SECTION A — GOVERNANCE AND ADMINISTRATION

701	Access to Care
702	Responsible Health Authority
703	Medical Autonomy
704	Administrative Meetings & Reports
705	Policies and Procedures
706	Continuous Quality Improvement Program
707	Emergency Plan
708	Communications on Special Needs Patients
709	Privacy of Care
710	Procedure in the Event of Inmate Death
711	Grievance Mechanism

SECTION B — MANAGING A SAFE AND HEALTHY ENVIRONMENT

701	Infection Control Program
702	Inmate Safety
703	Staff Safety
704	Sexual Assault Reporting Regulations
705	Sexual Assault Event

SECTION C — PERSONNEL AND TRAINING

701	Credentialing
702	Clinical Performance Enhancement
703	Professional Development Training
704	for Detention Officers Medication
705	Administration Training Inmate
706	Workers
707	Staffing Levels
708	Health Care Liaison
709	Orientation for Health Staff

SECTION D — HEALTH CARE SERVICES SUPPORT

701	Pharmaceuticals
702	Clinic Space, Equipment and Supplies
703	Diagnostic Services
704	Hospital and Specialized Ambulatory Care

SECTION E	INMATE CARE AND TREATMENT
701	Information and Health Services
702	Receiving Screening
703	Transfer Screening
704	Health Assessment
705	Mental Health Evaluation
706	Dental Care
707	Daily Handling of Non-Emergency Medical Request
708	Emergency Services
709	Health Evaluation of Inmates in Segregation
710	Patient Transport
711	Assessment Protocols
712	Written and verbal Clinicians' Orders/Continuity of Care
713	Discharge Planning
SECTION F	HEALTH PROMOTION
701	Health Education and Promotion
702	Medical Diets
703	Use of Tobacco Products
SECTION G	SPECIAL NEEDS AND SERVICES
701	Chronic Disease Services
702	Patients with Special Health Needs
703	Skilled Nursing and Infirmary Care
704	Basic Mental Health Service
705	Suicide Prevention Program
706	Intoxication and Withdrawal
707	Care of the Pregnant Inmate
708	Inmates with Alcohol or Other Drug Problems
709	Pregnancy Counseling
710	Orthosis, Prostheses and Other Aids to Impairment
711	Care for the Terminally Ill
SECTION H	HEALTH RECORDS
701	Health Record Format and Content
702	Confidentiality of Health Records
703	Access to Custody Information
704	Management of Health Records

SECTION I MEDICAL LEGAL ISSUES

701	Medical Restraints and Isolation
702	Emergency Psychotropic Medication
703	Forensic Information
704	End of Life Decision Making
705	Informed Consent/Right to Refuse Treatment
706	Medical and Other Research

SECTION A - GOVERNANCE AND ADMINISTRATION

700

DETENTION HEALTH PLAN

ACCESS TO CARE

701A

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225
2. State Standards: 10 NCAC 14J Section 1000
3. NCCHC Standards: J-A-01 (Essential)

B. **OBJECTIVE:** To assure inmates of the Buncombe County Detention Facility (BCDF) have access to care to meet their serious medical, dental, and mental health needs.

C. **POLICY:** The responsible health entity (RHE) identifies and eliminates any barriers to inmates receiving health care. Access to care shall be in a timely manner, an inmate can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.

D. **PROCEDURE:**

1. Unreasonable barriers to inmates' access to health services are to be avoided. Examples of unreasonable barriers include the following:

   a. Punishing inmates seeking care for serious health needs
   b. Assessing excessive co-payments that prevent or deter access to care
   c. Inconvenient sick call times (2:00a.m.) to deter inmates from seeking care

2. No patient is to be refused health care services due to indigent status or inability to pay an established co-pay charge determined by the BCDF. The medical staff may need to educate inmates as to previous statement if they are refusing needed medical care due to a co-pay plan in place. The current co-pay fee is $20 per incident and there no fee charged for any follow-up care.

3. The RHE in agreement with the Facility Director may forego charging a co-pay charge for certain medical conditions that are of an infectious disease basis…i.e. Staph Infections, suspected M.R.S.A. infections, etc. Inmates may be more apt to report skin infections if there is not a co-pay charge associated with the sick call notification of that condition. This issue may be further discussed with the Facility Director for approval.

700

DETENTION HEALTH PLAN

RESPONSIBLE HEALTH AUTHORITY

702A

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .1000

3. NCCHC Standards: J-A-02 (Essential)

B. **OBJECTIVE:** To assure that the Buncombe County Detention Facility (BCDF) has a designated health authority with responsibility for health care services.

C. **POLICY:** The BCDF shall have a contracted medical provider designated as the responsible health authority referred to as the responsible health entity (RHE). The RHE is responsible for the health services provided in accordance with the Detention Health Plan. This health plan directs that the RHE provides a medical team consisting of a Medical Team Administrator (MTA), Medical Director (Physician, Physician Assistant, Nurse Practitioner, and Physician Provider) and ancillary staff as dictated by contractual agreement.

D. **PROCEDURE:**

1. The Medical Director shall have the final decision in making judgments regarding the medical care provided to inmates at the BCDF.

2. The Medical Director has the responsibility for the provision of all levels of health care services and assuring quality and accessibility of these services to inmates. The MTA is responsible for service delivery.

3. Health care includes: preventive (primary) and therapeutic (secondary, tertiary) interventions for the physical and mental well being of the population; medical, dental and mental health services; personal hygiene; medical implications involving dietetic therapy and the assessment of environmental conditions.

700

DETENTION HEALTH PLAN

MEDICAL AUTONOMY

703A

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-A-03 (Essential)

B. **OBJECTIVE:** To assure that all matters involving medical, mental health and dental judgments is the sole province of a responsible and professional health care provider. All existing security regulations that apply to facility personnel also apply to health care personnel.

C. **POLICY:** All matters concerning medical, mental health, dental and nursing judgments shall be the sole province of the responsible health care provider. There shall be mutual cooperation trust between detention staff and health professionals making the delivery of health care a joint coordinated team effort. The MTA and Medical Director arrange for the availability and monitoring of all health care services and are cognizant of the security restrictions involved. The detention staff will provide the support for the accessibility of health services to inmates and the physical and personnel resources deemed necessary for the delivery of health care.

D. PROCEDURE: In all matters of health care delivery, the RHE will have complete responsibility arid authority in conjunction with the County health services contract. Detention staff should not become involved in providing direct medical treatment or in analyzing or evaluating the efficiency of medical treatments or the validity of medical complaints.

700

DETENTION HEALTH PLAN

ADMINISTRATIVE MEETINGS & REPORTS

704A

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-A-04 (Essential)

B. **OBJECTIVE**: To assure that health care problems are promptly identified and solutions sought by promoting an effective working relationship with all departments at the BCDF through regularly scheduled administrative meetings.

C. **POLICY**: Health services will be discussed monthly at the Detention Health Coordination meeting. The Facility Director, Operations Lieutenant Services, the RHE, MTA, Nursing Staff as appropriate, and other appropriate staff, shall be in attendance. Minutes will be recorded and distributed to all attendants with one copy being kept on file by Contract Coordinator. Problems will be identified, discussed and solutions sought. The minutes shall include an account of the effectiveness of the health services.

D. **PROCEDURE**:

1. The MTA is responsible for conducting regular staff meetings with Medical personnel to disseminate and discuss information covered in the monthly Detention Health Coordination meeting. The MTA will also be responsible for covering the current procedures, medical cases and systems that are in place on a regular basis.

2. The MTA will provide no later than 15th of the month a monthly statistical report as stated in the health services contract.

3. It is essential for a successful medical program to maintain open lines of communication between the Facility Director and the RHE to include all Medical and Detention Staff.

700

DETENTION HEALTH PLAN

POLICIES AND PROCEDURES

705A

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A.225
2. State Standards: 10 NCAC 14J Section .3201
3. NCCHC Standards: J-A-05 (Essential)

B. **OBJECTIVE**: To provide written polices and define procedures/protocols in coordination with the Detention Health Plan regarding health care services at the BCDF that addresses each applicable standard in the *Standards for Health Services in Jails.*

C. **POLICY:** The RHE and all Medical personnel must be informed as to the policies and objectives of the Detention Health Plan along with the necessary procedures for meeting these objectives including the legal constraints within which they are to function.

All Medical staff must comply with the Detention Health Plan and legal developments in the field of Detention Health Services. Non-compliance may leave the employee vulnerable to criminal prosecution and civil liability.

The MTA and the Medical Director in consultation with the Facility Director shall submit the policies and procedures manual to include the Detention Health Plan with necessary changes or additions to the Sheriff and Health Director for approval annually.

D. **PROCEDURE:**

1. The Detention Health Plan will be reviewed, revised, and recommended for approval annually by a Joint Detention Health Care Review Committee appointed by the Facility Director. The review will be completed annually in June of each year prior to the approval of the Health Services Contract.

2. Facility Director and Medical Director shall be responsible for the dissemination of appropriate information to their respective personnel. The policy directives and operating procedures will be provided to ensure sufficient communication to each employee within their respective units.

700

DETENTION HEALTH PLAN

CONTINUOUS QUALITY
IMPROVEMENT PROGRAM

706A

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-A-06 (Essential)

B. **OBJECTIVE:** To assure all inmates are receiving appropriate care and that all written orders and procedures are properly carried out.

C. **POLICY:** The Facility Director will designate an Audit and Review Team to regularly assess the quality of health care services provided to inmates. The team will consist of the Facility Director or his designee, County Safety Officer and Health Department Representative. The Team will review complaints and incidents involving health care services or standard of care and make recommendations and make a follow-up review report which will be forwarded to the Facility Director.

D. **PROCEDURE:** The Facility Director is responsible for the implementation and oversight of the Audit and Review Team. The plan includes but is not limited to the following elements:

1. Chart Reviews - Charts are reviewed at least monthly. Items to be reviewed include adequacy of treatment plans, insure orders are carried out, the completeness and legibility of the medical record, the treatment protocols, and evidence of compliance with established health care procedures.

2. Incident Reports - Regular review and appropriate follow-up of all incident reports relating to Detention Health Services.

3. Grievance Reports- The MTA or Medical Director will review all medically related grievances and their resolutions.

700

DETENTION HEALTH PLAN

EMERGENCY PLAN

707A

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-A-07(Essential)

B. **OBJECTIVE:** Coordinate the health care aspects of the facility's emergency response plan in the event of a disaster.

C. **POLICY:** The Facility Director and the MTA shall be responsible to provide an adequate and operational plan for the timely and orderly delivery of medical services in the event of a disaster which is incorporated in. the overall emergency plan. This plan shall be part of each new employee's orientation package and reviewed annually.

The medical aspects of the disaster plan will be practiced and reviewed annually by the Facility Director and the Medical Director.

The medical aspects of the disaster plan will minimally include the following:

1) Alert System - procedures for notifying health care personnel, ambulance, and supportive personnel to include outside services.

2) Triage and treatment areas.

3) Specific roles and assignments of health care personnel.

4) Procedures for evacuating inmates and staff.

5) Provisions for practice drill and staff training.

D. **PROCEDURE:**

1. Evacuation - all the necessary officials are contacted and inmates and staff will be safely guided to the appropriate exits.

2. Medical Support Disaster - The Medical Director will be notified in case of any medical disaster. The MTA or his/her designee will coordinate all medical traffic during the emergency with on-scene commander.

3. Injured Inmate Transport

   a. All inmates with severe injuries will be transported to area hospitals.
   b. Inmates with less severe injuries will be transported to other designated inmate facilities.

4. Drills and Plan Review - The disaster plan with the medical division shall be reviewed annually. Drills will be conducted annually.

5. Health Record - Accurate documentation will be kept on all patients involved in evacuation whether from illness or injury.

6. Communication- Continuous lines of communication will be maintained. Telecommunications and/or Master Control will coordinate communication outside of facility.

7. Community Support System - Activation of the Fire Alarm System automatically notifies the EOC. In the event this system fails, the Master Control Officer is responsible for notification to EOC.

8. Release of Public Information - The Sheriff will designate the procedure for release of information.

700

DETENTION HEALTH PLAN

COMMUNICATIONS ON
SPECIAL NEEDS PATIENTS

708A

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .1003

3. NCCHC Standards: J-A-08 (Essential)

B. **OBJECTIVE:** To assure that inmates with significant medical and/or psychiatric illnesses or physical and developmental disabilities, pregnant inmates, frail or elderly, on dialysis and the terminally ill are identified and that consultation between the Facility Director and the Medical Director or designee is done prior to the following actions:

1. Housing Assignments

2. Work Assignment Limitations

3. Program Assignments

4. Disciplinary Measures

5. Admission to and Transfers from the facility

C. **POLICY:** It is the responsibility Facility Director or their designees to consider special needs in the decision making process affecting the following areas:

1. HOUSING: Medical and detention staff will confer as to the appropriate housing setting for such inmates. A variety of levels of support will be available, including the following:

   a. Psychiatric/medical setting.
   b. Protective environment settings
   c. General population setting with appropriate health services.

2. WORK ASSIGNMENT LIMITATIONS: Medical and detention staff will confer as to the appropriate work assignments of inmates with special needs.

3. PROGRAMMING: The selection of inmates for participation in programs available for the general population is to be based on the recommendations of the Program Director who is familiar with the particular inmate, with the final decision to be made by the Facility Director.

