



POLICY AND PROCEDURE MANUAL FOR HEALTH SERVICES IN JAILS

**At the
Marion County Jail
South Carolina**

Effective Date: May 1, 2013

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Policy and Procedure Manual for Health Services In Jails

ACKNOWLEDGEMENT

I acknowledge I have received, read, and reviewed Southern Health Partners, Inc. Policy and Procedure Manual for Health Services in Jails – Part 2, Governance and Administration, and I understand that it is my responsibility to maintain and keep it/them secure.

The contents are not to be reproduced and/or given to anyone not employed by Southern Health Partners unless prior approval is obtained from the corporate office.

I also understand I may be required to return all or a portion of the manual if a major revision is required.

I understand it is my responsibility to ask questions, make comments, and to fully understand the attached policy and procedure manual. Questions may be relayed to my site Medical Team Administrator, Regional Administrator, or corporate Vice President.

I will review the Manual in accordance with the jail's policies and procedures, Consent Decree(s), and other mandates, thereby making revisions, updates, etc. as necessary.

If my employment with Southern Health Partners, Inc. is terminated, I must return any originals or copies I may have in my possession.

By my signature below, I understand and acknowledge the above:

SHP Signature:	<i>[Signature]</i> Michelle Richards, TAJ	Date: 10/28/15 9-4-14
Medical Team Administrator:	Shuen Sutton, LIA	Date: 8/27/14
Site Medical Director/Provider:	Tom A. [Signature], MD	Date: 8/27/14
Site Provider (other than Medical Director):	.	Date:
SHP Employee:	Pamela Auld, LPN Regional Mgr	Date: 06/16/16
SHP Employee:	Kim Small, LPN MTA	Date: 6/16/16
SHP Employee:	Sam Thacker	Date: 3-30-17
SHP Employee:	[Signature], LPN MTA	Date: 8/27/18
SHP Employee:	Marissa Stutes, LPN MTA	Date: 11/12/18

A copy of this form must be sent to the corporate office for inclusion in the employee's personnel file. Keep the originally signed form with the Policy and Procedure Manual. If more signature spaces are needed, just make a copy of this blank form for use.



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Part 1 - Table of Contents

STANDARD NAME	SUMMARY OF STANDARD
Part 1	TABLE OF CONTENTS Pages 5 - 8
Part 2	GOVERNANCE AND ADMINISTRATION Pages 10-23
Access to Care	Sets clear policy/procedure for patients to access health services.
Responsible Health Authority	Intent is to note a coordinate health care and mental health system within the jail.
Medical Autonomy	Clinical decisions are made for clinical purposes; health staff are otherwise subject to the same security regulations.
Administrative Meetings and Reports	Regularly scheduled meetings to be held at site. Facilitates joint monitoring, problem solving, planning, etc. Health Staff & Corrections to meet. Minutes to be kept.
Policies and Procedures	P&P Manual is on-site and being followed; All medical staff to sign off as to review of manual, and manual is readily accessible.
Quality Improvement Program	Ensures a quality health care delivery system is in place through quality improvement monitoring. Regular chart reviews, system reviews, etc.
Emergency Response Plan	Plan in place to protect health, safety, and welfare of patients, staff, and visitors during emergencies. Disaster drill to be performed 1x/year, on each shift.
Communication on Special Needs Patients	Identification of Special Needs Patients; notification of key staff as to placement of special needs patients within facility.
Privacy of Care	Reasonable efforts to guard privacy of a health encounter and to protect a patient's dignity. Keep in mind HIPAA regulations.
Procedure in the Event of an Inmate Death	Reporting aspects in the event of a patient death.
Grievance Mechanism for Health Complaints	Sets clarification that grievance responses are expected to be professional and timely.
PART 3	MANAGING A SAFE AND HEALTH ENVIRONMENT Pages 24 – 31
Infection Control Program	Addresses issues relating to Infection Control. See also the Infection Control Manual.
Patient Safety	Promotes patient safety through review of processes and reporting adverse or near-miss clinical events.
Staff Safety	Promotes a safe working environment for all SHP staff on-site.
Procedure in the Event of a Sexual Assault	Indicates medical response with health interventions upon report of a sexual assault.
PART 4	PERSONNEL AND TRAINING Pages 32 – 40
Credentialing	Health staff are legally qualified to provide the services for which they have been hired; Works within scope of practice; Credentialing done by corporate office.
Clinical Performance Enhancement	Promotes peer review of the clinician's practice; Review for MD, Psych; DDS; Psychologists.
Professional Development	Monthly in-services to be held; 1 hour per month. Documentation of such in-services to be kept on-site. Nurses responsible for complying with CEU requirements for licensure.



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Health Training for Correctional Officers	Promotes training of correctional officers as to recognizing when to call medical; provision of emergency care until medical arrives; intake screening;
Medication Administration Training	Proper administration of medications is being performed. Narcotic counts must be performed.
Inmate Workers	Patients are not to work as a medical staff person. Can be cleared for Trustee Status by medical staff.
Staffing Plan	Outlines an effective staffing plan is set at the facility.
Health Care Liaison	Sets procedure as to when health care staff are not on site, who is in charge; On-call procedures, etc.
Orientation for Health Services Staff	All health services staff (FT, PT, PRN) are to receive a basic orientation on the 1 st day of employment; Include security regulations; emergency responses; P&P manual; job description/job duties; etc.
PART 5 HEALTHCARE SUPPORT SERVICES Pages 41 – 48	
Pharmaceutical Operations	Pharmaceutical services are being properly operated and monitored;
Medication Services	Provisions for medications services at the facility, timely, safe and sufficient manner.
Clinical Space, Equipment and Supplies	Provides for sufficient space and equipment for medical staff to perform tasks.
Diagnostic Services	Diagnostic services are available when needed.
Hospital and Specialty Care Services	Arrangements and/or agreements are in place for hospital and specialty care services off-site, if needed.
PART 6 PATIENT CARE AND TREATMENT Pages 49-63	
Information on Health Services	Patients must have knowledge about the availability of and access to health care services. Topics addressed orally and in writing include access to health; grievance process; and co-pay system if in place.
Receiving Screening	Intends to identify and meet any immediate health needs of those admitted; to obtain urgent/emergent treatment; and to identify and isolate patients who appear contagious. Identify any chronic conditions.
Transfer Screening	Procedure for intersystem transfers; requirement calls for a review of the health record within 12 hours of arrival.
Health Assessment	H&P done within 14 days of admission; Physician/Physician Provider must sign off on H&P; TB testing is required as part of H&P, if not done sooner.
Mental Health Screening and Evaluation	Identify mental health needs; screening can be done by trained nurses, with further evaluation (if needed) to be done by qualified mental health professionals.
Oral Care	Screening to be done within 14 days of admission; screening to be done by dentist or trained health staff; Instruction in oral hygiene & preventive education to be done within 1 month of admission. Exam by a dentist for patients who haven't been seen and their stay is over 12 months.
Non-emergency Health Care Requests and Services	Routine health care needs are met; Vital signs are to be noted on all patient encounters, to be written on the sick call forms. Sick call timeliness is within 24 hours (72 hrs/weekends) of



