and Safety Administration (OSHA) guidelines for infection control procedures.

Pharmaceuticals and Medical Supplies

An agreement has been set in place to order all prescribed medications from a contracted pharmacy vendor. Any STAT medications may be ordered from a local pharmacy provider. STAT medications are classified as medications which need to be started immediately and a supply of such medications is not currently on-site within the medical unit. The pharmacy vendor will supply the SHP Formulary and ordering sheets to the facility for the placement of orders. All orders received before 3:00 p.m. EST, will be shipped out for next day delivery.

SHP shall comply with all applicable state and federal regulations regarding the prescribing, dispensing, administering, and procuring of pharmaceuticals. All employees must review the ordering procedures for pharmaceuticals. No medications will be ordered without a physician's order. All re-orders must be approved through the physician also. Medications are prescribed only when clinically indicated, not for disciplinary purposes.

All pharmaceuticals must be stored appropriately, in accordance with their storage instructions (i.e. refrigeration, etc.). Security storage (under lock and key) must be maintained for all prescribed medications. Only the nurse and health services staff will have access to the medications. If applicable, a key may be given to security in case of emergencies. All narcotics are to be kept under separate lock and key from other medications.

Application I for the registration to comply with the North Carolina Controlled Substance Act will be submitted at which time the N.C. Department of Health and Human Services (DHHS) then schedules an onsite inspection and upon the evaluation. DHHS will notify the Detention Center of the requirements that they must implement to be granted permission.

The nurse and Medical Director as needed should perform a periodic review of all pharmacy orders. A narcotic count must be performed on a regular basis and the nurse and/or physician should review all reports. Copies of all count sheets are to be kept on file for review and/or audit.

All expired pharmaceuticals must be destroyed accordingly. The pharmacy vendor will perform this service on a quarterly basis, or sooner if needed. The nurse must call the pharmacy directly to the schedule this service when needed. Also, a sharps count must be kept by all nursing staff with all count sheets to be kept on file for review and/or audit.

Diabetic inmates may be allowed to draw and administer their own insulin under the supervision of a health care staff member, and/or under security's approval.

All pharmaceuticals will be maintained in the medication room and only personnel authorized to give medications will have access to this area. The medication room area will be locked at all times and only authorized personnel will have keys.

The pharmacist will be responsible to select all generic equivalent drug products used in the correctional facility. All drug products utilized will be those of certified Food and Drug Administration approved manufacturers. In addition, the pharmacy vendor will conform to all federal laws, State statutes, and the state Board of Pharmacy regulations concerning drug products.

All drug recalls will be the responsibility of the pharmacist. Collection and return of recalled drugs will be the pharmacists' responsibility at the dispensing level and the nurse's responsibility, upon notification, at the drug administrator level.

All outdated, unused, deteriorated drugs will be the responsibility of the pharmacist to return and destroy during their quarterly inspections. Control substances returned or otherwise destroyed will be in compliance with federal and state regulations.

The pharmacy vendor according to the State Pharmacy Law shall label all prescriptions. Each prescription will contain the following information: Name/address of the dispensing pharmacy; Name of the prescriber; Name of patient; Directions for use; Date the prescription was originally filled; Name of drug and strength.

All floor stock shall be reviewed and authorized by the Medical Director. Floor stock will be issued as non-prescription floor stock, prescription floor stock, and emergency floor stock drugs. Only persons authorized to prescribe within the state where the facility is located may order floor stock to be kept within the medical unit.

Emergency Medical, Dental, and Mental Health

Certain members of the professional health care staff, including the physician, will have twenty-four (24) hour on-call responsibility for any emergency that may arise. In the event of an emergency or in response to any medical need, the nursing on-call staff must be called and will immediately respond by telephone to work with security staff to evaluate the inmate. Other appropriate medical personnel will be notified if necessary. The inmate will be transferred to a hospital emergency room for further treatment, if clinically indicated and agreed to by the SHP on-call medical authority.

When emergency transportation is required, medical personnel will decide whether an ambulance or security van is required and coordinate appropriate transportation with the corrections administration and security.

However in the event where the detention officer feels that the services of EMS is required, and the medical staff is not present to address the situation then the detention officer should make provisions for emergency transport without the hesitation of notifying the medical staff.

Dental Care

Dental treatment shall be provided according to an established treatment plan/order, and based on established priorities. Consultation with the dentist and/or dental specialist will be available. Dental treatment will be scheduled on an as needed basis, for the earliest appointment time available. Medical staff should notify the dentist of requested treatment in advance of services being performed.

The Medical Director will review all prescriptions for approval. Any substitutions for prescribed narcotics/medications should be confirmed with the Dentist, but may be changed by the Medical Director to conform with the Detention Center policy (limits on narcotics, etc.).