4. DISCIPLINARY MEASURES: The MTA may confer any concerns about the possible impact of disciplinary measures on the inmate's health and may recommend that alternative measures be used so as to assure that inmates with special needs are permitted full and uninterrupted access to care. Medical staff will be given an opportunity to make appropriate recommendations regarding the disciplinary actions as they impact on the treatment of inmate.

5. ADMISSION TO AND TRANSFERS FROM THE FACILITY: Inmates with special needs being admitted or transferred must be evaluated by the medical staff prior to admission or transfer to allow for medication adjustment or other special considerations.

D. **PROCEDURE:**

1. HOUSING: Upon admission of an inmate to the facility the medical staff will review the intake information. If a positive response is given indicating special needs and/or medical/psychiatric illness requiring specialized treatment needs, the medical staff will refer the inmate to the appropriate medical staff to address the individual's needs include housing. Any housing assignment can be overridden by the Facility Director after consultation with the MTA or Medical Director as appropriate. Any special request for housing will be documented and forwarded to the Operations Lieutenant for approval and coordination.

2. WORK ASSIGNMENT LIMITATIONS: The MTA or designee will conduct an assessment and make recommendations of an inmate's work assignment based on the documented health or special needs of the inmate. A date for re-assessment of appropriate work assignments will be indicated for further review of the continued special need of the inmate.

3. PROGRAM ASSIGNMENT: When an inmate with special needs is being considered for selection into a program, if there is a health concern then consultation will be conducted with the MTA or Health Director for approval for participation.

4. DISCIPLINARY MEASURES*:* When an inmate with special needs is housed in the special management unit for disciplinary action, the Operations Lieutenant will consult with medical staff to insure that any medical concerns are addressed. The MTA or designee may make recommendations recognizing the inmate's health needs and the need for alternative measures.

5. ADMISSION TO AND TRANSFERS FROM THE FACILITY: Transfers to and from the Facility are authorized only by the Facility Director. The MTA or Medical

Director may make recommendations for transfer based on documented health or special needs of an inmate such as transfer to the local hospital for treatment or to Central Prison for safekeeping. The Transportation Supervisor will consult with Medical Staff before assigning the transport of an inmate to determine any medical concerns such as pregnant females or ambulatory restrictions. Medical staff will be provided a shipping roster for all inmates scheduled for transfer by 4 pm of the date prior to being shipped.

700

DETENTION HEALTH PLAN

PRIVACY OF CARE

709A

A. **STANDARDS AND STATUTES:**

1. S ate Statutes: None
2. State Standards: None
3. NCCHC Standards: J-A-09 (Important)

B. **OBJECTIVE:** To assure that health care encounters are provided with consideration for the inmate's dignity and privacy.

C. **POLICY:** Health care including clinical encounters are private and carried out in a manner to encourage the patient's subsequent use of health services.

D. **PROCEDURES:**

1. All clinical encounters are conducted in private and not observed by detention officers unless the inmate poses a probable risk to the safety of health care providers or others.
2. When the presence of detention officers is required for disruptive inmate, every effort is made to provide either auditory or visual privacy.
3. Detention officers observing health encounters should be the same gender as the inmate.

700

DETENTION HEALTH PLAN

PROCEDURE IN THE EVENT OF INMATE DEATH

710A

A **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225
2. State Standards: 10 NCAC 14J Section .1102
3. NCCHC Standards: J-A-10 (Important)

B. **OBJECTIVE:** All deaths are reviewed to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures or practices are warranted: and to identify issues that require further study.

C. **POLICY:** All notifications of death will be reported immediately to the appropriate authority.

D. **PROCEDURE:**

1. Upon notification of an inmate death, the Squad Supervisor will direct Master Control to notify the following individuals and agencies:

   a. Notification of EOC/Medical Examiner via 911
   b. Facility Director
   c. Watch Commander
   d. Sheriff's Investigator
   e. Office of Professional Standards
   f. Sheriff and Chief Deputy
   g. MTA and/or Medical Director
   h. County Safety Officer
   i. Sheriff's Chaplain
   j. Local Health Director

2. The Squad Supervisor will secure the scene. It will remain secure until released by the Investigator. The Squad Supervisor or his designee will immediately start recording a time line of all events. All staff members directly involved in the event will complete an Incident Report.

3. The Facility Director will be responsible to insure the following notifications are made:

    a. State Bureau of investigation for investigation of inmate death.
    b. The Medical Examiner shall be notified via Emergency Medical Personnel.
    c. The State Jail Inspector for the Department of Health and Human Services will be contacted and the report of inmate death will be forwarded to the Jail and Detention Services Section within 5 days.
    d. The Facility Director will notify the next of kin in the event of inmate's death.

4. All deaths are reviewed within 30 days with the review consisting of:

    a. Administrative Review
    b. Clinical Mortality Review

5. The purpose of theses reviews is to identify areas where facility operations, clinical care related to policies and procedures can be improved. The intent of this procedure is that preventable deaths are avoided.

700

DETENTION HEALTH PLAN

GRIEVANCE MECHANISM

711A

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-A-11 (Important)

B. **OBJECTIVE:** To provide an efficient administrative procedure to address and resolve medical health related complaints.

C. **POLICY:** Any medical complaints will be addressed through the grievance process.

1. Grievance forms will be provided by the housing unit officer upon request. The inmate must complete the inmate grievance form to initiate the procedure.

2. All inmates will be instructed on the proper use of the grievance procedure during orientation and at any other time upon request by an inmate.

3. A grievance is a formal complaint concerning an incident, policy, or on-going condition within the Buncombe County Detention Facility.

4. Grievances related to Health Care Services will be reviewed by and responded to as indicated by the MTA.

5. All non-emergent grievances must be screened and responded to within 48-72 hours; emergent grievances will be responded to within 24 hours by the MTA.

D. **PROCEDURE:**

1. Informal resolution between the inmate and staff is strongly encouraged. Staff is urged to listen and be receptive to inmate complaints and take appropriate action to resolve the inmate's problem when feasible. Staff should never avoid or postpone acting to solve a legitimate problem by instructing the inmate to file a grievance.

2. All health care related grievances will be forwarded to the Operations Lieutenant. The grievance will be logged and then forwarded to the MTA for screening and response to the medical complaint.

3. If an inmate is dissatisfied with the grievance response, the inmate may file an appeal. The appeal will then be forwarded to the Captain of Detention Operations. Appeals will be logged in the inmates file just as the original grievance.

4. Either the Facility Director or the Captain of Detention Operations will address any appeals as appropriate. The inmate will be given a copy of the response to their appeal and the original will be placed in the inmates file with a final disposition noted on the log.

5. If an inmate is dissatisfied with the resolution of the grievance appeal they may pursue the matter with the proper application to the court.

6. Medical grievances may be reviewed by the Medical Director Department of Health as needed.

SECTION B - MANAGING A SAFE AND HEALTHY ENVIRONMENT

700

DETENTION HEALTH PLAN

INFECTION CONTROL PROGRAM

701B

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .1001-.1003

3. NCCHC Standards·: J-B-01 (Essential)

B. **OBJECTIVES:** To prevent the occurrence and spread of contagious, infectious or communicable diseases at the Detention Facility. To insure that communicable diseases in the Detention Facility are identified promptly and are appropriately managed to prevent the spread of disease and to protect the inmates and staff

C. **POLICY:** The Detention Facility has adopted and will maintain policies and procedures to prevent and control diseases and infections. The Infection Control Committee prior to implementation will approve all infection control policies and procedures. The Infection. Control Program includes surveillance to detect communicable disease among inmates, the reporting of infections and suspected infections in accordance with local and state laws and accepted medical practice, appropriate immunizations and· other prevention techniques, compliance with care arid treatment regimens including isolation when medically indicated, the decontamination of medical equipment and proper disposal of sharps and biohazard wastes, strict adherence to universal precautions by medical staff and the establishment of a Joint Detention Health Care Review Committee.

D. **DEFINITIONS:**

1. Communicable disease means an illness due to an infectious agent or its toxic products, which is transmitted directly or indirectly to a person from an infected person, or host, or vector, or through the inanimate environment.

2. Isolation means the authority to limit the freedom of movement or action of a person with a communicable disease or communicable condition for the period of communicability to prevent the direct or indirect conveyance of the infectious agent from the person to other persons who are susceptible or who may spread the agent to others.

E. **PROCEDURE:**

1. Provide a sanitary environment for personnel, inmates and the general public.

2. Prevent the spread of communicable diseases through implementation of established guidelines including procedures for isolation techniques.

3. The Infection Control Committee

   a. The Infection Control Committee will meet at least quarterly to review and discuss infection control policies and procedures, surveillance, cleaning and disinfecting techniques and other matters related to infection control.

   b. Infection Control Committee Members include:
   MTA or Medical Director
   Buncombe County Safety Officer
   Buncombe County Health Infection Control Representative
   Facility Director

   Minutes of the Infection Control Committee meeting will be recorded and maintained by the MTA.

4. Communicable Disease and Isolation

Isolation procedures for inmates with a Communicable Disease must meet the following requirements:

a. The inmate is accommodated in a separate room with separate toilet, hand washing facility, soap dispenser, and single service towels.

b. Any inmate with disease spread by the airborne route (Example: Tuberculosis), will be isolated ill the special negative pressure cell if available. The inmate will wear a surgical mask anytime he is taken from the cell for any reason or anytime someone enters the room.

c. Procedural techniques include, but are not limited to, hand washing upon entering and leaving, proper isolation methods, instructions to the inmate and visitors, proper handling of food utensils and dishes, proper handling of patient care equipment, and cleaning and disinfection of isolation cells.

d. All inmates will be screened according to current recommendations.

e. Any inmate incarcerated in the Detention Facility who has already been diagnosed as having HIV or AIDS or found to have HIV or AIDS while incarcerated will be managed according to policy and procedures outlined.

f. The County Safety Officer will be notified of any inmate placed in isolation with a communicable disease. Procedural techniques for handling such inmates will be posted on the cell door.

g. Universal precautions and OSHA guidelines require that all health care workers consider all inmates as potentially infected with blood borne pathogens and follow infection control precautions intended to minimize the risk of exposure.

h. The MTA will assure that inmates who are released with a communicable or infectious disease are given community referrals.

i. The MTA will complete and file all reports as required by local, state, and federal laws and regulations.

j. The MTA will insure that a monthly environmental inspection is conducted in areas where health services are provided to verify that:

1. Equipment is inspected and maintained
2. Unit is clean and sanitary
3. Unit is occupationally and environmentally safe

k. If communicable disease is reportable under 10A NCAC 41A.0101 notification needs to be made to the Buncombe County Health department.

700

DETENTION HEALTH PLAN

INMATE SAFETY

702B

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .100I

3. NCCHC Standards: J-B-02 (Important)

B. **OBJECTIVE**: The RHE promotes patient safety by instituting systems to prevent adverse and near-miss clinical events.

C. **POLICY:** The RHE promotes patient safety through review of processes and symptoms regarding adverse and/or possible near-miss clinical events.

D. **PROCEDURE:**

1. The MTA will implement an error reporting system that includes ·policies and procedures that outline how medical staff voluntarily identify and report all clinical errors, whether the error occurs by omission (failing to do something that is supposed to be done) or commission (doing something that is not suppose to be done).

2. The error reporting system for medical staff will be a voluntary system that will identify errors that affect patient safety without fear of reprisal.

3. All medical staff will be trained to promptly report unanticipated problems involving risk to patients. Issues relating to patient safety should be discussed during orientation and in-service training.

4. The Medical Director or MTA shall analyze each adverse or near-miss clinical event when the cause is due to failure of policy or procedure. The Audit and Review Team should examine and review the issue. Overall recommendations will be made to the Facility Director in an effort to improve patient safety, individual competency and clinical skills.

700

DETENTION HEALTH PLAN

STAFF SAFETY

703B

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-B-03 (Important)

B. **OBJECTIVE:** To provide a safe work environment for all health care staff.

C. **POLICY:** To encourage and promote a safe working environment for all health care staff at the Detention Facility. The ability of health care staff to provide adequate healthcare is predicated on a safe and secure environment.

D. **PROCEDURE:**

1. All health care staff must remember that they work in a detention facility. The medical unit has inmates transferred daily for sick calls and exams. All health care staff shall be aware of themselves and their surrounding work areas at all times.

2. The importance of staff safety is to reduce risk and harm to health care staff. No medical staff shall ever be involved in securing or restraining an inmate. Call a Detention Officer immediately!

3. Staff Safety Precautions:

   a. Do not provoke an inmate.
   b. Always keep a safe distance from inmates.
   c. Do not tell an inmate of appointment times, dates, etc.
   d. Do alert a Detention Officer if you feel threatened or unsafe around inmate.
   e. Always be aware of your surroundings especially when inmates are in the unit.
   f. Always maintain your role as a medical professional.

700

DETENTION HEALTH PLAN

SEXUAL ASSAULT REPORTING REGULATIONS

704B

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State·Standards: None

3. NCCHC Standards: J-B-04 (Important)

B. **OBJECTIVE:** Establish procedures regarding the detection, prevention, reduction and punishment of rape consistent with Federal Law.

C. **POLICY:** Health care staff will respond with medical interventions upon the report of a sexual assault against an inmate.

D. **PROCEDURE:** An annual report will be provided to the Bureau of Justice Statistics in compliance with The Prison Rape Elimination Act of 2003. (PREA) detailing the number of sexual assaults that occurred within the year.