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	the request. Expectation of 2x/wk for ADP of <100; 3x/wk for ADP of 100-200; and 5x/wk for ADP of >200.
Emergency Services	Emergency health planning occurs to prevent bad outcomes in relation to emergencies. Requires community hospital availability and emergency on-call system for medical.
Segregated Patients	Patients placed in segregation maintain medical & mental health while isolated; Correctional staff must notify health staff when patients are placed in segregation.
Medical Observation	Patients placed on Medical Observation must be monitored by medical staff during placement of such.
Patient Escort	Escorting staff to be provided so patients can meet health care appointments.
Nursing Assessment Guidelines	Focuses on the use of nursing assessment guidelines and treatment protocols. Use of Clinical Pathways.
Continuity of Care during Incarceration	Ensures patients receive care as ordered by clinicians, and within a timely fashion.
Discharge Planning	As part of the discharge/release process, patient should be given referral information to community providers, if needed.
PART 7 HEALTH PROMOTION & DISEASE PREVENTION	
Pages 64-66	
Healthy Lifestyle Promotion	Education of patient's in self-care and promoting instruction for health conditions; General educational materials to be provided.
Medical Diets	Special medical diets will be made available when ordered by medical staff.
PART 8 SPECIAL NEEDS AND SERVICES	
Pages 67-78	
Management of Chronic Disease	Management of chronic medical condition patients. Focuses on identification; follow-up and regularly scheduled monitoring.
Special Needs Treatment Plans	Ensures chronic or special needs patients are seen and evaluated by medical staff.
Infirmery Care	Infirmaries may be established to provide medical needs on-site.
Basic Mental Health Services	Provides basic mental health services at the facility.
Suicide Prevention Program	Identifying and responding to suicidal individuals
Intoxication and Withdrawal	Patients with alcohol and other drug problems are properly identified and managed through medical services at the site.
Patients with Alcohol and other drug problems	Screening for abuse of or dependency upon alcohol or drugs at the intake process.
Care of the Pregnant Patient	Regular prenatal care to be provided, if pregnant patients are within the facility.
Pregnancy Counseling	Counseling provided to pregnant females, through community referrals.
Orthoses, Prostheses, and Other Aids to Impairment	Resources provided to patients in need of prostheses, etc.; in case of security issues, alternative accommodations must be made to meet the health needs of the patient.
Care for the Terminally Ill	Addresses the needs of a terminally ill patient; includes pain management, guidance, early release, or hospice care.



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PART 9		HEALTH RECORDS Pages 79-83
Health Record Format and Contents	Health record is properly created and maintained. Confidentiality is a must.	
Confidentiality of Health Records and Information	Protects the patient's right to confidentiality of both the health and personal information located within the record. Health staff and correctional officers must have instruction concerning patient confidentiality.	
Access to Custody Information	Medical to have access to custody info if deemed important to patient's health needs.	
Availability and Use of Health Records	Record is used in each scheduled clinical encounter.	
PART 10		MEDICAL / LEGAL ISSUES Pages 84-89
Use of Restraint and Seclusion in Correctional Facilities	Must receive Physician/Physician Provider order prior to the use of restraints for clinical reasons; monitoring and evaluation by health staff of those patients; Documentation is a must!	
Emergency Psychotropic Medication	Intent is to prevent harm in emergency situations when patient is a danger to self or others; Must have a Physician/Physician Provider's order prior; Documentation is a must!	
Forensic Information	Medical staff does not participate in the gathering of evidence; DNA testing may be performed if required by law, and under consent of the patient.	
End-of-Life Decision Making	Focuses on decisions to be made by patients; Living wills, DNRs, etc.	
Informed Consent and Right to Refuse Treatment	Patients retain their right to make informed decisions regarding health care issues. Right to refuse treatment information.	
Medical and Other Research	Medical staff is not to participate in medical or other research projects patients may be participating in at the jail.	
PART 11		MISCELLANEOUS Pages 90 – 102
Executions	Medical staff will not participate in executions.	
Volunteers, Students, Interns	SHP will not utilize the services of volunteers, students unless approved by H.R. Dept. and Jail Administration.	
Manuals	SHP manuals to be placed on-site or on-line for all staff to review and refer to when needed	
MRSA	SHP policy/procedure for Identification and Treatment of MRSA infections	
Taser Injuries	Treatment and care of taser injuries at the jail.	
Pandemic Flu Planning	Corporate policy and procedure in the event of a Pandemic Flu Event.	
Hunger Strikes	Corporate policy and procedure if a patient institutes a hunger strike, or hasn't been eating (refuses or otherwise).	



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INTRODUCTION

Southern Health Partners, Inc. (SHP) has developed these policies and procedures to be used by our employees in conjunction with the provision of inmate patient health care services at the jail. Administrative and operational policies are utilized to ensure uniformity and consistency in the day-to-day operation of medical services. Policies are intended to provide direction to personnel in their application of professional/technical skills in the correctional setting.

By definition, the Medical Director is a reference term which applies to our Director of Medical Services at the facility. This may be a Physician, Physician Assistant, Nurse Practitioner, or any other Physician Provider and/or designee contracted by the corporate office to provide services on behalf of Southern Health Partners, Inc.

By definition, the Medical Team Administrator is a reference term which applies to our Nurse Administrator of the medical program under contract by the County with Southern Health Partners, Inc.