Mental health and chemical dependency withdrawal

Inmates reporting the use of alcohol, opiates, stimulants, sedatives, hypnotic drugs, or other substances will be evaluated for their degree of reliance upon and potential for withdrawal from these substances and possible intoxication or overdose. Upon completion of the screening process, patients indicating such uses must be immediately referred to the medical staff for further evaluation and treatment.

Detoxification will be carried out only under medical supervision and initiated by the medical staff with physician overview on an individual care basis. All detainees found to be demonstrating the signs and symptoms of drug/alcohol withdrawal will be seen by the Medical Director and his treatment plan will be followed. Inmates experiencing severe, life threatening intoxication or withdrawal must be seen by the Medical Director and upon his orders may be transferred to a licensed acute care facility, or the local emergency room for treatment. The Detention Center Administrator must receive authorization of this transfer.

Detox inmates must be monitored on a consistent basis and all findings documented in his/her medical record. Documentation of the patient's status during detoxification is very important and must be reviewed by all medical staff members in order to maintain patient care while incarcerated. Detox inmates may be referred to the designated mental health provider or a local program for assessment regarding dependency issues.

Pregnant females who have drug/alcohol dependency will promptly be referred to the Medical Director for appropriate treatment methods. The Medical Director may have established treatment protocols.

Inmates who are on Methadone will be referred to the Medical Director to determine appropriate withdrawal treatment plans to be used.

Medical staff will verify a patient's history and medication prior to inception of services. Physician will review the information and make referrals as appropriate. Treatment services may include on-site and/or off-site crisis intervention. Not all treatments include the prescribing of psychotropic medications. Crisis intervention is to be initiated if patient is a threat to themselves and others.

Pregnant Inmates

All verified and confirmed pregnant inmates will be referred to the designated prenatal clinician who can provide obstetric services including regular prenatal care, medical exams, activity level advice, safety precautions, nutrition guidance and counseling. The inmate will be prescribed prenatal vitamins while incarcerated and applicable laboratory and diagnostic testing will be performed.

The Detention Center Administrator must be notified of the inmate's pregnancy and on-going treatment. Detention Officers should be alerted to the inmate's due date as it approaches and she should be under close observation around that time.

Medical staff will document inmate's previous health history and other births. Outside specialty clinic visits will also be documented and noted in the patient's chart, along with services rendered noted in the file. Medical staff must utilize the Pregnancy Flow Sheet to monitor the pregnancy. The Medical Director should review the flow sheet on a consistent basis, maybe at the established chronic clinics reviews.

Pregnant inmates needing obstetric services will be referred to the local County Health Department. The Health Department's contracted providers determine if they will accept inmate for services. Also, contract providers may discharge a client from care with documented cause and notification.

The designated mental health provider may be asked to participate in the treatment plan regarding the patient. Issues which may be discussed are any psychotropic medications needs and/or depressions issues the patient may experience due to separation from the baby after the birth.

Medical Records

All medical records will be kept in the medical unit or, if inactive, in a secure place accessible to medical personnel for a period of seven years. The Detention Center Administrator should be consulted as to the space needed for the storage of inactive files.

All medical encounters will be entered into the medical record using a narrative, pathways or S.O.A.P. format. The medical record will contain the following elements and all laboratory reports, consult reports, discharge summaries, and diagnostic studies will be reviewed and initialed by the physician before placement in the medical record.

1. Master Problem List (if a chronic condition patient);
2. Receiving Screening form;
3. Admission Data/History and Physical Assessment form;
4. Physicians' Orders form;
5. Progress Notes;
6. Laboratory studies; Diagnostic studies; Dental records;
7. Psychiatric and psychological reports;
8. Consultant's reports; x-ray reports;
9. Medication Administration Records;
10. Consent forms; Discharges summaries;
11. Release of Responsibility and Authorization for Release of Information Forms;

12. Sick Call Request forms;
13. Specialized treatments plans;
14. All other relevant and medically related materials;
15. Transfer forms

When an inmate is re-incarcerated, the prior record, if one exists, will be reactivated and reviewed by the medical staff. The inmate will have one (1) medical record that contains a record of all medical services that are rendered.

All forms must be signed and dated appropriately.

Confidentiality of Health Records

HIPAA regulations apply to any protected health information such as information that concerns a person's social security number, date of birth, physical or mental health, healthcare, or payment information that could be used to identify an individual. Disclosure of such information is prohibited. While individuals are in a correctional institution, SHP can use or disclose an inmate's protected health information to the medical unit of another correctional institution for the following reasons:

1. Health and safety of the inmate or other inmates;
2. Health and safety of correctional institution personnel;
3. Health and safety of those personnel responsible for transporting or transferring of inmates;
4. Law enforcement on the institution's premises;
5. The administration and maintenance of the safety, security, and good order of the institution.