700

DETENTION FACILITY HEALTH PLAN

SEXUAL ASSAULT EVENT

705B

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-B-05 (Important)

B. **OBJECTIVE:** Assure the medical and psychological trauma of a sexual assault is minimized as much as possible by prompt and appropriate health intervention.

C. **POLICY:** The Medical Staff will respond to any sexual assault event with appropriate medical and mental health care as needed.

D. **PROCEDURE:**

1. Upon report of a sexual assault of an inmate, medical staff will see the inmate for treatment of any physical injuries. The inmate shall be referred to the emergency room for further treatment and gathering of evidence. A report by the medical staff will be prepared as to their findings prior to patient's transfer and should be forwarded to Facility Director.

2. After the physical examination, an evaluation will be conducted by a qualified mental health professional for crisis intervention counseling and follow-up care.

3. Medical staff will be responsible for all medically needed treatment for sexually transmitted or other communicable diseases as appropriate upon return to the facility.

4. An initial report will be made by detention staff detailing the incident and to ensure an immediate separation of the victim from the assailant in their housing assignments.

5. An approved sexual assault kit completed at the Emergency Room of Mission Hospital will be utilized to gather evidence and will be maintained to ensure proper chain of evidence.

SECTION C - PERSONNEL AND TRAINING

700

DETENTION HEALTH PLAN

CREDENTIALING

701C

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221; 153A-225

2. State Standards: 10 NCAC 14J Section 1001

3. NCCHC Standards: J-C-O1 (Essential)

B. **OBJECTIVE:** To ensure that all health care personnel providing services to inmates have verification of current credentials on file at the BCDF.

C. **POLICY:** All health care personnel will present licensure to the MTA upon employment and on or before December 31 of each year. The MTA validates each health care personnel's license with the N.C. Board of Nursing. If the license is not current or has restrictions, the health care personnel will not be allowed to work until these issues are corrected. Copies of written documentation of licensure, certification, and/or registration shall-be kept in the -health care provider's personnel file.

D. **PROCEDURE:**

1. Presentation of licensure and written documentation of certification of all health care personnel must be submitted to the MTA prior to providing care. Health providers must not perform task beyond those permitted by their credentials and/or licensure.

2. Follow-up validation call to the state licensing body will be performed by the MTA to ensure employee is adequately credentialed for the job and that there is no outstanding licensure action.

3. Annually on or before December 31, personnel will present nursing license to the MTA. If the license is not current or has restrictions, the health care worker will not be allowed to work until these conditions are corrected.

4. The Facility Director must be alerted prior to the hiring of any staff member. A separate credentialing and/or security clearance may be required in order for access into the jail. All derogatory findings must also be reported and an offer of employment may be reversed or terminated based on those findings.

700

DETENTION HEALTH PLAN

CLINICAL PERFORMANCE ENHANCEMENT

702C

A. **STANDARDS AND STATUTES:**

1. State Statutes: None
2. State Stat1dards: None
3. NCCHC Standards: JC-02 (Important)

B. **OBJECTIVE:** A clinical performance enhancement process will be utilized to evaluate the appropriateness of all primary care clinicians' services.

C. **POLICY:** The clinical performance of the facility's primary care clinicians is reviewed at least annually.

D. **PROCEDURE:** The clinical performance reviews are to be kept confidential. A log recording the names of all primary clinicians and the dates of their most recent reviews is maintained with the MTA and is available for review. The MTA is responsible for independent reviews when there is a concern or adverse findings requiring corrective action. The MTA will notify the Facility Director prior to any independent review and of the corrective action being taken. The MTA is responsible for implementing specific procedures to improve a health care clinician's competence when such action is necessary.

700

DETENTION HEALTH PLAN

PROFESSIONAL DEVELOPMENT

703C

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: JC-03 (Essential)

B. **OBJECTIVE:** To assure all qualified health care professionals participate annually in continuing education appropriate for their assigned position.

C. **POLICY:** All health care providers shall participate in an initial orientation and in ongoing in-service training appropriate to their positions, including but not limited to CPR training, as approved by the MTA

D. **PROCEDURE:**

1. The MTA will ensure that all health care providers will receive initial orientation to responsibilities and policies and procedures in these areas: radio communication, Communicable Disease Care, Psychosocial Counseling, Suicide Assessment and Prevention, Alcohol and Drug Rehabilitation and CPR Training and Emergency Procedures in the BCDF.

2. A current written orientation plan shall be in place and approved by the. MTA.

3. The MTA will develop a written schedule for orientation to be developed for each new employee and kept in the personnel file.

4. In-service education shall be available to all health care personnel at a minimum of 12 hours training per year with Blood Bourne Pathogens training being required annually.

5. A record will be kept of continuing education activities for health care staff by the MTA. A sign-in roster will need to be completed as verification of participation.

6. The Facility Director or designee shall maintain written proof of initial and annual CPR certification in the personnel file of each detention officer and for all facility medical personnel.

700

DETENTION HEALTH PLAN

TRAINING FOR DETENTION OFFICERS

704C

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 17E-7

2. State Standards: 10 NCAC 14J Section .1002

3. NCCHC Standards: JC-04 (Essential)

B. **OBJECTIVE:** To provide detention officers with necessary health-related training.

C. **POLICY:** Detention officers shall receive initial and in-service training that will enable them to recognize signs and symptoms of life threatening situations of inmates and the reporting procedures for notifying medical staff.

D. **PROCEDURE:**

1. The training provided on recognizing the serious medical needs of inmates shall include at least the following:

   a. Administration of first aid
   b. Recognizing the need for emergency care
   c. Recognizing acute symptoms of certain chronic illnesses
   d Recognizing certain chronic conditions
   e. Recognizing suicidal tendencies and suicide prevention procedures
   f. Precautions and procedures with respect to infections and communicable diseases
   g. Cardiopulmonary resuscitation
   h. Training on conducting initial medical screening before accepting custody of a inmate
   i. Disposition and referral procedures

2. Detention officers shall receive in-service or continuing education training at least every 2 years in order to maintain their skills in identifying and responding to medical emergencies. All detention officers will complete CPR and County specific blood borne pathogen training initially and updates in their mandatory in service training annually.

3. The Facility Director or designee shall maintain accurate and up-to-date records of all training required by this section.

700

DETENTION HEALTH PLAN

MEDICATION ADMINISTRATION TRAINING

705C

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221

2. State Standards: 10 NCAC 14J Section 1001

3. NCCHC Standards: JC-05 (Essential)

B. **OBJECTIVE:** Personnel who administer or deliver prescription medication are appropriately trained.

C. **POLICY:**

1. Only qualified health care personnel are responsible for administering all medications. Health care personnel shall receive training on the medical aspects of the administration of medication in-order to recognize and respond to possible side effects and complications.

2. Health care personnel shall receive training on security issues in order to maintain safety during the administration of medications. The training shall address ways to limit the abuse of medications by inmates.

3. Detention officers shall not administer medication; however, they will receive training provided by MTA to recognize and respond to possible side effects and complications of medication.

D. **PROCEDURE:**

4. The training for detention officers at certification school and during field training certification includes providing a safe and orderly environment for the distribution of medication by health care personnel.

5. Facility health care personnel shall receive training from the training division on the security issues that must be addressed during the administration of medication.

6. The training for health care personnel on the administration of medication shall include the following:

    a. Hoarding of medication by inmates
    b. Physical safety during the administration of medication
    c. Recording administration of medication on a Medication Administration Record Form
    d. A drug handbook should be made available to all staff that passes medications
    e. Any questions regarding the passing of medications should be referred to the MTA
    f. Documentation of all completed training is kept on file by the MTA for all healthcare personnel who administer or deliver medications
    g. All medication errors must be immediately reported by completing an incident report and forwarded to the Facility Director

700

DETENTION HEALTH PLAN

INMATE WORKERS

706C

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10 NCAC 141 Section 1001
3. NCCHC Standards: J-C-06

B. **OBJECTIVE:** To assure that inmates are properly trained and properly utilized for identified work responsibilities in the BCDF.

C. **POLICY:** Inmates may not be used to schedule appointments; to handle medical records, medication, or surgical instruments; or to provide any patient care. Inmates may be used to clean the health service area only if they are supervised at all times, and supervised closely and directly in areas that hold medical records, medications, syringes, needles, sharp implements, or supplies. Inmates are not to handle biohazard waste; this is to be handled by properly trained detention or medical staff. These policies will adhere to OSHA guidelines.

700

DETENTION HEALTH PLAN

STAFFING LEVELS

707C

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-C-07 (Important)

B. **OBJECTIVE:** To assure that an adequate number of qualified health care staff members of varying types provide inmates with adequate and timely evaluation and treatment consistent with contemporary standards of care.

C. **POLICY:** The BCDF will have adequate levels of staffing to provide health services for Inmates Staffing will be sufficient to ensure that medication is passed out as prescribed and that the health needs of all inmates, including those in segregated housing are met, and that inmates have timely access to a physician.

D. **PROCEDURE:** This staffing plan is based on the unique BCDF requirements, job responsibilities, and the NCCAC standards necessary for delivering timely and quality care. The staffing plan will provide 24/7 medical coverage for the BCDF.

1. Nursing Services: 856 hours bi-weekly (10.7 FTE), which includes the MTA.
2. Physician or Midlevel Provider Services: 10 hours bi-weekly on site.
3. Psychiatrist Services: 4 hours bi-weekly on site by an additional Medical Physician.

700

DETENTION HEALTH PLAN

HEALTH CARE LIAISON

708C

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-C-08 (Important)

This standard is not applicable to Buncombe. County Detention Facility since full time qualified health care personnel are responsible for health delivery services 24/7. Reference the job responsibilities and duties of the MTA as identified in the policies and procedures of the Responsible Health Entity (RHE).

700

DETENTION HEALTH PLAN

ORIENTATION FOR HEALTH STAFF

709C

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-C-09 (Important)

B. **OBJECTIVE:** All health care staff will receive orientation to the facility and their job responsibilities at the time of their employment.

C. **POLICY:** The MTA will provide for all health care staff an orientation training appropriate to the health care services delivered at the BCDF. The orientation training will be approved by the RHE and the Facility Director.

D. **PROCEDURE:**

1. The orientation lesson plan must be reviewed at least every 2 years or more frequently as needed.

2. At a minimum the orientation training will address relevant security and health services policies and procedures, response to facility emergencies, employee job descriptions, and inmate-staff relationships.

3. Within 90 days of employment, all new health care staff employees will have familiarized themselves with the policy and procedures of the RHE. The MTA is responsible for performing all training regarding these specific job duties for the new health care employee. The MTA will be responsible for reviewing and documenting all training accomplished with the use of the Orientation Checklist Form.

4. The Facility Director must be contacted about any new health care employee's arrival and the new health care employee will be required to receive a briefing as to any security issues within BCDF.

5. A review of the new health care employee's duties will be performed on a daily basis by the MTA until satisfactory performance has been completed. The completion of the orientation program by new health care employee must be documented, and kept on file by the MTA.

SECTION D - HEALTH CARE SERVICES SUPPORT

700

DETENTION HEALTH PLAN

PHARMACEUTICALS

701D

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-D-01, J-D-02 (essential)
4. BCDF Policy: 701, 709

B. **OBJECTIVE:** To assure that medications for BCDF inmates are prescribed, dispensed, and administered in strict accordance with legal requirements.

C. **POLICY:**

1. There shall be written policy and procedures that address all areas involving pharmaceuticals.

2. BCDF will comply with all applicable state and federal laws regarding prescribing, dispensing, administering, and procuring pharmaceuticals.

3. A pharmacist licensed by the NC Board of Pharmacy will be available for visits and consultation on a regular basis, and not less than quarterly.

4. All drugs will be stored under proper conditions for sanitation, storage area, temperature, light, security, moisture, ventilation, and segregation. Antiseptics and other drugs for external use and disinfectants will be stored separately from internal medication. Drugs requiring special storage for stability will be stored as specified by the manufacturer. The MTA and Medical Director as needed should perform a periodic review of all pharmacy orders. A count must be performed on all narcotics and controlled substances on a regular basis and the MTA and/or Physician should review all reports. Copies of all count sheets are to be kept on file for review and/or audit.

5. All expired, unused, deteriorated drugs will be the responsibility of the pharmacy vendor to return and destroy during their quarterly inspection. Controlled substances returned or otherwise destroyed will be in compliance with Federal and State

regulations. The MTA must contact the pharmacy vendor directly to schedule this service.

6. An adequate and proper supply of antidotes and other emergency drugs will be maintained along with needed information concerning the administration of these antidotes and emergency drugs, for the staff to meet the needs of BCDF.

7. All written policy and procedures that govern thepharmaceutical services will be followed.

8. A "formulary or drug list" for pharmaceuticals will be dev loped and subsequently updated. The formulary will also include a list of available non-prescription medications.

9. Individual medications brought to BCDF by inmates or family members will be utilized if needed for chronic illness or after verification that the medication is current and consistent through the use of the Drug Formulary and Physicians Treatment Protocol. These medications will be maintained in the pharmacy and returned to the inmate upon release from the facility.

10. Records will be maintained as necessary to ensure adequate control and accountability for all pharmaceuticals.

11. There will be maximum-security storage for DEA-controlled substances, needles, syringes, and other abusable items. There will be an accounting method for all needles and syringes that are in stock and that are dispensed each shift with all count sheets kept on file for review and/or audit.

12. DEA controlled substances are dispensed only under physician's order. Disposal of DEA controlled substances shall be performed in the presence of a DEA representative.