By definition, the Region Representative is a reference term which applies to the oversight representative for your location which is in place by the corporate office of Southern Health Partners, Inc.

All SHP staff must support existing policies and procedures – although we are flexible! Never should good prudent medical judgment be ignored due to the written SHP policy/procedure. Remember, the NCCHC guidelines for which our policies and procedures are based are just that...guidelines. These existing procedures may need to be added to, deleted from or modified based on each particular institution's contract and/or needs.

In cases where a professional (Physician/Physician Provider, nurse, etc.) identifies a policy works to the disadvantage of the Institution (or an individual), the policy may be modified upon request. The professional may also request a change in policy based on new information or particular circumstances.

The Medical Team Administrator and medical staff may make exceptions for existing policies and procedures if issues of prudent medical judgment are involved and at hand. However, a written report must be forwarded to the corporate office noting the following:

1. Policy name;
2. Exception / change made;
3. Reason for making the exception / change.

The policies will be reviewed and amended as needed on an annual basis, however, suggestions may be submitted at any time. Changes to Policy and Procedure will be re-typed at corporate office, and the updated policy and procedure will note the effective change date within the policy and procedure.

SHP's policies are to be utilized by SHP employees only. No part of this manual may be reproduced in any form by any means without written permission from the corporate office.

Please have all medical staff members become familiar with these policies and procedures, and always keep them in the medical unit area for ease of employee use and reference.

PART 2

GOVERNANCE AND ADMINISTRATION

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This manual is not to be a substitution of good prudent medical judgment. Medical situations arise in a variety of scenarios, some of which may not be covered in this manual. It is the expectation by SHP of the SHP staff to use good medical judgment when faced with any medical scenario, and should such not be listed by policy, procedure, and/or practice within this manual, will not preclude the aspect of care being rendered. SHP medical staff can reach out to various levels of SHP (corporate office staff, VPs of Operations, Regional Representatives, Site Medical Director, Corporate Medical Director, etc.) regarding questions, comments, concerns, etc.



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ACCESS TO CARE

POLICY:

Southern Health Partners, Inc. (SHP) will ensure to identify and eliminate any barriers to patients receiving and/or requesting health care while incarcerated at the Jail. This policy is to ensure patients have access to care to meet their serious medical, dental, and mental health needs while incarcerated.

PROCEDURE:

SHP Medical Team Administrator (MTA) will review all systems patients may use to request health care services. Any potential barriers or unreasonable barriers to access health care services should be reviewed and discussed with the Jail Administrator. A solution of those barriers must be reached.

Examples of unreasonable barriers include, but are not limited to:

- Punishing those seeking care for serious health needs;
 - Assessing excessive co-payments that prevent or deter access to care;
 - Refusal to allow patient to see provider;
-
1. No patient is to be refused health care services due to indigent status or inability to pay an established co-pay charge established by the Jail Facility. The medical staff may need to educate the patient as to previous statement if they are refusing needed medical care due to a co-pay plan in place.
 2. SHP medical staff may ask jail administration to 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. Patients 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. Please discuss this issue with the Jail Administrator for approval.
 3. SHP medical staff may ask jail administration to post signs and/or information in the booking, intake, and cell areas about information on how to access health care services. The Medical Procedures for Inmates form may be used in this instance.

Reference(s)/Forms: Form - Medical Procedures for Inmates Form (for Inmates)
Form - Inmate Sick Call Slip

RESPONSIBLE HEALTH PARTY

POLICY:

The responsible health authority for the Jail Medical Unit is SHP, effective and under the terms of the Health Services Agreement between the County and SHP.

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The responsibility for coordinating and providing on-site medical services with the Jail rests with SHP pursuant to a Request for Proposal and/or contractual agreement between SHP and the Jail. A copy of the health care services agreement will be kept at the corporate office.

The on-site medical team will consist of medical staff as agreed upon under agreement by the County and SHP.

It should be noted the Jail staff (Sheriff, Jail Administrator, Correctional Officers, jail staff, etc.) are also responsible for the provision of basic medical services when the medical staff are not on-site, as required by law. The Jail staff is to contact local emergency services for any urgent medical matters that may arise when medical staff is unreachable and not on-site. The Jail staff is responsible for training its officers and staff in the provision of health care services to inmates under their constitutional authority and/or regulations by the State.

PROCEDURE:

1. The Medical Director and MTA designated by SHP are responsible for the overall operation of the medical services program within the jail. The Medical Director is responsible for the Physician/Physician Provider component of the program. The Medical Director is an independent contractor providing Physician/Provider services on behalf of SHP.
2. SHP Regional Administrator(s), Regional Manager(s), and corporate office staff will also provide oversight and support services to the overall operation of the medical services at the Jail. These positions are assigned by the corporate office and work in the unit as designated by agreement.
3. The MTA and Medical Director are responsible for making and reviewing all medical decisions in regard to the SHP medical services program at the jail. Both will work in concert with other medical staff to ensure the delivery of all appropriate medical program services. Both positions will report to the corporate office in relation to the contracted medical services to be provided at the site. Corporate office representatives include, but are not limited to, the President, Vice President, and Corporate Medical Director.
4. The MTA and Medical Director's duties and responsibilities will be governed by written position descriptions developed by SHP.
5. Final medical/clinical judgments rest with the on-site Medical Team Administrator, Medical Director, and nursing staff at all times and neither SHP nor the facility's personnel will place any restrictions on the Physician/Physician Provider's prudent practice of medicine.
6. A designated dentist and mental health provider will be established to work in conjunction with the medical service providers at the jail.
7. In instances where medical staff are not on-site, or are unreachable through cell phone/pager contact, the jail staff should contact local emergency services for medical emergencies at the jail.

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MEDICAL AUTONOMY

POLICY:

Regulations, policies, procedures, and scope of duties/practice, which are established for the operation of the facility, apply to all medical personnel and employees of SHP. Matters of medical judgment are the responsibility of the medical department and Medical Director. Matters of dental judgment are the responsibility of the dentist. Matters of psychiatric judgment are the responsibility of the Psychiatrist and/or designated mental health provider(s). Matters of contractual obligation are the responsibility of the SHP corporate representative and the County, under the terms of agreement within the Health Care Services Agreement.