N.C.G.S 130A 143 has strict confidentiality to information about reportable communicable diseases. The public health regulations allow a local health department director to notify the sheriff if a detention inmate has certain communicable diseases. This regulation excludes HIV infection and AIDS. The disease must represent a significant threat to the public health. Per N.C.G.S. 130A-145, all information and records that identify person who has AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential and shall not be released or made public except under the circumstances listed in the Article.

Further, if an inmate has escaped from custody, HIPAA does not restrict the use or disclosure of an inmate's medication information. In such situations, the correctional institution may use or disclose the inmate's personal medical information as long as that use or disclosure is consistent with applicable law and standards of ethics.

The inmate's medical record is considered confidential and may not be shared with unauthorized individuals or agencies without the inmate's written consent. Training will be extended to all staff upon orientation as to the importance of maintaining medical confidentiality.

Confidentiality Specific to HIV infection and AIDS

1. Any information and records, especially medical records that might identify an inmate as HIV infected, will be kept strictly confidential.
The above reflects North Carolina's Law. Federal courts have recognized that inmates retain the right to privacy that protects against the disclosure of sensitive medical information.
2. Detention Center medical staff only under the following circumstances may release the inmates HIV status:
 - a. Release is made to health care personnel who are providing care to this inmate.
 - b. Release is made with the inmate's written consent or the written consent of the inmate's guardian.
 - c. Release is made pursuant to a subpoena or court order.
 - d. Release is made to the Physician of a person exposed to the inmate's potentially infectious body fluid, upon receipt of proper consent under law.
 - e.

Note: If an exposed officer learns from the Detention Center physician or private physician that an inmate is HIV infected, he or she must keep that information strictly confidential. The reason for telling the officer is to permit effective treatment and counseling. It is a misdemeanor if the officer discloses this information to another officer.

The only exception to the confidentiality law is N.C.G.S. 53A 222 which allows inspectors with the Jail and Detention Branch to see an inmate's medical record unless the inmate objects in writing. Before inspectors may review the inmate's record, the inmate must be informed in writing of his right to object.

Privacy

All medical evaluations and services are to be performed in as much privacy, with respect to security issues, as possible. The discretion is with the Medical Director, physician, or nurse providing the service.

Security personnel may be present if the patient poses a probable risk to the safety of the medical staff or others. Instruction on maintaining confidentiality is given to security staff that observes or hears health encounters. When cell side triage is required, medical staff must take extra precautions as to promote private communication with the inmate.

Handling of Intoxicated Inmates

Upon completion of the screening process, patients indicating such uses must be immediately referred to the medical staff for further evaluation and treatment.

Detoxification will be carried out only under medical supervision and initiated by the medical staff with physician overview on an individual care basis. All detainees found to be demonstrating the signs and symptoms of drug/alcohol withdrawal will be seen by the Medical Director and his treatment plan will be followed. Inmates experiencing severe, life threatening detoxification or withdrawal must be seen by the Medical Director and upon his orders may be transferred to a licensed acute care facility, or the local emergency room for treatment. The Detention Center Administrator must receive authorization of this transfer.

Pregnant females who have drug/alcohol dependency will promptly be referred to the Medical Director for appropriate treatment methods. The Medical Director may have established treatment protocols.

Inmates who are on Methadone will be referred to the Medical Director for appropriate withdrawal treatment plans to be used.

Training for Officers

Training programs should be provided by a Detention Center training coordinator or through programs funded by the county or state (depending upon the facility resources). All training programs provided by SHP must be documented and the Detention Center training coordinator will keep attendance rosters.

Upon request by the Detention Center Administrator, SHP can provide the following training:

First Aid; Suicide Prevention; CPR; Screening Techniques; Health Referrals; Medication Administration; Recognizing chronic conditions/illnesses; Signs and Symptoms of Mental Illness; Universal Precautions; Confidentiality (HIPAA); Infectious Diseases – AIDS, MRSA, TB

The nurse should participate in the on-going training program currently set-up through the facility, whenever available to do so.

Transporting inmates to outside sources for medical care

The transportation officer will be notified by medical personnel when an inmate is scheduled for an appointment outside the Detention Center. Security staff will plan the transportation. Medical staff will not inform the inmate of the date or time of the appointment. When emergency transportation is required, medical personnel will decide whether an ambulance or security van is required and coordinate appropriate transportation with the corrections administration and security.