D. **DEFINITIONS:**

FORMULARY - is a written list of prescription and nonprescription medicines stocked in the facility, This does not restrict prescriptions of medication generated by outside, community health care providers; however, these are still subject to review and approval by the responsible physician.

PROCUREMENT-is the system for ordering medications for the facility.

DISPENSING - is the placing of one or more doses of a prescribed medication into containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information.

MEDICATION DISTRIBUTION- is the system for delivering, storing, and accounting for drugs from the source of supply to the nursing station or point where they are administered to the inmate.

MEDICATION ACCOUNTING- is the act of recording, summarizing, analyzing, verifying and reporting medication usage.

MEDICATION ADMINISTRATION- is the act in which a single dose of an identified drug is given to an inmate.

DISPOSAL- is (a) the destruction of medication on its expiration date or when retention is no longer necessary or suitable, or (b) the provision of medication to the former inmate upon discharge from the facility (in line with the continuity-of-care principle).

DBA-CONTROLLED SUBSTANCES - are the drugs that come under the jurisdiction of the Federal Controlled Substances Act.

SELF-MEDICATION PROGRAMS -permits responsible inmates to carry and administer their own medications only after consultation and approval with the Facility Director and Physician. There must be written documentation by utilizing the Medical Special Consideration form with authorizing signatures from the Operations Lieutenant or higher authority. The Physician will be responsible for developing a list of self administrated medication and related procedures in collaboration'with the pharmacist.

E. **PROCEDURES:**

Policy Specifics:

a. The uniform formulary of the BCDF is to be used for those medications, which are routinely available for the treatment of inmates.

1. The formulary will list all drugs by trade name, generic name, combination products, and therapeutic category.
2. Dispensing information should be included with the drug listing when appropriate.
3. The formulary is to include a specific list of controlled substances, restricted drugs,and non-prescription drugs.
4. The Health Authority and/or MTA will establish a procedure for adding and deleting drugs from the formulary.
5. The Health Authority and MTA will develop procedures necessary to obtain drugs not available in the BCDF Pharmacy.

b. All ordered medication, including non-prescription medications, will be delivered or administered only by adequately trained personnel.

c. Each administration of medication will be appropriately documented for inclusion in the medical record.

d. The Health Authority and MTA will develop procurement procedures to assure:

1. Local purchases to fulfill the short-term emergency needs for drugs and devices not stocked by the BCDF.
2. Procurement and dispensing of Controlled Substance Act Drugs will be maintained in a manner that will permit an audit at any time.

e. There will be a secure area for the storage of all medication physically separate from all other health care services.

1. Storage areas will be provided under proper conditions of space, sanitation, temperature, light and moisture.
2 The Pharmacist or his designee must make periodic inspections of all drug storage areas to verify conformity to policy, maintaining records of the inspection findings.
3. Procedures must be adhered to for the maximum-security storage of all controlled substances. Limited access, inventories, safety and security must be addressed.

Administration of Medications

a. Health Care Personnel will transcribe the following information from the physician's orders to the medications administration record:

1) Inmate's Name
2) Chart Number
3) Date Prescribed
4) Drug Name and Strength
5) Route Administered
6) Frequency
7) Expiration Date
8) Precautions

b. Refusal by the inmate to take his medication will be documented on the Administration and inmates medical records.

c. Routine oral medications (non-packaged) must be administered by a licensed LPN or RN. All medication must be taken immediately by the inmate under the direct supervision of the medical staff.

d. Inhalation medications may be administered by a licensed LPN or RN.

e. All Controlled substances shall be administered only by the physician, Licensed LPN or RN. These medications are counted at the change of each shift to insure accountability.

f. All other medications (e.g., eye, ear, nose, topical) may be administered by a Licensed LPN or RN.

Medication Errors

All medication errors must be documented and reported by the MTA for review by the Facility Director

CLASSIFICATION OF MEDICATION ERRORS:

a. Failure to supply ordered medication to the patient
b. Administering or dispensing incorrect amount of medication ordered
c. Administering or dispensing non-ordered medication
d. Administering or dispensing medication by other than the route ordered
e. Medication given at the wrong time
f. Misinterpretation of a drug order
g. Administering or dispensing of medication pursuant to an improper, unsigned, or confusing order

Administering or dispensing medication ordered by unauthorized personnel

Failure to properly count or record controlled substances or any other medications that are required to be counted and/or recorded according to regulations or standards

Documentation on Inmate's Medical Record

Documentation on the inmate's record must reflect what was given, amount, route, date, and time. No mention is to be made that it was an error or that an Incident report was prepared.

Adverse Reaction Reports to Medications/Drug

a. Any adverse reaction to drugs/medications must be documented in the inmate's medical record along with the procedure and medication used to counteract any reaction.

b. Within 72 hours after such a reaction occurs, health care personnel must initiate a written report, including - a description of the adverse reaction, suspected drug causing the reaction, dosage, route, time and date of the administration.

c. The written report shall be verified and signed by the RHE with a copy sent to the pharmacy and the original maintained by the MTA.

d. Medication rooms, carts, cabinets must be kept clean at all times.

e. Food and food like items cannot be stored in drug storage areas, drug containing refrigerators, and drug preparation areas.

Injectable Medications

Injectable medications may be administered only by qualified medical personnel, except in the case of insulin. Diabetics are allowed to self-inject under the direct supervision of the medical staff.

Over the Counter medications

Over the counter medications are available through the commissary and documentation for all purchases is available with the item, quantity, date and time of purchase and is maintained in the Jail Management System. Documentation is not required to be entered in the inmate's medical record.

700

DETENTION HEALTH PLAN

CLINIC SPACE, EQUIPMENT
AND SUPPLIES

702D

A **STANDARDS AND STATUTES:**

1. State Statutes: G.S.·153A-221
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-D-03 (Important)
4. BCDF Policy: 701,709

B. **OBJECTIVE:** To provide sufficient and suitable clinic space, equipment and supplies so as to maintain an adequate health care delivery system and continuity of care for BCDF inmates.

C. **POLICY:**

1. Examining and treatment areas for medical, dental, and psychiatric care will be of sufficient size so as to allow for a comfortable environment in a private setting with the availability of the supplies, equipment and reference materials needed during the delivery of this care, maintained in a convenient and readily accessible location.

2. Separate areas will be maintained and properly secured for the storage of pharmaceuticals, medical supplies, emergency equipment and medical records. Office space will be provided for the maintenance and preparation of administrative flies. Shelving and storage cabinets will be made available for placement and availability of publications and reference materials.

3. Private interviewing space will be available for psychiatric services. Lockable file space will be available to ensure the security of all psychiatric records.

4. All inmates waiting areas will have adequate seating and provision for drinking water and toileting made available to those waiting to be seen during sick call, emergency visits.

D. PROCEDURE:

1. The types of equipment, supplies, and materials maintained in the inventory are dependent upon the types of services being provided and are specific to the needs of the unit. In general each Unit at a minimum will maintain the following supplies, equipment and materials:

    a. Hand washing facility
    b. Examining table
    c. Supplemental lighting
    d. Scales
    e. Thermometer
    f. Blood pressure cuff
    g. Stethoscope
    h. Ophthalmoscope
    i. Otoscope
    j. Wheelchair/stretcher
    k. Locking cabinet
    l. AED
    m. Medication cart

2. The method and cost of the disposal of all biohazard waste generated by the Medical Section will be determined by the Facility Director.

700

DETENTION HEALTH PLAN

DIAGNOSTIC SERVICES

703D

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-.221
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-D-04 (Important)
4. BCDF Policy: 701

B. **OBJECTIVE:** To assure that the BCDF provides the necessary diagnostic services for the diagnosis and treatment of inmates confined in the facility either on site or referred.

C. **POLICY:** All diagnostic services available to the general population in the community should be made available to inmates. Any diagnostic service request and/or ordered by a qualified licensed medical person is arranged by contract or fee for service with the community service providers through the Medical Authority.

D. **PROCEDURE:**

1. The RHE is responsible for the oversight of diagnostic services.
2. On-site diagnostic testing available (but not limited to):
    a. Urine Dipstick
    b. Blood Glucose (Range 0-800)
    c. Occult Blood (Stool)
    d. Urine Test for Pregnancy
    e. Peak flow meter testing or oxygen saturation reading
3. All other diagnostic studies will be collected by qualified healthcare personnel and sent to the contracted facilities where appropriate.
4. Diagnostic studies requiring an x-ray will be conducted within the facility by a mobile x-ray vendor. If further testing is needed inmates will be sent to contracted facilities for testing.

700

DETENTION HEALTH PLAN HOSPITAL

AND SPECIALIZED
AMBULATORY CARE

704D

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-D-05 (Important)
4. BCDF Policy: 701

B. **OBJECTIVE:** To arrange hospitalization and specialty care to inmates in need of these services.

C. **POLICY:** Whenever an inmate has a condition that requires optimal observation and management (hospitalization), male inmates will be sent to Central Prison and female inmates will be sent to the Correctional Center for Women.

The decision for specialty hospitalization beyond the capabilities of the Central Prison Hospital or the Correctional Center for Women will be a clinical decision made by the attending physician.

SECTION E – INMATE CARE AND TREATMENT

700

DETENTION HEALTH PLAN

INFORMATION AND HEALTH SERVICES

701E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-E-01 (Essential)
4. BCDF Policy: 706

B. **OBJECTIVE:** To communicate orally and in writing to inmates upon their arrival to the BCDF about access to health care services.

C. **POLICY:** All inmates, upon admission, will be notified of procedures for access to medical care while detained. Booking Staff will do a confidential health assessment and explain in full the policy and procedure. At the time of conducting the medical screener any medical problems that may require further treatment will be noted.

D. **PROCEDURE:**

1. All inmates will be informed how to access health services during the booking process.
2. All inmates will be giving access to the inmate rules either in English or Spanish detailing the policy and procedure for accessing health care services. All current fees will be explained. This must be given to the inmate within 24 hours of admission.
3. Any inmate who is illiterate or has difficulty communicating will be orally instructed to the policy and procedure for accessing health care services.
4. Any inmate who is hearing impaired, mentally ill or developmentally disabled shall have the policy and procedure explained in sign language or in a way that the inmate can communicate, explaining the policy and procedure for accessing health care services.

700

DETENTION HEALTH PLAN

RECEIVING SCREENING

702E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10 NCAC 14J Section .1001; .1002
3. NCCHC Standards: J-E-02 (Essential)
4. BCDF Policy: 706

B. **OBJECTIVE:** To protect the health and well-being of the inmate and the community through the early detection and appraisal of the health status of the arriving inmate. To identify any potential emergency situation among arrestees arriving at the BCDF. Also, to establish baseline data for the use in subsequent care and treatment of the inmate and to furnish data for appropriate classification and housing.

C. **POLICY:** A Medical Receiving Screening will be performed by Detention Staff upon arrival of each detainee into the Booking Area. This will be done in the JMS Computer System and the screening form will be completed by the Booking Officer. Any observable illness/injury requires an immediate confidential health assessment of the detainee by qualified health care personnel. Arrestees who are unconscious, semi- conscious, bleeding, unstable, or urgently in need of medical attention are referred immediately for emergency care. All other inmates will have a Medical Receiving Screening Form completed by the Booking Officer prior to being classified for housing in the BCDF. The Medical Staff will review the Medical Receiving Screening Form daily and complete their review and assessment within 24 hours.

The minimal areas that the Medical Receiving Screening Form will cover are:

1. Inquiry into current illnesses and health problems including sexually transmitted disease; medications taken; special health requirements (including dietary); use of alcohol and other drugs including types of drugs used, mode of use, amounts and frequency, date and time of last use, and a history of problems that occurred after ceasing use, i.e. convulsions; allergies; dental problems; and any other health problem designated by the RHE.

2. Observation of behavior which includes state of consciousness, mental status, appearance, conduct, tremors and sweating, body deformities, ease of movement, etc; condition of skin, including trauma, markings, bruises, lesions, jaundice, rashes and infestations, needle marks or other indications of drug use.

3. History of tuberculosis or other infectious or communicable illness, (i.e. HIV/STD), or symptoms suggestive of such illnesses (i.e., chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats).

4. Inquiry into mental health status especially suicidal ideation and current medications and/or agency currently providing mental health care.

5. Inquiry into pregnancy for all women.

6. When clinically indicated, immediate referral is made to the appropriate health care agency in the community and noted in the inmate's medical record. Should the inmate be placed in general population and a later referral be indicated, documentation of the date, time, and location of referral is made in the inmate's medical record.

7. Upon medical review, the Classification Division will be notified if the inmate is cleared for General Population.

8. Upon admission, the Medical Staff will be notified of any medications that may have been brought in by the inmate. These medications will be reviewed and properly administered according to the medication schedule the inmate was following before admission.

D. **PROCEDURE:**

1. Upon arrival at Intake, prior to accepting custody of an arrestee from the arresting officer, the Intake Officer will visually observe the arrestee for illness or injury. Any apparent illness or injury or positive response from the arrestee will require assessment by the Intake Officer before accepting custody. Based upon the opinion of the Booking Supervisor, custody can be refused until the arresting officer obtains medical treatment for the arrestee and returns with a written statement from the examining physician stating that the arrestee is medically fit for confinement.

2. A full medical receiving screening will be performed by medical staff for all new inmates during the initial booking procedure at the BCDF. If the inmate has been through the medical screening in the last 90 days they will not be seen again.