No restrictions by SHP will be placed on any Physician/Physician Provider, dentist, and mental health provider with respect to the prudent practice of medicine, dentistry, and psychiatry. Security regulations, policies, procedures, etc., will apply to all medical staff members of SHP as well. It is the responsibility of SHP employees to familiarize themselves with security regulations.

It is the responsibility of the jail to provide for the health care needs of all persons committed to the facility. The primacy of providing prompt, adequate, and comprehensive health care services to a correctional client population has been well documented in relevant federal litigation and in numerous statements on correctional standards prepared by groups such as the American Medical Association, American Correctional Association, National Public Health Service, and others. The need to provide proper health services are as important as any other service delivery function within a correctional facility and the facility is committed to providing the best and most appropriate quality services at our disposal and SHP is further committed toward meeting and surpassing the applicable minimum standards developed by the organizations mentioned above. Health care delivery must be considered as a primary focal point of correctional decision making, recognizing the impact of all other policy decisions on the implementation of a proper health care delivery system. Compliance with minimum standards will shortly be mandatory throughout the corrections field; the jail will continue to be guided by recognized national standards in developing service delivery plans and modes of operation.

PROCEDURE:

1. Clinical decisions and actions regarding health care to inmates is a joint effort of custody and health staff.
2. It will be the responsibility of the County Jail Administrator, SHP Medical Team Administrator and Site Medical Director, on a day to day basis, to ensure proper coordination is maintained between the medical unit staff and security staff.
3. This statement of policy and procedure will clearly note that in accord with numerous federal court decisions and health care standards for corrections, no restrictions should be placed on the medical staff, and/or Physician/Physician Providers that would interfere with the implementation of health care services, by the County.
4. The medical department personnel will make every effort to understand the security imperatives inherent in operating a secure correctional facility while meeting the legitimate health care needs of the inmate patient population. Any conflicts should be worked out between the Jail Administrator (or designee), the SHP Medical Team Administrator, and if needed, members from the SHP corporate Operations team, all of who are responsible for ensuring patients receive mandated services. If a medical order by a Physician/Physician Provider is in direct

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conflict with a security directive, the Physician/Physician Provider's medical order will be reviewed with the staff mentioned above. This will ensure the delivery of needed health care services and also the degree of cooperation that is required of operational units within the facility.

5. Administrative and medical staff, with the goal of resolving service delivery problems will carefully review patient complaints. This underscores the commitment of providing quality services. While SHP cannot "force" security to make a transport, the nursing staff must make every effort to explain the necessity of the needed service to the jail administrator. The Vice President of Operations must be contacted if security measures are precluding the continuity of patient care.

ADMINISTRATIVE MEETINGS AND REPORTS

POLICY:

It is the policy of SHP to have Administrative Meetings at the site level to review the administrative and health care services currently being provided at the jail. ~~Attendees of the meeting should include the Medical Team Administrator, the Jail Administrator, the Sheriff, the Medical Director; other designated medical staff and correctional officer members.~~

PROCEDURE:

1. At a minimum, the Medical Team Administrator and the Jail Administrator will conduct reviews of the Medical Services Program on a quarterly basis. It is noted the MTA and Jail Administrator may meet more frequently based on happenings in the facility. The meetings should address concerns/issues regarding client relations (communication, consent decree issues, compliance to contract, problems), staff relations (communication, turnover/recruitment), patient care (chronic condition patients, housing issues, in-house services), and any other topics of importance.
2. SHP Corporate Office will provide a Quarterly Services Report to the Jail Administration on a quarterly basis.
3. If meeting minutes are documented, a copy of those minutes will be forwarded to the corporate office of SHP. A copy must also be kept on site for review by medical staff on an as needed basis. The meetings should address concerns/issues regarding client relations (communication, consent decree issues, compliance to contract, problems), staff relations (communication, turnover/recruitment), patient care (chronic condition patients, housing issues, in-house services), and any other topics of importance.
4. From time to time, the SHP Region Representative, or other Corporate SHP staff may meet with Jail Administration.
5. Any additional information and/or reports called for by the Jail Administrator regarding the current set of health care services may be referred to the corporate office for implementation.
6. Open lines of communication are key to a successful medical program.



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POLICIES AND PROCEDURES

POLICY:

SHP has a manual of written policies and procedure regarding the implementation of health care services at the facility. One complete and current copy must be maintained at each facility medical unit. Policies are established only by the corporate office Operations and Quality Assurance Department representatives and are to be used as a guideline in providing services. However, these policies and procedure are not to be substitution for prudent medical judgment when dealing with patient care. All medical staff members are encouraged to submit ideas or recommendations they believe will improve the operation of the medical services program. Procedures are to be specific to the facility and therefore some deviation, or changes due to prudent medical judgment, are warranted. The Medical Team Administrator, Medical Director, medical staff, and Region Representative, at the site level, will have such authority to deviate from the policies and procedures if warranted. Policies and procedures should be reviewed at least once per year for compliance issues and updates will be made as necessary. Policies and procedures which reference jail/security measures such as custody issues, kitchen industries, exercise programs are the responsibility of the Jail.

These policies and procedures are not to be confused with common practices as established by the Company.

PROCEDURE:

1. SHP staff will review the SHP Policy and Procedure Manual upon hiring, on an annual basis, and as needed or directed.
2. Any updates to the manual must be submitted to the corporate office, Attn: Operations, for typing and inclusion into the Facility manual.
3. It is the responsibility of the MTA to facilitate the education of all medical staff members of the policies and procedures, as well as any updates.
4. All SHP medical staff and SHP Medical Director **must** sign off on all site manuals.
5. Compliance under any Consent Decree(s) or local laws will also be maintained throughout the manual.
6. All SHP medical staff members are responsible for educating themselves as to security directives, restrictions, and practices.

This manual is not to be construed as final judgment in place of prudent medical services and/or procedures.

QUALITY IMPROVEMENT PROGRAM

POLICY:

SHP will implement a monitoring system assuring the provision of appropriate health care services is being delivered and documented. The Regional and/or Corporate representatives will perform regular reviews for Quality Improvement. The evaluations will comprise of quality and appropriateness of diagnostic and treatment procedures, as well as a review of the

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medical records.