Medical Co-Pay

The medical staff is not to benefit in any way from the co-pay system. The nurse who is triaging or treating the inmate is to only complete any forms to provide information so that an inmate's account can be charged.

Continuity of Care

Upon an inmate's admission into the Detention Center, every effort must be made to obtain information concerning previous and/or current treatment plans. Record request forms may be sent to the inmate's treating physician for inclusion into inmate's current medical file at the Detention Center. The Medical Director must be made aware of the medical records upon arrival, for his/her review as well.

All medications must be verified before their continuance. All verifications (or inability to verify) must be noted within the patient's chart. Once medications have been verified, the Medical Director may give a verbal order (if not on-site) to continue the medications until the next scheduled physician sick call, based upon the inmate's compliance prior to incarceration and present condition. Identified long-term and/or serious chronic conditions must be referred to the Physician for referrals or follow-up clinic visits as needed.

All pregnant inmates will be placed on pre-natal services for referral to a local OB/GYN clinic or the local county health department. Those pregnant inmates exhibiting serious conditions may be referred to the hospital for assessment.

All ordered tests and/or consults are completed in a timely manner. The Medical Director must sign all outpatient service discharge summaries as evidence of review. If changes in treatment are necessary, the changes must be noted and clinical justification for an alternative treatment plan is noted.

Health Assessment

All history and physical data will be obtained by medical staff and recorded on an Admission Data History and Physical Exam form. The medical staff will review the Receiving Screening form and confirm all information, as well as ask for any additional medical history information that may not have been noted upon admission. The medical staff must verify previous history, and document such verification and/or non-verification.

Within 14 calendar days of arrival into the Detention Center, inmate will receive a full health assessment by SHP medical staff. A recording of inmate's current weight, height, blood pressure reading, and temperature and pulse rate will be noted on the Assessment form. Female inmates will be given a pregnancy test if their situation deems possible pregnancy and/or upon request.

The medical staff in using the H&P Assessment form will perform a physical exam. Inmates with a chronic condition will be screened and questioned specifically about their condition. Chronic care inmates will be referred to the physician's chronic care clinic for an initial assessment and treatment plan as well.

Other lab and/or diagnostic testing may be required based on information received from the inmate and documented on the Receiving Screening or Assessment form. Physician's orders must be obtained for the testing.

An inmate, who has been re-admitted into the Detention Center and had a documented health assessment within the previous 12 months, need not be re-examined unless changes in inmate's health have been noted upon admission.

An inmate has the right to refuse a health assessment. Please refer to the policy Right to Refuse Treatment. If an inmate refuses a TB test, the inmate must be placed in isolation for precautionary measures, as TB is an infectious disease. Medical staff should monitor inmate until the TB testing is completed. Depending upon the reasons for the inmate's refusal, the Medical Director and/or mental health staff may be advised to speak with the inmate about his/her concerns.

All history and physical exam records must be referred to the Medical Director for review and sign-off.

Grievance Procedure

Upon receipt of an inmate's grievance, the nurse will review the information presented and speak with the inmate about the problem and possible resolution. All information about the conversation should be documented on the grievance form and returned to the Detention Center Administrator as to response. A copy should be filed in a file labeled "Inmate Grievance Reports" in the medical office. All responses to inmate grievances must be timely and based on principles of adequate and prudent medical care.

Detention Officers will provide grievance forms to inmates upon their request. The inmate will give the completed form to a detention officer who then gives the form to the medical staff for resolution.

An incident report may accompany a copy of the grievance if submitted to the SHP corporate office. If the corporate office needs to be involved in the resolution of the problem, communication with the nurse, as well as a review of the applicable records and/or other information will begin. The nurse should notify the corporate office of the need for involvement.

After the grievance has been resolved, the Detention Center Administrator should be notified as to the resolution.

If the inmate does not agree with the resolution, an appeal may be filed citing additional information. The nurse and Detention Center Administrator will once again review this appeal grievance, with a copy forwarded to the corporate office for resolution. All appeals must be sent to the corporate office for review.

Collection of DNA

In keeping in compliance with the Session law 2003-376 House Bill 79, the nurse or member of the Detention Center health team will provide the phlebotomy service for the collection of the DNA samples that are specific to meeting the requirements mandated by the state of North Carolina. This does not address the issue of obtaining DNA for the use of forensic investigation, for which no member of the Detention Center medical team is to participate in any such action. The Detention Center medical team is only to provide the services of phlebotomy, if required, and under no circumstances should be involve with the records keeping, finger printing and transport of the specimen. The location and time of this service will be established in agreement with both the duty officers and the medical team member. This procedure is never to interfere with the health care provider's responsibility to deliver health care services to the inmates of this facility.