3. Any arrestee identified as having pulmonary tuberculosis disease or who is HIV+ with open lesions or who is assaultive will be isolated from the general population until transfer of the inmate can be arranged. The County Department of Health and

County Safety Officer will be notified of all inmates testing positive for tuberculosis so that appropriate follow-up can be arranged.

4. Any inmate identified as being suicidal will be placed on the Special Watch Level appropriate for the inmate's need (Level 1 or 2). Special Watch means visual observation by detention staff four times per hour on an irregular basis.

5. Any arrestee identified as being at risk for delirium tremors due to alcohol withdrawal should be monitored closely by medical staff (Medical Watch) for hallucinations, confusion, disorientation, tremors, etc.

6. All injuries and/or signs of trauma are documented in the inmate's chart and followed-up by medical staff or referred to the appropriate agency in the community.

700

DETENTION HEALTH PLAN

TRANSFER SCREENING

703E

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-E-03 (Essential)

B. **OBJECTIVE:** To assure that health service needs for inmates transferred into the facility are met.

C. **POLICY:** Medical staff will perform a transfer screening on all intrasystem transfers to the facility.

D. **PROCEDURE:**

1. Medical staff must be notified of all inmates transferred from other facilities within a timely manner. The medical staff will review each incoming inmate's health record and/or summary within 12 hours of arrival to assure continuity of care.

2. All inmates that are transfe11'ed from an intake facility who do not have initial medical, dental or mental health assessments are to be evaluated in a timely manner.

700

DETENTION HEALTH PLAN

HEALTH ASSESSMENT

704E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-E-04 (Essential)

B. **OBJECTIVE:** To provide for the prompt and regular evaluation of all inmates confined in the BCDF.

C. **POLICY:** A health assessment is completed for each inmate as soon as possible after admission to the facility. This health assessment is completed by the RHE. This will be completed no later than 14 calendar days after admission to the facility.

D. **PROCEDURE:**

1. Collection and recording of height, weight, pulse, blood pressure, and temperature are done by qualified health care personnel.
2. Inquiry as to the medical, dental and mental health histories are done by qualified health care personnel. Review and collection of additional data to complete the medical, dental, and mental health histories are done as necessary by the appropriate health care personnel.
3. A review of the findings of the health assessment and tests and identification of problems is done by the RHE.
4. If any incoming inmate is deemed potentially infectious with any communicable disease, he/she is immediately referred to an appropriate health facility where isolation can be obtained.

5. Laboratory and/or diagnostic tests to detect communicable diseases, including sexually transmitted diseases and tuberculosis, and other tests are done as determined by the RHE and with approval by the Local Public Health Authority.

6. Physical examination including comments about the inmate's mental status and dental health is done as deemed appropriate by the RHE. This will be performed by a Registered Nurse who has had appropriate training provided or approved by the contracted physician.

7. Inquiry regarding the abuse of alcohol and/or drugs, including the type(s) of substance abused; mode(s) of use; amount used and the frequency of use; date and time of last use; current or previous treatment for alcohol or drug abuse, and if any, when and where; whether the inmate is taking any medication for an alcohol or drug problem; current or past illnesses and health problems related to substance abuse; and whether currently taking medication for a physical or mental disorder, and if so, what drug(s) and for what disorder.

8. Immunizations will be provided when appropriate.

700

DETENTION HEALTH PLAN

MENTAL HEALTH
EVALUATION

705E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .1001

3. NCCHC Standards: J-E-05 (Important)

B. **OBJECTIVE:** To assure that a mental health screening and an evaluation, if appropriate, is available to all inmates at the BCDF.

C. **POLICY:** All inmates at the BCDF shall upon request or referral receive a post-admission evaluation by a qualified mental health worker. The result of this evaluation becomes a part of the inmate's medical record. This must be done as soon as possible, but no later than 14 days of admission.

D. **PROCEDURE:**

1. Inmates found to be suffering from serious mental illness or developmental disabilities are referred to the local mental health center's emergency services for immediate care.

2. Inmates found in need of acute mental health services beyond that available at the BCDF or whose adaptation to the detention environment is significantly impaired are transferred to an appropriate facility as soon as the need for such treatment is determined by qualified mental health professionals.

3. The initial mental health screening will include:

   a. History of hospitalization and outpatient treatment
   b. Current psychotropic medication
   c. Suicidal ideation and history of suicidal behavior
   d. Drug usage
   e. Alcohol usage
   f. History of sex offenses

g. History of expressively violent behavior
h. History of victimization due to criminal violence
i. History of special education placement
j. History of cerebral trauma or seizures
k. Emotional response to incarceration
l. Orientation to person place and time
m. Screening for intellectual function (i.e., mental retardation, developmental disability, learning disability)
n. History of any underlying medical conditions and medications

4. All inmates, upon booking, are screened using the Brief Jail Mental Health Screen administered by medical staff.

5. All mental health screenings are reviewed by one of the facility case managers and inmates with positive screens are interviewed additionally with referrals to the RHE for assessment and further treatment.

6. During the History and Physical Examination mental health is assessed by medical staff in addition to an assessment of physical health.

7. Inmates may sign up for sick call to address mental health symptoms or to access mental health services.

8. A psychiatrist is available to consult on complex behavioral health cases by telephone, and is on-site weekly to review cases and address medication issues. A fulltime nurse with psychiatric experience evaluates and treats inmates with behavioral health problems.

700

DETENTION HEALTH PLAN

DENTAL CARE

706E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .1001

3. NCCHC Standards: J-E-06 (Essential)

B. **OBJECTIVE:** To provide dental treatment and emergency care as needed for BCDF inmates.

C. **POLICY:**

1. Medically trained personnel will screen all inmates for dental problems during the 14 day history and physical. Dental screening will include, at a minimum, inquiry regarding presence of any painful dental condition, presence or absence of dental prosthetics, a brief examination of the oral cavity. Dental education and instruction in oral hygiene will be provided during the patient's history and physical exam.

2. All dental care to inmates will be provided by a dentist licensed in North Carolina. D.

PROCEDURE:

1. Dental treatment shall be provided according to an established treatment/plan order and based on established priorities. Consultation to 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.

2. The Dentist will perform a dental exam which should include a review of the inmate's dental history/charting of teeth and the explorer exam. X-rays will be performed if necessary and will be limited to the tooth/teeth in question. All findings from the exam must be reported back to the medical staff for placement into the inmate's medical record. Dental services will be performed within the dentist's office and/or designated area if performed in the facility. The Dentist must communicate the treatment methods to the medical staff before treatment begins, unless the treatment is an extraction.

3. 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 policy of narcotic use.

4. Each inmate shall have access to the preventative benefit of fluoride as determined by the dentist.

5. If an inmate is readmitted to the facility within 12 months, a new screening will not be performed except as determined by the medical staff. Focus will be on acute and urgent need.

6. For all dental screening and services on-site, staff will practice all universal precautions and infection control practices.

7. All treatment records are to be kept in the patient's medical record on-site.

700

DETENTION HEALTH PLAN DAILY

HANDLING OF
NON-EMERGENCY MEDICAL
REQUEST

707E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section .1001

3. NCCHC Standards: J-E-07 (Essential)

B. **OBJECTIVE:** To assure that all inmates have the daily opportunity to request and obtain timely access to health care personnel for medical assistance and that their requests are documented, reviewed and appropriately acted upon by qualified health care personnel through triage and/or immediate referral to the physician, physician extender or designee.

C. **POLICY:** BCDF shall provide scheduled access to health services. There shall be an established system through which each inmate is able to report for and receive appropriate health services for non-emergency illness or injury regardless of their custodial status.

Each inmate will, upon arrival to BCDF receive verbal and written instructions as to how to obtain health care services.

All inmates will have the opportunity to seek medical assistance daily during regularly scheduled sick call.

All inmate health complaints shall be referred promptly to health care personnel in accordance with BCDF procedures

BCDF health services shall develop procedures for daily and timely triaging of inmate health complaints by qualified personnel as designated by the Medical Director or his designee.

If the inmate needs further evaluation, his/her medical record is obtained and the inmate will be seen later that day for further evaluation and treatment by the physician or physician's extender.

D. **PROCEDURE:**

1. All inmates are given the ability to sign up sick call each day. Access to sick call requests are made available on each housing unit daily.

2. Inmates may request health services by completing a Sick Call Form.

3. Forms are triaged daily and referred and/or scheduled for health care/sick call as appropriate.

4. Sick call will be conducted in a clinical setting by qualified medical personnel.

700

DETENTION HEALTH PLAN

EMERGENCY SERVICES

708E

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225
2. State Standards: 10 NCAC 14J Section .1001
3. NCCHC Standards: J-E-08 (Essential)

B. **OBJECTIVE:** To provide for adequate emergency services on a 24-hour basis for acute medical and psychiatric conditions.

C. **POLICY:** The RHE, in consultation with the Facility Director, will generate procedures to assure that emergency medical and psychiatric services are provided by the BCDF with efficiency and expediency on a 24-hour basis.

D. **PROCEDURE:**

1. Qualified health care providers will be onsite and available at the BCDF on a 24-hour basis.
2. Emergency transportation is available for an inmate from the facility when a condition exists that exceeds the medical capabilities of the BCDF.
3. Use of a community emergency medical vehicle for the transfer of the inmate to Mission Hospital Emergency Room or other local hospital is available.
4. Physician or physician extender on-call coverage is available on a 24-hour basis.
5. Security procedures are in place to provide for the immediate transfer of the inmate when appropriate.
6. BCDF staff have immediate access to phone numbers of all health care personnel and available community resources.

700

DETENTION HEALTH PLAN

HEALTH EVALUATION OF
INMATES IN SEGREGATION

709E

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-E-09 (Important)

B. **OBJECTIVES:** To provide all inmates who are segregated from the general population with equal access to health care services and to provide for a regular schedule of documented health evaluations.

C. **POLICY:** Inmates placed on segregation will be seen by medical personnel before being placed in segregation (if practical) and recommendations will be made to detention staff if conditions which would contraindicate the placement of the inmate in segregation are found. Medical approval for segregated status may be delayed for up to 2 hours based on inmate's behavior. This review will be placed in the inmate's medical record.

The monitoring of a segregated inmate is based on the degree of isolation.

1. Inmates under extreme isolation with little or no contact with other individuals are to be monitored daily by medical staff and at least once a week by mental health staff.

2. Inmates who are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical or mental health staff.

3. Inmates who are allowed periods of recreation or other routine social contact among themselves while being segregated from the general population are checked weekly by medical or mental health staff.

4. All documentation of medical contact with each segregated inmate will be notated in the inmate's medical record. It will include the date and time of contact and the signature or initials of the medical staff member. Any significant findings will be notated in the inmate's medical record.

700

DETENTION HEALTH PLAN

PATIENT TRANSPORT

710E

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-E-10 (Important)

B. **OBJECTIVE:** To ensure that inmates are transported safely and in a timely manner for medical, mental health and dental clinic appointments both inside and outside the BCDF.

C. **POLICY:** The BCDF staff ensures that appropriate detention staff is available to escort inmates from their cell assignment areas to clinical areas inside the facility in order to meet scheduled, unscheduled and emergency health care appointments.

The appropriate supervisor will ensure that appropriate detention staff is available to transport inmates from the BCDF for scheduled, unscheduled and emergency outside health care appointments. This will ideally be by an armed sworn deputy. Federal inmates must have an armed sworn deputy as an escort out of the facility.

Transports/escorts must be done in a timely manner.

D. **PROCEDURE:**

1. The Medical Liaison Officer will ideally act as the escort for the inmates who are scheduled for sick call inside the BCDF during normal operating hours. If this officer is not available, any qualified detention personnel who may supervise an inmate may perform this escort. This will include nights, weekends and county-observed holidays.

2. Inmates transported outside the facility for health care will ideally be escorted by an armed sworn deputy for scheduled, unscheduled and emergency outside appointments.

3. All appointments and transports will be kept confidential at all times and only those personnel with a need to know basis will be informed.

4. Medical staff will advise detention staff for any special instructions in handling the inmate during transport.

5. Patient confidentially will be maintained at all times.

700

DETENTION HEALTH PLAN

ASSESSMENT PROTOCOLS

711E

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-E-11 (Important)

B. **OBJECTIVE:** Nursing assessment protocols are to be appropriate to the level and skill of the nursing personnel who will carry them out. All protocols will comply with all state practice acts. Protocols are to be reviewed at least annually and will be updated as needed.

C. **POLICY:**

1. The medical contractor will provide a defined set of treatment protocols which have been reviewed and approved by the Medical Director. The Medical Director and the on-site Nursing Administrator must approve any changes, additions or deletions to the current protocols. This will be communicated to all medical staff and the Facility Director and will include any facility administration as needed.

2. All medical staff, on a consistent basis, must review the protocols. Upon orientation of newly hired nursing staff, a review of the protocols/guidelines must be completed. The protocols/guidelines will be kept in a convenient and easily accessible area for use by the medical staff. This must be sufficiently documented by the medical contractor and be accessible by facility administration.

3. The following areas of training must also be documented:

   a. Demonstration of knowledge and skill
   b. Evidence of annual review of skills
   c. Evidence of retraining when protocols are introduced or revised

4. Any assessment protocol will not include the use of prescription medications except for those covering emergency, life-threatening situations (e.g., nitroglycerin, epinephrine). Emergency administration of these medications requires a subsequent clinician's order.

700

DETENTION HEALTH PLAN

WRITTEN AND VERBAL
CLINICIANS ORDERS/
CONTINIUTY OF CARE

712E

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-E-12 (Essential)

B. **OBJECTIVE:** To ensure that medical care in the BCDF is performed pursuant to written or verbal orders signed by the RHE that is licensed to practice medicine in the State of North Carolina.