PROCEDURE:

1. The SHP Corporate Office will provide QI Criteria Reports for completion on-site by the Medical Team Administration and/or medical staff. Follow the instructions on the applicable QI Criteria Report.
2. The SHP Regional representative or corporate designated representatives will perform an annual audit as well as two (2) QI Criteria Reports, as designated by the SHP Corporate Office Operations and Quality Assurance Department.
3. The results of the audits will be reported to the Vice President of Operations.
4. Any corrective action or discrepancies will be discussed with Medical Team Administrator by either the VP of Operation or the Region Representative.
5. ~~The Medical Director must review the activities and services provided by the medical staff. A consistent audit of the medical records should be performed to maintain compliance with all aspects of the provision of health care services. The Medical Director will be required to implement chart reviews/audits on a regular basis. Evidence of such reviews will be kept on-site by the MTA (this could be by initials/signature by the Physician/Physician Provider in the patient's chart as well).~~
6. The MTA and Medical Director may develop their own site specific QI criteria's to ensure compliance with key health service timelines. It will be their on-going monitoring of on-site health care services. Each staff member is responsible for assisting in the collection of data. Results of data collected are analyzed and will be reported back to the MTA for discussion purposes at the medical staff meeting.
7. The Q.I. program is utilized to make necessary changes and develop solutions which ultimately improve patient care.

References: QI Manual
Form – QI Criteria Forms

EMERGENCY RESPONSE PLAN

POLICY:

SHP and its on-site medical staff will work with security staff to coordinate the health care aspects of the facility's emergency response plan in the event of a disaster.

PROCEDURE:

A copy of the facility's disaster plan must be obtained from the Jail Administrator by the MTA and kept within the medical



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unit for review by all employees. The emergency plan should be updated as necessary and reported to all medical staff members as to compliance and understanding of the medical role within the plan. All new employees must be oriented to the plan as well.

1. The Chain of Command in the event of an emergency is as follows: Notification of such emergency – Jail Commander and Medical Team Administrator.
2. The Jail Commander will notify all applicable security personnel.
3. The Medical Team Administrator will notify applicable medical staff personnel, as well as all SHP Corporate Staff, if needed/required.
4. The MTA must communicate to the Jail Commander any changes in staffing plans, etc. due to the emergency situation (impending weather alert, etc.). The MTA should also notify his/her Regional Representative of the emergency plan of the facility and how medical staff will report to the facility.
- ~~5. A triaging process will be established to coordinate the medical staff in the roles they plan within the plan. Including procedures and telephone numbers of off-duty staff members will be helpful. Off-duty staff members may be dispatched to come to the aid of the facility in the event of an emergency and/or disaster, either natural or man-made.~~
6. An emergency supply of medical supplies should be stored and regularly checked for expiration dates and/or replacement materials. The MTA should establish contact with local vendors (pharmacies, etc.) for supplies that may be needed if regular shipments cannot arrive timely at the facility.
7. Depending upon weather emergencies, regular staff who are covering at the site, or stay at the site, may want to prepare a care package for themselves with a clean outfit, toothbrush, crackers, fruit, bottled water, etc.
8. A practice run of a disaster drill should be performed on a yearly or on as needed basis for each working shift. All medical staff must participate in the practice run(s). Security should also participate to ensure the plan runs smoothly. The MTA will coordinate the practice run with the Jail Administrator. After the practice, the Disaster Drill Evaluation form should be completed and reviewed by the MTA and Jail Administrator. Any changes or corrective actions must be implemented on the emergency plan and such changes distributed for review by all medical staff. It is recognized not all medical staff may be present when a drill occurs. In those cases, the staff member(s) must review the written documentation of the drill.

Reference: Administrative Resources Manual
Form - Disaster Drill Evaluation Form

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COMMUNICATION ON SPECIAL NEEDS PATIENTS

POLICY:

In order to develop and maintain maximum cooperation between correctional and medical staff in ensuring appropriate management of patients who are diagnosed as having significant medical or mental health illnesses or disabilities, SHP requires notification of correctional personnel by medical staff of those patients. Correctional officers are to be notified by medical staff of any patients who have a significant medical or mental health illness or developmental disability. This notification will help in the correctional officer's placement of the patient within the facility. Further, the patient's special needs status may affect the imposition of disciplinary measures or transfers to another institution.

PROCEDURE:

1. Upon notification from correctional staff of the inmate patient's arrival, either verbally or by review of the intake information, the inmate patient will need to be seen by the designated medical staff member.
2. The inmate patient's housing assignment may be requested by written medical order, and such information must be presented to the designated correctional officer. Medical staff should document the passing of such information to the correctional officer in the patient's medical record as well (can utilize the Special Needs Report to Corrections form for documentation). Also consider reporting to officers any patient who may have withdrawal issues, so the officers can report back to medical any odd or emergent behavior for follow up.

Special Needs Patients are classified as:

Chronically Ill/Terminally Ill Patients
 Infectious Disease Patients
 Elderly/Frail Patients
 Handicapped/Developmentally Disabled/Mentally Ill Patients
 Pregnant Patients
 Psychotic Patients
 Adolescents in Adult Jail
 Suicidal Patients
 **Consider Possible Withdrawal and/or Detox Patients

3. In such cases where correctional staff initiates action, medical staff must consult identified/verified special needs patients either before changes are implemented or as soon thereafter upon notification. In an emergency, correctional officers may take action immediately to protect the inmate, patient, staff, or others.
4. Typical cases where such medical and correctional staff consultation is required include, but are not limited to:
 - Housing Assignment / Program Assignment
 - Disciplinary segregation / Medical segregation
 - Intra-system transfer
 - Court appearance for inmate patients on psychotropic medications
 - Hospitalized patients
5. Patients with mental disorders may receive special care as defined below. All inmate patients will be evaluated for



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mental health problems either through intake screening or during their history and physical. Inmate patients exhibiting problematic/questionable behavior may be seen sooner. Inmate patients exhibiting severe psychiatric disturbances should be housed in separate cells or in a housing unit designated for psychiatric patients. Patients with continuous severe psychiatric disturbances should be transferred to either a state or local mental health facility for further evaluation and/or care, if available. For every referral, there must be a documented medical history.

6. Cooperation between the medical staff and the legal system regarding the use of psychotropic drugs is required. Whenever inmate patients are currently receiving psychotropic medications and they are scheduled for a court appearance or for court ordered evaluations, the judge, plaintiff's attorney, or other affected party, may contact the medical staff for patient medication information. The medical staff needs to verify the person to who they are speaking and then may acknowledge the fact if inmate patient is or is not receiving such medication. Specific information is not given without written consent from the inmate patient. Documentation of such conversation should be made within patient's chart as well. Scheduled medications are not to be withheld because of scheduled legal appearances, unless under written medical order.
7. ~~Medical staff is to notify correctional staff whenever significant enough medical or psychiatric illness exists to affect housing placement or activities. Nursing staff may request an inmate patient be housed out of the general population or checked by the detention staff at fifteen (15) minute intervals when there is a medically based reason, i.e. suicidal ideation, etc.~~

See also: Special Needs Treatment Plans
Management of Chronic Disease

Reference: Form - Special Needs Report to Corrections

PRIVACY OF CARE

POLICY:

SHP respects the privacy, dignity, and feelings of each patient. To assure privacy while medical procedures are being performed, medical staff is to perform services or interviews in a fashion which affords dignity and respect for each patient seen. SHP medical staff will provide health care services to all patients without consideration to age, sex, race, color, religion, or culture.

PROCEDURE:

1. All medical evaluations and services are to be performed in as much privacy, with respect to security issues, as possible. The discretion is with the Medical Director, Physician/Physician Provider, or nurse providing the service.
2. Security personnel may be asked to be present if the patient poses a probable risk to the safety of the medical staff.



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3. Correctional Officers should be trained and informed by Jail Administration as to maintaining confidentiality for observing or hearing health encounters. If medical staff feel correctional officers are not maintaining confidentiality, they can report such to their Medical Team Administrator who will then report such to the Jail Administrator.
4. When cell side triage is required, medical staff must take extra precautions as to promote private communication with the patient.
5. Medical staff are not to discuss private, confidential medical information for one patient with another patient.
6. Medical staff are not to discuss private, confidential medical information with outside individuals without first notifying the SHP Risk Management Department. This includes but is not limited to medical records request. See the Risk Management Manual for more information as to the disclosure of HIPAA information.

Reference(s): SHP Risk Management Manual

PROCEDURE IN THE EVENT OF PATIENT DEATH

POLICY:

All deaths must be reported immediately to the MTA, Medical Director, Jail Administrator, and corporate office representative. Information reported is considered confidential, and may be used in the preparation of a lawsuit.

PROCEDURE:

In the event of a patient's death:

1. The medical staff member who is on-site at the time of the event must immediately notify the Medical Team Administrator and the Medical Director. The on-site Jail Shift Supervisor will notify the Jail Administrator. If there is no SHP medical staff on-site at the time of the event, the jail staff will notify the Medical Team Administrator.
2. The Medical Team Administrator will notify their Regional Representative of the event.
3. The Regional Representative will notify their VP of Operations, the President, and the VP of Quality Assurance. For after business hour notification, the SHP corporate office has email and voicemail where a message can be left as to the incident.
4. In the event of suicide, homicide, accidental or suspicious death, the Medical Examiner and appropriate law enforcement officials will be notified by the Jail Administrator or designated correctional officer. The MTA and Medical Director will be advised of such findings where necessary.
5. The designated security staff will notify the inmate patient's next of kin.



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6. The medical staff is not to have any discussions regarding the incident with family members, media, or other outside parties. All such requests must be forwarded to the VP of Quality Assurance for handling and response.
7. A progress note must be made by the nurse on duty citing witnessed facts concerning:
 - Time of expiration, Nature of death;
 - Circumstances surrounding nature of death at that time;
 - Treatment rendered, if any;
 - Persons notified of death;
 - Whether an autopsy was/was not requested;
8. The Medical Team Administrator and/or on-site medical staff must cooperate with the State Bureau of Investigation who will be on-site and they seize the original medical record for review. Please alert the investigator of any additional notations which need to be documented in the record. The medical staff must make a copy of the medical record to send to the corporate office for reporting purposes as well.
9. Within 24 hours of the incident, the MTA will complete and forward the Report of Inmate Death Form to the corporate office, along with a copy of the inmate patient's medical record. If the state investigation team has control of the record before medical can make a copy for the corporate office, send a copy once the original record is returned.
10. A SHP corporate representative will conduct an initial interview with staff members involved. This is standard practice. All reports, along with a copy of the medical record, are forwarded to the company's attorney and insurance company for work-up and review, which is why it is imperative to get the information as quickly as possible. The review may include the role of medical staff in the event of patient's death, as well as determine the appropriateness of clinical care given to the patient.
11. Review the Risk Management Manual for more information regarding reporting a critical incident and/or death.

Critical Incident Stress Debriefing:

Remember a death (i.e. Suicide) can be extremely stressful for staff and they may be feeling misplaced guilt over the incident (maybe I should have checked a minute before, maybe I could have done harder chest compressions, etc.).

Critical Incident Stress Debriefing is a process that prevents or limits the development of post-traumatic stress in people exposed to critical incidents. Debriefings help people cope with, and recover from an incident's aftereffects. Staff need to understand they are not alone in their reactions to a distressing event, and this process provides them with an opportunity to discuss their thoughts and feelings. The review/debriefing should occur within 24 to 72 hours of an incident.

On-site Critical Incident Review / Morbidity-Mortality Review:

To ensure good communication between the medical staff and the correctional officers, a review of the critical incident must be done within 72 hours of the incident. The review process meeting should be attended by both the Jail management and SHP medical team management staff to perform a critical inquiry into the circumstances of the event,

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and the subsequent response by all involved in the incident. The intention of this meeting is to identify any corrective action going forward, and to recommend any changes in policy, procedures, training or services to possibly prevent another event such as this from happening in the future.

The review process shall comprise a critical inquiry of the following:

- The circumstances surrounding the incident.
- The facility procedures relevant to the incident.
- All relevant training received by involved staff.
- Any pertinent medical and mental health reports/services involving the victim.
- Any positive precipitating factors leading to the suicide or serious suicide attempts and follow-up recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and operational procedures. When appropriate, the Morbidity-Mortality Review Team should develop a written plan and timetable to address areas that require corrective action.