C. **POLICY:** Inmates receive treatment and diagnostic tests ordered by clinicians. The continuity of care will be from admission through release and it will include a referral to community resources when indicated or available.

D. **PROCEDURE:**

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

2. All medications must be verified before their continuance. All verifications (or inability to verify) must be noted within the inmate'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/Physician Extender 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/Physician Extender for referrals or follow-up clinic visits as needed.

3. Patient education should be given if medications are changed to formulary compliance (generic or therapeutic substitutions). All changes must be documented in the inmate's medical record.

4. In some cases, based on ce1iain situations, it would be prudent to keep the inmate on a medication and a current course of treatment for obvious conditions until records are received and reviewed by the Physician/Physician Extender. This decision can always be changed if needed after a record review is finalized.

5. All pregnant inmates will be placed on pre-natal clinic for review by a local OB/GYN clinic. Those pregnant inmates exhibiting serious conditions may be referred to Mission Hospital for assessment.

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

700

DETENTION HEALTH PLAN DISCHARGE

PLANNING

713E

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-E-13 (Important)

B. **OBJECTIVE:** To provide Discharge Planning for inmates scheduled for release.

C. **POLICY:** The facility will provide discharge medications, discharge instructions, and follow-up instructions to inmates with serious health needs whose release is imminent.

D. **PROCEDUE:**

1. The facility will arrange for a sufficient supply of current medications through a community health partner to last until the inmate can be seen by a community health professional.

2. For inmates that have critical medical or mental health needs, arrangements will be made for follow-up services with community clinicians.

SECTION F - HEALTH PROMOTION

700

DETENTION HEALTH PLAN

HEALTH EDUCATION AND PROMOTION

701F

A. **STANDARDS AND STATUTES:**

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-F-01 (Important)

B. **OBJECTIVE:** To provide health education training in self-care skills for inmates at the BCDF.

C. **POLICY:** The BCDF will provide health education for individual inmates as appropriate Health education classes for all inmates are provided that might include:

1. AIDS and HIV Disease,

2. Sexually Transmitted Diseases,

3. Drugs and Alcohol,

4. Prenatal Care, and

5. Counseling in preparation for release in specific areas.

D. **PROCEDURE:**

1. The Buncombe County Health Department and/or other designated community provider will provide individual counseling as requested to inmates with all levels of HIV infection. Counseling for other chronic diseases will be provided by the medical contractor.

2. General education materials will be available to all inmates. Materials will include but not be limited to all subjects listed under policy above .

3. Inmates who require follow-up medical care will be made aware of this need by the medical staff prior to being released and community referrals made as appropriate.

700

DETENTION HEALTH PLAN

MEDICAL DIETS

702F

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10 NCAC 14J Section .0905
3. NCCHC Standards: J-F-02 (Important)

B. **OBJECTIVE:** Inmates that have special medical dietary needs will be provided with special diets.

C. **POLICY:** Special medical diets will be provided to inmates when ordered by the Medical Director of medical staff. Written instructions will be provided to medical staff to include information regarding the types and amounts of foods to be provided as well as stop and start dates.

A registered or licensed nutritionist shall review all current special medical diets every six months, or when substantial changes in the menus are made. Review may take place either in a site visit or by written consultation.

D. **PROCEDURE:**

1. Prescribed medical diets must be provided to the food services staff.
2. Adherence to the nutritional standards is the responsibility of the food service staff with review and direction from medical staff. Any clarifications should be communicated with the medical staff.
3. Upon review by a dietician as stipulated in policy, written documentation of the menu reviews will include the date, signature and title of the consulting dietician.
4. Food service staff who prepares medical diets will be trained in preparing the diets, including appropriate substitutes and portions.
5. If an inmate refuses a special medical diet, the inmate will receive nutritional counseling and education.

6. The facility will maintain a current list of inmates requiring special medical diets and it will be posted for use by staff.

7. The facility will record the number of special medical diets served at each meal along with the name of each inmate and the type of modified diet that they received.

8. Written records of any substitution will be kept and dated menus of any substitutions shall be maintained for three years.

700

DETENTION HEALTH PLAN

USE OF TOBACCO PRODUCTS

703F

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 148-23.1
2. State Standards: None
3. NCCHC Standards: J-F-03 (Important)
4. BCDF Policy: 103

B. **OBJECTIVE:** To prohibit the use and possession of all tobacco products inside the detention facility. In addition to eliminating a health hazard for officers and inmates, the ban on use and possession of tobacco products will lower the risk of fires, reduce the introduction of contraband, and provide a cleaner environment.

C. **POLICY:** Smoking by inmates, BCDF employees, and visitors is prohibited inside the Buncombe County Detention Facility and on all property outdoors leased or owned by Buncombe County. Any tobacco use is prohibited on the secured side of the Buncombe County Detention Facility and it is unlawful to give, sell or deliver any tobacco product to an inmate. It is-unlawful for an inmate to possess any quantity of tobacco products.

D. **PROCEDURE:**

1. The Intake Officer shall confiscate all tobacco possessed by an inmate at the time he/she is admitted into the detention facility. The officer shall follow the procedure used for all other confiscated personal property.

2. Facility medical personnel shall counsel inmates who have physical or emotional problems caused by their withdrawal from cigarettes as appropriate.

SECTION G - SPECIAL NEEDS AND SERVICES

700

DETENTION HEALTH PLAN

CHRONIC DISEASE SERVICES

701G

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-225
2. State Standards: 10 NCAC 14J Section 1001
3. NCCHC Standards: J-G-O1 (Essential)

B. **OBJECTIVE:** BCDF will identify and manage all inmates that are known to suffer from chronic diseases.

C. **POLICY:** BCDF will identify and enroll inmates in a chronic disease/management program to decrease the frequency and severity of symptoms, prevent disease progression and complication and foster improved function.

D. **PROCEDURE:**

1. The Medical Director will establish and annually approve clinical protocols consistent with national clinical practice guidelines. These protocols will be followed by all health staff.

   Conditions considered as chronic include, but are not limited to:

   a. Seizure disorders
   b. Hypertension/cardiovascular disease
   c. Diabetes
   d. HIV
   e. Tuberculosis
   f. Asthma
   g. High blood cholesterol
   h. Major mental illness

2. The following documentation will be entered into the medical record that confirms that disease protocols are being followed:

   a. Frequency of symptoms
   b. Adjustments to treatment of the condition as clinically indicated

c. Type and frequency of diagnostic testing and therapeutic regimens
d. Instructions for diet, exercise, adaptation to the detention environment, and medication
e. Clinical justification for any deviation from the protocol

3. Any chronic illness that an inmate has will be listed on the inmate's master problem list.

4. The facility will maintain a list of chronic care inmates.

700

DETENTION HEALTH PLAN

PATIENTS WITH SPECIAL HEALTH NEEDS

702G

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section 1001

3. NCCHC Standards: J-G-02 (Essential)

B. **OBJECTIVE:** The BCDF will proactively provide care for special needs inmates who require close medical supervision or multidisciplinary care.

C. **POLICY:** The BCDF will establish a chronic disease/management program for those inmates with verified diseases and special needs which include the chronically ill, those with communicable disease, the physically handicapped, frail or elderly inmates with special mental and medical health needs and the developmentally disabled.

D. **PROCEDURE:**

1. Individualized treatment plans will be developed on any inmate at the discretion of the physician, however at a minimum, individual treatment plans must be developed for inmates with the following conditions:

   a. Hypertension/cardiovascular disease
   b. Diabetes
   c. Asthma/COPD
   d. Psychosis
   e. Mental retardation
   f. Physical Handicap
   g. HIV
   h. Tuberculosis
   i. Chronic renal failure
   j. Developmental disability
   k. Physical fragility
   l. Seizure disorders

2. Upon review of the medical receiving screening, medical staff will verify the presence and/or prior treatment of an inmate's reported chronic condition. Medical staff should verify condition with the request of previous medical treatment and pharmacy records. Upon verification, medical staff will follow procedures for initiating medication and/or immediate treatment if necessary. Inmate and/or inmate's treatment record/chart will then be signed up for review by the Medical Director at the next Physician Sick Call.

3. The Medical Director, upon review of the inmate's medical record, will establish a clinical treatment plan for the inmate. Documentation of the treatment plan must be noted with the inmate's medical record. Medical staff will establish a Master Problem List for placement in the inmate's medical file as well. The Medical Director should intermittently review all treatment plans and/or protocols put in place for the management of the chronic care inmates. Changes will be made as necessary.

4. The facility will maintain a list of special needs inmates.

700

DETENTION HEALTH PLAN

SKILLED NURSING AND
INFIRMARY CARE

703G

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-G-03 (Essential)

B. **OBJECTIVE:** To provide inmates with skilled nursing and infirmary level of care.

C. **POLICY:** In order to provide skilled nursing and infirmary level of care to inmates, they are transferred to safekeeping or other facilities by court order based on the inmates' conditions and escape risks where the appropriate care is provided.

D. **PROCEDURE:**

1. If an inmate needs a level of medical care that cannot be provided in this facility, the Captain of Detention Operations and medical staff will work in cooperation to present the inmate's case to the District Attorney's Office and court to secure an order for safekeeping. Every effort will be made to pray upon the court to have the inmate transferred to the North Carolina Department of Adult Corrections for safekeeping in one of their medical facilities or to a community partner agency that can provide for the inmate's needs, based upon the risk to the public and the escape risk of the inmate.

700

DETENTION HEALTH PLAN

BASIC MENTAL HEALTH SERVICES

704G

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A-225

2. State Standards: 10 NCAC 14J Section 1001

3. NCCHC Standards: J-G-04 (Essential)

B. **OBJECTIVE:** BCDF will provide or arrange through an outside partner to provide basic mental health services for all inmates in need of such services.

C. **POLICY:** BCDF will provide basic mental health services for all inmates either directly or through qualified contractors and qualified community partners.

D. **PROCEDURE:**

1. The following basic outpatient services will be provided at a minimum by a qualified provider:

   a. Identification and referral of inmates with mental health needs
   b. Crisis intervention services
   c. Psychotropic medication management, when indicated
   d. Individual counseling, group counseling, psychosocial/psycho-educational programs e. Treatment documentation and follow-up

2. When an involuntary commitment or a transfer to an inpatient psychiatric facility is indicated, all polices concerning inmate transfer and transport will be followed and the transfer/transport will occur in a timely manner. Until the transfer occurs the inmate will be monitored and housed accordingly.

3. Inmates receiving outpatient services are to receive such services as clinically needed, but not less than every 90 days. Those inmates with a chronic mental illness are to be seen per their individual plans.

4. Mental health, medical and substance abuse services shall be coordinated such that patient management is properly integrated, medical and mental health needs are met, and the impact of any conditions on each other is adequately addressed.

700

DETENTION HEALTH PLAN

SUICIDE PREVENTION PROGRAM

705G

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221
2. State Standards: 10ANCAC 14J Section 0601-1102
3. NCCHC Standards: J-G-05 (Essential)

B. **OBJECTIVE**: To reduce the possibility that inmates will commit suicide through appropriate identification and intervention.

C. **POLICY:** Medical and detention staff will be trained to identify and respond to the needs of suicidal inmates. In addition, inmates will be screened, classified and supervised in order to reduce the possibility of their suicide.

D. **PROCEDURE:**

1. Each newly admitted inmate shall be evaluated for his or her potential as a suicide risk during the receiving screening process.

2. The following signs may indicate that an inmate is considering suicide, although detention officers should look carefully for any other indicators of potentially suicidal behavior.

   a. Actual threats to commit suicide, or active discussion of suicidal intent
   b. Previous attempts to commit suicide
   c. Depression, which might be revealed by crying, withdrawal, insomnia, variations in moods, and lethargy
   d. Giving away personal property
   e. Signs of serious mental health problems, such as paranoid delusions or hallucinations
   f. Drug or alcohol intoxication or withdrawal
   g. History of mental illness
   h. Severe aggressiveness and difficulty relating to others
   i. Speaking unrealistically about the future or about getting out of jail

3. Medical and detention staff shall observe inmates closely for signs of potentially suicidal behavior during the following high risk periods:

   a. First 24 hours of confinement
   b. After receiving bad news from home, such as a death in the family or marital problems
   c. Before and after court appearances, especially sentencing hearings
   d. Weekends and holidays
   e. Before anticipated release or transfer
   f. Intoxication or withdrawal
   g. Poor physical health or receipt of a serious medical diagnosis
   h. After being assaulted by another inmate, especially if it was a sexual assault

4. Medical and detention staff shall notify the shift supervisor immediately if there is reason to suspect that an inmate is suicidal or suffering from serious mental health problems. This notification requirement applies if an inmate has attempted suicide, but it also applies if staff suspects that an inmate is suicidal.

5. Upon learning that an inmate has attempted suicide before, during or after the arrest, or has made credible statements that they will attempt suicide, the shift supervisor shall immediately direct that the following precautions be enforced to prevent any possible suicide attempt:

   a. Remove any items from inmate that might be used to commit suicide; (Level 1 Special Watch)
   b. Require direct visual observation and documentation of the inmates condition at least four times an hour, on an irregular basis
   c. Medical personnel shall contact mental health officials and schedule an evaluation for the inmate as soon as possible.

6. Any inmate that has suicidal history or exhibits the behaviors listed above and is not an imminent risk of suicide will be placed on a Level 2 Special Watch.

7. Medical and detention staff will provide all relevant information to the mental health worker before he or she evaluates the inmate.

a. If the mental the mental health worker determines that the inmate should be transferred or committed to another facility, detention officers shall complete the required paperwork and make any other necessary arrangements.

b. If the mental health worker determines that the inmate does not need to be transferred or committed, he/she shall provide written orders for medical and detention staff that outline the appropriate care for the inmate.

8. The shift supervisor shall maintain the precautions against a possible suicide by the inmate until they have been removed by the Facility Director. In addition, the shift

supervisor shall clearly indicate to detention officers on all shifts that they must maintain the precautions against a possible suicide.

9. The BCDF staff shall complete an incident report whenever the precautions against suicide for an inmate have been initiated. (This report should be completed whenever an inmate has been subject to suicide precautions, even if the inmate did not attempt suicide.)

   A detention officer who discovers that an inmate is attempting to commit suicide, has tried to commit suicide, or discovers an inmate who appears dead, shall comply with the following:

   a. Take *immediate* action to stop the attempt and to assess the inmate's condition
   b. Notify the shift supervisor and facility medical personnel by the most immediate means available
   c. Secure all other inmates in the housing unit
   d. Secure and preserve the scene
   e. Notification of the shift supervisor may be delayed if it might result in further injury to the inmate

10. Detention officers who discover that an inmate is attempting to commit suicide, has tried to commit suicide, or discover an inmate who appears dead, shall administer the following first aid:

    a. If the attempt is by hanging, remove the noose and place the inmate on the floor; use two or three people to stabilize the neck
    b. Stop any bleeding
    c. Administer CPR
    d. Maintain the treatment until further medical personnel or other professional medical assistance arrives
    e. Inmate assistance may be used to elevate the inmate or remove the noose from an inmate who has attempted suicide by hanging, in order to stabilize the neck

11. The shift supervisor shall comply with the following procedures if an inmate has successfully committed suicide:

    a. notify the Facility Director or designee and medical staff by the most immediate means available;
    b. by order of Facility Director or designee the facility will be in lockdown;
    c. secure and-preserve the scene;
    d. Facility Director or designee will notify the following:

       1) Sheriff
       2) On-Call Duty Officer
       3) BCSO Criminal Investigation Division
       4) County Safety Officer

5) BCSO Public Information Officer
6) BCSO Chaplain
7) Branch of Jail and Detention Services in accordance with state standards for report of inmate death. In addition, the Local Health Director and the Secretary of Environment, Health, and Natural Resources shall be notified within five days.

12. Detention officers shall receive training during certification school that teaches them to recognize the signs that an inmate may be suicidal. The training shall instruct officers on the procedure for responding if they suspect that an inmate is suicidal or suffering from serious mental health problems.

13. BCDF staff or their supervisors may request through the Chaplain or Department of Social Services a critical incident debriefing. Inmates may also request a debriefing by filling out an Inmate Request.

700

DETENTION HEALTH PLAN

INTOXICATION AND
WITHDRAWAL

706G

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A-221

2. State Standards: lOA NCAC 14J Section .0601-1001

3. NCCHC Standards: J-G-06 (Essential)

B. **OBJECTIVE**: To provide written policies and procedures to manage inmates who may he intoxicated or experiencing withdrawal from alcohol or other drugs.

C. **POLICY**: The responsible Health Authority shall define and approve written policy, procedures, and specific protocols to manage BCDF inmates under the influence of alcohol and drugs or undergoing withdrawal consistent with local, state and federal laws which shall include:

1. How to recognize intoxication and withdrawal;

2. Observation procedures;

3. Emergency, life threatening situation guidelines;

4. Treatment protocols for the most common intoxicants; and

5. Training needs for detention and medical personnel.

D. **DETOXIFICATION**: Broadly defined, detoxification refers to the withdrawal of a drug to which a person is physically dependent and/or treatment of the condition that result from the withdrawal of the drug (the abstinence syndrome). Usually another drug is used to treat the consequences of withdrawal.

700

DETENTION HEALTH PLAN

CARE OF THE PREGNANT INMATE

707G

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-G-07 (Essential)

B: **OBJECTIVE:** To assure that all pregnant women incarcerated at the BCDF receive prenatal care consistent with what is available to them had they not been incarcerated and with their desired pregnancy outcome.

C. **POLICY**: All pregnant women will receive appropriate and regular prenatal care (including but not limited to laboratory and diagnostic tests including HIV testing and prophylaxis when indicated) while in the custody often BCDF.

D. **PROCEDURE**:

1. The BCDF medical personnel will make any necessary appointments with an OB/GYN provider in the community.

2. Pregnant women remaining at the BCDF who have already begun prenatal care with an established physician may choose to continue care with that provider if the provider agrees. The. BCDF is not responsible for payments to a private physician.

3. Arrangements will be made to transport the inmate to her prenatal care provider as often as required by the clinic physician.

4. Prenatal care must be consistent with the community's standard of care including at a minimum regular visits, medical examinations, and advice on appropriate levels of activity and safety precautions, nutrition and related counseling.

5. Documentation must be kept of any appropriate postpartum care.

700

DETENTION HEALTH PLAN

INMATES WITH ALCOHOL OR OTHER DRUG PROBLEMS

708G

A. **STANDARDS AND STATUTES**:

1. · State Statutes: G.S. 153A-221

2. State Standards: lOA NCAC 14J Section 1001

3. NCCHC Standards: J-G-08 (Important)

B. **OBJECTIVE**: To diagnose and provide appropriate treatment for chemically dependent inmates at the BCDF and to manage inmates who may come to the BCDF already active in a treatment program.

C. **POLICY**: Any inmate diagnosed as chemically dependent by the responsible Health Authority will receive an individualized treatment plan based on the specific case depending on the available resources.

D. **DEFINITION**: Chemical Dependency is the state of physiological and/or psychological dependence on alcohol, opium derivatives and synthetic drugs with morphine like properties (opioids), stimulants such as amphetamines and cocaine, depressants and anxiolytics, i.e. diazepam.

E. **PROCEDURE**:

1. Any BCDF inmate suspected of being chemically dependent or presenting to BCDF with known chemical dependency will be referred to the responsible Health Authority.

2. Detention Staff shall receive training to recognize chemical dependency.

3. Other physical conditions associated with chemical dependency (e.g., liver disease) shall be recognized and treated.

4. Upon diagnosis as chemically dependent, the physician will develop and implement an individualized treatment plan to manage the inmate's condition.

5. Inmates already active in a chemical dependency program will be evaluated and whenever possible continued. If it is not possible to continue the program an alternative program will be made available.

6. Inmates with chemical dependency problems will be given the opportunity for counseling and where indicated available specialized assessment and treatment.

700

DETENTION HEALTH PLAN

PREGNANCY COUNSELING

709G

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A-221
2. State Standards: lOA NCAC 14J .1001
3. NCCHC Standards: J-G-09 (Important)

B. **OBJECTIVE**: To assure that comprehensive counseling and assistance is available to all pregnant inmates at the BCDF consistent with their expressed desires for the unborn child including abortion, adoption, or keeping the child through referral to an appropriate provider.

C. **POLICY**: All pregnant inmates of the BCDF will receive comprehensive counseling regarding her options for the pregnancy and assistance in carrying out her desires while incarcerated through consultation with her personal health care provider.

D. **PROCEDURE**:

1. Upon confirmation of a pregnant female being incarcerated at the BCDF the woman will receive a confidential health assessment and subsequent medical exam if she has not already had one;

2. Any female inmate who suspects she might be pregnant will have a pregnancy test performed by medical personnel at the BCDF for verification.

3. The BCDF medical personnel will help the woman obtain any necessary counseling and subsequent care.

4. If the pregnant woman has already been seen by a physician/clinic in the community and this physician/clinic agrees to continue treating the inmate, then the BCDF will arrange for het care to be continued. If the inmate has no established provider then an appointment will be made at an appropriate OB/GYN provider in the community.

700

DETENTION HEALTH PLAN

ORTHOSIS, PROSTHESES AND
OTHER AIDS TO IMPAIRMENT

710G

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-G-10 (Important)

B. **OBJECTIVE**: To provide a method for inmates confirmed at the BCDF to have access to the medical or dental prostheses necessary to maintain their health.

C **POLICY**: Medical and dental orthoses or prostheses and other aids to impairment are supplied in a timely manner when the health of the inmate would otherwise be adversely affected, as determined by the Medical Director.

D. **DEFINITION**:

1. Prostheses are artificial devices to replace missing body part(s) such as limbs, teeth, eyes or heart valves.

2. Orthoses are specialized mechanical devices, such as braces, foot inserts, or hand splints, used to support or supplement weakened or abnormal joints or limbs.

3. Aids to impairment include, but are not limited to, eyeglasses, hearing aids, canes, crutches and wheelchairs.

E. **PROCEDURE**:

1. Medical evidence must substantiate the need for the prescribed aids to impairment.

2. If any specific aid to impairment is a security concern, alternatives will be considered such that the health needs of the inmate are met.

3. The BCDF will not routinely consider orthoses and prostheses as a security risk. Every effort will be made to allow the inmate to use their own orthoses and

prostheses; however, if these devices are misused in anyway, they will be considered a security risk.

700

DETENTION HEALTH PLAN

CARE FOR THE TERMINALLY ILL

711G

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-G-11 (Important)

B. **OBJECTIVE:** BCDF will provide appropriate care for the terminally ill inmate.

C. **POLICY**: Establish a program to address the needs of terminally ill inmates to include the need for pain management. When the Medical Director determines that care in a community setting is medically preferable, he or she recommends to the appropriate legal authority the inmate's transfer or early release.

D. **DEFINITION**: Terminally ill is defined as an inmate whose physical condition has deteriorated to the point where the prognosis is less than a year to live.

E. **PROCEDURE**:

1. Upon the diagnosis and/or verification of a terminal illness, the inmate will be referred to the physician for a treatment plan. This will include all medical care and support services providing comfort. The treatment will be focused on the controls of symptoms and pain.

2. Upon learning of the diagnosis of an inmate's terminal illness, BCDF staff will report this information to the Facility Director immediately.

3. The preferred way to deal with the terminal ill inmate is to arrange for an early (compassionate) release. The Captain of Detention Operations and the MTA, at the direction of the Facility Director, will pray upon the court for an early release of the inmate to home, a community provider or to the North Carolina Department of Adult Corrections for safekeeping, depending on the danger to the public. If the court will not grant any of these options, local hospice services will be called for guidance. Enrollment in hospice will be subject to the inmate's informed choice.

SECTION H – HEALTH RECORDS

HEALTH RECORD FORMAT AND CONTENT

701H

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221

2. State Standards: l0A NCAC 14J Section .1001

3. NCCHC Standards: J-H-01 (Essential)

B. **OBJECTIVE:** To provide written documentation of all health care services rendered to inmates. To provide a means of communication to assure continuity of care. To serve as a basis for planning individual health care. To assist in protecting the medical legal interests of the inmate, the facility and the health care provider. To serve as a basis for statistical analysis and clinical data for use on program planning and education. To provide for appropriate forms to be included in all health records throughout the facility.

C. **POLICY:** To comply with accepted standards of care and statutory requirements all inmates will have a health record. At a minimum, it will include the confidential medical assessment initiated during the Intake process. The full medical record includes documentation of all medical/psychiatric, dental services provided by health care staff members or other health care personnel providing health care or screening. The health record will be organized ill a unified health care record and the format of the health record must be approved by the RHE. It will include documentation of all occasions of service provided to inmates both on-site and at outlying hospitals and clinics. It will be initiated at the time of the inmate's arrival at the facility and include medical, surgical, psychiatric, dental, and optometric services.

Documentation is to be done within the health record on the appropriate forms. It will be complete and current in order to facilitate accurate communication concerning the inmate's present and past health status as well as the plan of care.

Health records will be maintained in a consistent and standardized format as prescribed by the RHE. If electronic records are used, a procedure will be developed addresses integration of the information between the formats.

At a minimum, the health record file contains these documents:

- Identifying information (e.g., inmate name, identification number, date of birth, sex)
- Problem list (including allergies)
- Receiving screening and health assessment forms
- All findings, diagnoses, treatments, and dispositions
- Prescribed medications and their administration
- Reports of laboratory, x-ray, and diagnostic studies
- Progress notes
- Consent and refusal forms
- Release of information forms
- Results of consultations (e.g., dental, mental health, other) and off-site referrals
- Discharge summary of hospitalizations and other inpatient stays
- Special needs treatment plan, if any
- Immunization records
- Place, date, and time of each clinical encounter
- Signature and title of each documenter

CONFIDENTIALITY OF
HEALTH RECORDS

702H

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A-222

2. State Standards: 10ANCAC 14J Section .1001

3. NCCHC Standards: J-H-02 (Essential)

B. **OBJECTIVE:** To ensure the confidentiality of written or electronic medical information (Medical Health Records) of active and/or inactive inmates. Also, confidentiality of all verbally conveyed health information will be maintained.

C. **POLICY:**

1. All health care staff shall be required to sign an Inmate/Patient's Confidentiality Statement recognizing the confidentiality of all medical information obtained from an inmate.

2. No piece of medical information pertaining to an inmate will be shared without the inmate's express consent or as authorized by law.

3. The RHE will maintain a current file of Rules/Regulations and, Policies/Procedures pertaining to the security, safeguarding, and confidentiality of the health records of all inmates of the BCDF.