The Medical Team Administrator will need to send notification to the corporate office Risk Management Department that such a review process has been completed.

Reference: Form(s) - Incident Report Form; Report of Inmate Death Form; Risk Management Manual

GRIEVANCE MECHANISM FOR HEALTH COMPLAINTS; J-A-11

POLICY:

SHP requires compliance with the facility's written grievance procedure for patients regarding health care services' complaints, providing action in a timely manner and a process for appeal. All reported grievances to the medical staff must be reviewed and appropriate action taken when necessary.

PROCEDURE:

1. Correctional officers will provide grievance forms to patients upon their request. The patient will give the completed form to a correctional officer who then gives the form to the medical staff for resolution. SHP will also follow the Jail's formal grievance mechanism if one is established.
2. All non-emergent medical grievances must be responded to Jail Administration within 48-72 hours of receipt by medical staff; emergent medical grievances will be responded to within 24 hours.
3. Be factual, be concise, and be brief. Remember – grievances are reviewed by the Jail Administrators, Jail Inspectors, sometimes attorneys, etc. – you should respond appropriately and professionally at all times.
4. If the corporate office Risk Management needs to be involved in the resolution of the problem, the Medical Team Administrator should notify SHP Risk Managements as to their need of involvement.

Copies of Grievances are kept in an "Inmate patient Grievance File", not in the patient's medical record.



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If no formal written grievance process exists in the facility: The MTA may review the information presented in the medical grievance with the Jail Administrator. If allowed by Jail Administration, the MTA may speak with the patient about the problem and possible resolution. All information about the conversation should be documented on the grievance form.

5. Copies of completed/resolved medical grievances can be sent to the SHP Risk Management Department if the MTA feels they may evolve into a claim/lawsuit.
6. All responses to inmate patient grievances must be timely and based on principles of adequate and prudent medical care.

Patient Grievance Appeal Process - If the patient does not agree with the resolution, an appeal may be filed citing additional information. The appeal request must include a copy of the original grievance and supporting information as to reason for appeal. An appeal must be responded to within 72 hours. Only the MTA will respond to the appeal. A copy of the appeal request and resolution must be forwarded to the corporate office.

Grievances are kept in an "Inmate patient Grievance File", not in the patient's medical record.

Reference: Form - SHP Inmate Grievance Form

PART 3

MANAGING A SAFE AND HEALTHY ENVIRONMENT

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This manual is not to be a substitution of good prudent medical judgment. Medical situations arise in a variety of scenarios, some of which may not be covered in this manual. It is the expectation by SHP of the SHP staff to use good medical judgment when faced with any medical scenario, and should such not be listed by policy, procedure, and/or practice within this manual, will not preclude the aspect of care being rendered. SHP medical staff can reach out to various levels of SHP (corporate office staff, VPs of Operations, Regional Representatives, Site Medical Director, Corporate Medical Director, etc.) regarding questions, comments, concerns, etc.



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INFECTION CONTROL PROGRAM

POLICY:

SHP will established an Infection Control Program to set up prevention techniques and treating/reporting infections in accordance with local and state laws. Each facility will implement an infection control program.

PROCEDURE:

SHP will equip each facility with a SHP Infection Control Manual. A review of the manual will be done with the medical staff on a consistent basis (annually at a minimum), as well as upon new hire orientation. A copy of the manual should be shared with the Jail Administrator and correctional officers as needed and/or if requested. Any site specific updates to the Infection Control Manual must be reported to the corporate office for approval and implementation. Universal precautions must always be used by all SHP employees to minimize the risk of exposure to blood and body fluids.

PRECAUTIONS TO BE USED FOR ALL PATIENT CARE ISSUES:

PROCEDURE	HAND-WASHING	WEAR GLOVES	WEAR GOWNS	WEAR PROTECTIVE MASK/EYEWEAR
Adjusting IV Fluid or non-invasive equipment	X			
Examining Patient <i>without</i> touching body substances, mucous membranes, non-intact skin and contaminated items.	X			
Examining Patient <i>including</i> contact with body substances, mucous membranes, nonintact skin and contaminated items.	X	X		
Drawing Blood	X	X	Use gown, mask, eyewear if body fluid splattering is likely.	
Inserting venous access	X	X		
Inserting NC, GT or Foley Catheters	X	X		
Handling soiled waste, linen, other materials	X	X	Use gown, mask, eyewear only if waste or linen are extensively contaminated and splattering is likely.	
Operative and other procedures which produce extensive body fluid splattering	X	X	X	X

MEDICAL EMERGENCY SITUATIONS - Medical emergencies may arise when the patient demands immediate attention and quick responses. In these situations, staff members may feel they have only a limited amount of time in which to take all necessary precautions. Even in these emergency situations, medical personnel have both the right and the responsibility to protect themselves from exposure to potentially infectious blood and body substances. As an absolute minimum, medical personnel responding to a

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medical emergency are required to wear gloves when in contact with blood and body substances. Other barrier protection should be put on as time permits or when other personnel become available to assist. In addition, the staff must continue to use the utmost care and caution in handling contaminated materials, needles and sharp instruments. Manual respiratory resuscitation equipment is to be available and all medical personnel should be trained in the proper use of these devices. Medical personnel should avoid direct mouth-to-mouth resuscitation whenever possible.

REPORTING OF EXPOSURES / INCIDENTS INVOLVING SHP STAFF MEMBERS - SHP Staff should report exposures and/or incidents to the corporate office using the Employee's Report of Injury Form. The form is to be completed and faxed to 423-553-5645. Any emergent situations should be called into the corporate office to Katie Utz, VP of Human Resources, at 423-553-5635 ext. 917.

EXPOSURES / INCIDENTS INVOLVING INMATE PATIENTS - At times, inmate patients may be faced with exposures and/or incidents involving exposure. As a reminder, for bloodborne infections, the mode of transmission are needlesticks/sharing of drug user needles; contact with blood or body fluids at the site of an open wound; cut or broken skin and exposure to mucous membranes, and sexual contact. You do NOT contract HIV, HBV, or HCV from casual or environmental contact such as shaking hands, using telephones, toilet seats, drinking fountains, or donating blood.