4. Health records stored in the facility are maintained under secure conditions separate from inmate jacket files.

5. All records transported by non-health care staff must be sealed.

D. **PROCEDURE:**

1. Before any information in the inmate's health record is shared, a Release of Information Authorization from the inmate must be obtained.

A. In cases where inmates cannot, or is not willing to sign a Release of Information Authorization, the RHE shall be consulted. There are a few specific situations when certain types of medical information may be released without the inmate's consent.

3. All forms and documentation necessary to release the information to those persons authorized to review the information will be prepared and maintained in accordance with appropriate policies of the BCDF and the State of North Carolina.

ACCESS TO CUSTODY
INFORMATION

703H

A. **STANDARDS AND STATUTES:**

1. State Statutes: G.S. 153A-221

2. .State Standards: lOA NCAC 14J Section .1001

3. NCCHC Standards: J-H-03 (Essential)

B. **OBJECTIVE:** Qualified health care professionals will have access to information in the inmate's custody record when the RHE determines that such information may be relevant to the inmate's heath and course of treatment. Pertinent information will also be shared with the detention staff about any special needs of an inmate.

C. **POLICY:** The responsible physician and other facility medical personnel shall be granted access to information in an inmate's confinement record if it might be relevant to his/her health and course of treatment.

D. **PROCEDURES:**

1. The responsible physician and other facility medical personnel shall be granted access to information in an inmate's confinement record.

   a. A completed medical receiving screening form shall be kept in each inmate's medical file.
   b. Facility medical personnel shall have direct access to an inmate's confinement record at any time if it might provide information relevant to his/her health and course of treatment.
   c. Facility medical personnel shall not remove an inmate's confinement record from Booking.
   d. Facility medical personnel shall maintain the confidentiality of information in the confinement record if it is not a matter of public record.
   e. Detention staff shall notify facility medical personnel whenever they believe that an inmate may require special medical attention.
   f. Detention staff shall be given information by medical personnel on a need to

know basis about an inmate's health condition if it will help them respond more effectively to an inmate's special medical needs.

1. Detention staff shall **not** have direct access to an inmate's medical record.
2. Facility medical personnel shall inform the Squad Lieutenant or designee orally or in writing about an inmate's special medical needs.

DETENTION HEALTH PLAN

MANAGEMENT OF HEALTH RECORDS

704H

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A-221
2. State Standards: lOA NCAC 14J Section .1001
3. NCCHC Standards: J-H-04 (Important)

B. **OBJECTIVE:** To provide for the confidential and appropriately authorized transfer of medical records and to ensure continuity of health care provided is in a desirable manner.

To ensure that inactive medical records of inmates are maintained and properly safeguarded and readily available to the medical staff upon an inmate's return to the facility or in the event history of previous medical care is needed.

C. **POLICY:** Complete medical records will accompany the inmate upon transfer to another confinement facility. These records will contain chronological documentation of all health care provided for the inmate.

The transfer of records to another confinement facility is authorized without the written consent of the inmate. Release of information or health records to other institutions or individuals who are not directly involved in the inmate's health care as authorized by the BCDF is not permissible without written authorization by the inmate.

A transit form of inmates noting medical conditions, critical and chronic, requiring immediate review or referral by the unit receiving the inmate will accompany inmates upon transfer.

All inactive medical records of inmates will be maintained in accordance with legal requirements of the State of North Carolina as defined in the Records Disposition Schedule by the North Carolina Department of Cultural Resources, Division of Historical Resources, Archives and R cords Section, Government Records Branch.

D. **PROCEDURE**:

1. Copies of the original medical documents will be placed in the inmate's permanent medical record.

2. The medical staff will make medical records available for transfer with the inmate. The transit form will be placed in a sealed envelope bearing only the inmate's and the receiving unit's names.

3. The nurse on duty will ensure the medical records are available for transfer when the transfer occurs.

4. Medical records may be made available to other individuals (attorneys, physicians, etc.) only upon written authorization from the inmate or by court subpoena. Only that information of which has been requested and appropriately approved and documented by the inmate will be released (except in case of subpoena).

5. A "Medical Alert" notation will be placed on the inside cover of the health care records belonging to inmates with chronic or acute medical conditions requiring supervised medical care. If electronic records are used then a procedure will be established by the RHE identifying a "Medical Alert" similarly as with the written health care records.

6. Anytime the inmate's medical record or any piece of the inmate's confidential medical information is transferred, it will be managed in a confidential manner. Detention staff and the transporting officers do not have access to this information.

7. All inactive medical records will be kept for a period of five years from the date of last service.

8. Inactive medical records may be purged from active files and stored elsewhere as necessary.

SECTION I – MEDICAL LEGAL ISSUES

700

DETENTION HEALTH PLAN

MEDICAL RESTRAINTS AND ISOLATION

701I

A. **STANDARDS AND STATUTES**:

1. State Statutes: G.S 153A-221

2. State Standards: 10 NCAC 14J Section .0601; .1003

3. NCCHC Standards: J-I-01 (Essential)

B. **OBJECTIVE**: Medical restraint and medical isolation shall be implemented to prevent the inmate from harming self and /or others.

C. **POLICY**: Medical restraint and medical isolation shall never be used as a means of punishment. Any inmate who poses a safety threat to self and/or others will be placed in isolation until evaluated by the appropriate health care personnel.

D. **PROCEDURE**:

1. The method of medical restraint utilized at the BCDF is medical isolation carried out in the padded cell and/or single cells in booking or in the housing unit as appropriate.

2. The decision to implement medical isolation is made by health care staff at the time of the incident.

3. The Operations Lieutenant, Captain of Detention Operations, or Facility Director must be notified and give formal approval to medical staff who will be responsible for completing a Special Consideration Form and requesting approval.

4. Medical staff must ensure that the Medical Director or Nurse Practitioner is notified without delay.

5. The inmate will be placed on a special watch in accordance with policy and will be observed at least 4 times per hour on an irregular basis, ideally every 15 minutes or more often when feasible. The supervision rounds will be documented utilizing the election pipe system.

6. The inmate will be allowed access to water and toilet facilities as needed.

7. The medical staff will review all inmates on medical isolation daily to assess the need and make referrals to the Operations Lieutenant or higher authority as appropriate.

8. The Operations Lieutenant or higher authority will be updated daily on the status of each inmate on medical isolation.

9. Medical isolation is discontinued only by physician order.

10. The restraint chair **WILL NOT** be used as a medical restraint under any circumstances. The restraint chair is a control device only and its use will be governed under the appropriate BCDF Policy #513, Use of Restraint Chair.

700

DETENTION HEALTH PLAN

EMERGENCY PSYCHOTROPIC MEDICATION

702I

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-I-02 (Essential)

B. **OBJECTIVE:** To ensure that the involuntary administration of psychotropic medications is in compliance with state and federal guidelines. Transfer of inmates to an appropriate mental health facility or N.C. Department of Correction for safekeeping as appropriate.

C. **POLICY:** The forced administration of psychotropic medications is not utilized by BCDF medical staff.

D. **PROCEDURE:**

1. Inmates are transferred to N.C. Department of Correction for safekeeping or to an appropriate mental health facility so that forced medications may be administered if:

   a. Failure to do so may result in death or injury to self and/or others and;
   b. Evidence exists that if the condition is not treated it is likely to result in an acute exacerbation of the conditions that would threaten safety of self and/or others.

2. All refusals of medications are documented in the inmate's medical file.

3. The inmate will be counseled on his/her decision to refuse medications by professional staff. This will be documented in the inmate's chart.

4. The inmate will be advised that he/she will be transferred to N.C. Department of Adult Correction for safekeeping or to anappropriate mental health facility if refusals continue.

5. Psychiatrist/physician will be notified and entry made into chart noting transfer.

700

DETENTION HEALTH PLAN
FORENSIC INFORMATION

703I

A **STANDARDS AND STATUTES**:

1. State Statutes: G.S. 153A 221
2. State Standards: 10A NCAC 14J Section .1001.
3. NCCHC Standards: JI 03 (Important)

B. **OBJECTIVE:** To maintain the neutrality of medical staff and prevent the compromise of their position of serving the health care needs of inmates by participating in the collection of information that may be utilized against them.

C. **POLICY:** The role of the medical staff is to serve the health care needs of the inmates in custody at the Buncombe County Detention Facility. Medical staff will not be utilized to gather information for Forensic or non-medical investigative purposes unless court ordered and/or signed consent by the inmate. Medical information collected by health care personnel will be confidential unless such information is felt to be a breach in security. If so it will be shared with BCDF staff.

D. **PROCEDURE**:

1. Medical information collected during the course of all medical examinations of inmates is considered confidential and as such will not be released to unauthorized non-medical persons without the written consent of the inmate or by court order.

2. In matters of sexual assault, medical personnel may collect evidence for forensic purposes by court order or with consent of the inmate:

700

DETENTION HEALTH PLAN

END OF LIFE DECISION MAKING

704I

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-I-04 (Important)

B. **OBJECTIVE**: To ensure that inmates with terminal illnesses are free to execute advance directives.

C. **POLICY**: Inmates will have the right to execute advance directives including living wills, health care proxies and Do Not Resuscitate (DNR) orders. These directives will be signed only after the inmate receives appropriate information regarding the meaning and consequences of such decisions.

D. **PROCEDURE**:

1. The decision of the inmate will be voluntary, not coerced and based on medical information that is complete and comprehensible to the inmate.

2. The inmate must have the mental capacity to make the decision.

3. If the inmate is deemed incompetent to make this decision, the Facility Director will consult with the Sheriff and County Attorney as to the notification of the inmate's next of kin to possibly be appointed as the inmate's Power of Attorney to make such decisions for the inmate.

4. The facility will not assist the inmate in making this decision nor prepare any documents on the inmate's behalf. This must be handled by an outside source (private physician, attorney, clergy, etc.)

5. Before an advance directive is used as the basis of withholding or withdrawing care there must be an independent review by a physician not involved in the inmate's treatment of the inmate's course of care and prognosis.

700

DETENTION HEALTH PLAN

INFORMED CONSENT/RIGHT TO REFUSE TREATMENT

705I

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-I-05 (Important)

B. **OBJECTIVE:** Assure that written consent is obtained by an inmate prior to any examination, treatment, or procedure. This written consent can only be given after receiving and understanding the facts regarding the nature and consequences of the procedure to be performed. Ensure that the inmate's right to refuse medical treatment is clearly established by policy and understanding.

C. **POLICY:**

1. All examinations, treatments, procedures governed by informed consent; practices applicable in N.C. are to be observed for inmate health care. If the inmate is a minor, consent must be obtained from a responsible member of his family, guardian, or one having legal custody of such a minor. If the inmate is mentally incompetent, then the consent of a responsible member of his/her family guardian or legal custodian must be given. If a member of the family, guardian, or legal custody person cannot be found, then the local Health Authority shall be authorized to give or withhold consent for the inmate.

2. Informed consent wil1 not be required in responding to life threatening conditions that require immediate medical intervention for the health and safety of the inmate or in emergency cases of inmates who do not have the capacity to understand the information given and in certain public health matters.

3. Any inmate may elect to refuse all diagnostic and treatment recommendations, but may be quarantined for observation when the inmate's condition is a danger to himself/herself and the inmate population or the employees of BCDF, as in the case of infectious diseases.

4. All refusals must be signed (documented) and filed in the inmate's medical file. In cases involving a significant-threat to the inmate population, and staff, a request for permission to compel treatment may be submitted to the Health Authority for approval. All refusals for medical surgical treatment must be received by the appropriate qualified health personnel and documented, utilizing standard refusal forms that have been approved for use in the facility. A signature must be obtained by the medical staff as a witness in case of a refusal of treatment. If the inmate refused *to* sign the form, this must be noted as well.

D. **PROCEDURE:**

1. If any inmate wishes to exercise his/her right to refuse- treatment, he/she shall be referred to appropriate health care staff for disposition and evaluation.

2. The health care staff member shall interview the inmate and try to obtain the inmate's rationale for refusing treatment.

3. The health care staff member shall attempt to encourage the inmate to accept the designated treatment plan as prescribed.

4. In cases where the refusal of treatment may seriously affect the health and/or safety of the individual or others, the responsible physician will discuss the situation with the inmate personally.

5. If there is a reason to believe that the inmate is not competent and medical judgment indicates treatment or diagnosis is necessary, an administrative/clinical determination of the inmate's competency must be made. In immediate emergencies, the decision of competency is made by two physicians.

6. Inmates may be required to take medications prescribed for a mental illness when failure to take medication could:

   a. Cause serious harm to the inmate
   b. Cause serious harm to others
   c. Is likely to result in continued suffering from severe and abnormal mental, emotional and physical distress or deterioration of the inmate's ability to function independently

7. When an inmate refuses offered treatment, he/she will be advised of the potential outcomes of the decision and must sign a document indicating he/she has been so advised and continues to refuse treatment.

8. The inmate will be allowed to withdraw his/her refusal at any time by signing a consent form.

700

DETENTION HEALTH PLAN

MEDICAL AND OTHER RESEARCH

706I

A. **STANDARDS AND STATUTES**:

1. State Statutes: None

2. State Standards: None

3. NCCHC Standards: J-I-06 (Important)

B. **OBJECTIVE:** To ensure that any research done on an inmate's medical chart is in compliance with state and federal guidelines.

C. **POLICY:** Any research done on inmates shall be done in accordance with state and federal guidelines and only at the approval of the Buncombe County Sheriff and the responsible health entity.