For inmate patients who you suspect have an infectious disease, either due to history, receiving screening information, or sick call information presented by the patient, refer to your Medical Director for testing. For any suspected airborne infectious disease, use proper precautions such as isolation, wearing of masks, etc. Make sure you alert the Jail Administrator as well, so any contact with this patient is properly contained.

For post exposure response and medical evaluation, wash the exposed area immediately. Consult with your Medical Director as to any medical treatment necessary. Testing may be ordered and therefore blood can be drawn to be used as a baseline. Follow up testing will then determine if transmission of any exposure has occurred. Whenever feasible and permitted by law, the source individual's blood will be tested to determine if there was infection. If medically indicated, the exposed individual is entitled to post exposure prophylaxis (2 hour window in most cases). Medical counseling about the risk of infection and risk of infecting others may be needed, depending upon the exposure. This can be schedule through the local health department.

An inmate patient may refuse treatment for a blood-borne injury and any post blood-borne exposure treatment, but all such refusals must be made in writing and witnessed by the medical staff. The refusal should then be communicated to the Medical Director so the inmate patient can be once again properly alerted as to possible effect of such refusal. If the patient from whom the exposure occurred refuses to submit to blood tests identifying the presence of blood-borne diseases, such refusal should be documented and communicated to the Medical Director as well. Testing will still be performed on the inmate patient in accordance with a private physician's order.

Reference: SHP Infection Control and Employee Safety Manual & Guidelines



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PATIENT SAFETY

POLICY:

SHP medical staff promotes patient safety through review of processes and symptoms regarding adverse and/or possible near-miss clinical events.

PROCEDURE:

In an effort to reduce risk and/or harm to patients, SHP encourages medical staff members to identify potential problems to the MTA and/or corporate Risk Manager. All medical staff members should be trained as to incident reporting upon their orientation. An open forum is encouraged to properly identify problems, risks and the potential for risks within the jail medical unit.

A review of the incident report will be done by the MTA and the corporate Risk Management Department. The MTA may share incident report data with their Regional Representative as well.

SHP considers the following as reportable incidents to the corporate Risk Management Department:

All Deaths

Acute neurological deficits/injuries

Delays in treatment and/or diagnosis

Repeat visits to the ER for the same complaint

Suicide attempts

Miscarriages/ reproductive organ loss/impairment

Infections/Sepsis/Suspected MRSA/Staph

Detoxification – days in treatment, from bad to worse, had to be sent to ER for further treatment, etc.

Amputations/Loss of use of limb(s)

Spinal cord injuries

Disfigurement/burns (2nd/3rd degree)

All Attorney Contacts, including records requests

Threatened litigation

Forced medication and/or psychiatric intervention

Medication errors

Press/Newspaper inquires/Investigations

Needle sticks (with all employee injuries, please contact the HR department at the corporate office as well. This will fall additionally under Worker's Compensation)

Incident reporting should take place within 24 hours of the incident. The original incident report form is to be mailed to the corporate office, Attention Risk Management. No copies of the report to be kept at the site level nor are they to be copied and shared with others. Incident reports are to be kept strictly Confidential and are the legal work product of Southern Health Partners, Inc.

Reference: SHP Incident Report Form

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STAFF SAFETY

POLICY:

SHP encourages and promotes a safe working environment for all SHP staff on-site at the jail.

PROCEDURE:

Remember where you are, you are working in a jail. The medical office/unit is to be non-confrontational zone. Be secure of yourself and your surrounding work items.

Nurses and/or medical staff should never be involved in securing or restraining an inmate. Call an Officer!

The following are mandates from Southern Health Partners to all employees:

- Do NOT provoke an inmate.
- Do NOT give an inmate patient contraband (check with your jail as to what contraband consists of, every jail is different)
- Do NOT enter into a personal relationship with an inmate patient.
- Do NOT put your hands through a door slot or inside the bars. Let the inmate patient put his hands out to you. Always know your safe distance.
- Do NOT tell an inmate patient of appointment times, appointment dates, etc. Inmate patients plan escapes.
- Do NOT give your full name to an inmate patient. Our name badges should be written as "Nurse Judy".
- Always maintain knowledge of and/or location and possession your keys.
- Several jails have inmate trustees emptying trash. Beware of what we think of innocent items which can be used as weapons.
- Limit the use of Ace bandages and/or medical tape; they too can be used as weapons.
- In the event of an emergency, do not go into a cell until the officers have it secured. The officers do not need to worry about you in an unsecured situation when they are dealing with an inmate patient's situation. They will call you when they need you. When you hear of a confrontation between officers and inmate or inmate to inmate, stay out of site. They will call you when and if they need you.
- If there are situations where inmates can get to the medical unit (trustees, work release, etc.), always have a radio or a hot switch in your unit or in your pocket for cases of emergencies.
- Always let the lead officer know when you are leaving the medical unit and where you are going, and especially when you leave for the day. They get nervous when they don't know where you are.
- Do alert officers if you feel unsafe. Sometimes a preplan and consistent signal used to alert your officers can avoid confrontation in your unit.
- Do alert your Region Representative(s) or the SHP corporate office Human Resources Department if you feel unsafe.
- Always plan an exit.
- Always take a visual survey of your surroundings (pens, rulers, staplers, etc.) especially when inmate patients may have to walk through an office area to get to the medical exam room.
- Always maintain your role as a medical professional.



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PROCEDURE IN THE EVENT OF SEXUAL ASSAULT

POLICY:

SHP medical staff will respond with health interventions upon the report of a sexual assault against an inmate patient.

SHP prohibits any acts of sexual misconduct, sexual violence and sexual abuse by inmates, staff, contractors/vendors, volunteers or any SHP employee. An offender alleging victimization of a sexual manner will be provided the same level of law enforcement service, treatment and care as non-offenders.

Sexual Misconduct is any behavior or act of a sexual nature directed toward an inmate, staff, contractor/vendor, volunteers or any SHP employee whether consensual or non-consensual acts or attempts to commit such acts including but not limited to sexual assault, sexual harassment, sexual violence, sexual contact of a sexual nature or implication, sexual gratification, obscenity and unreasonable invasion of privacy or voyeurism. Sexual misconduct also includes but is not limited to conversation or correspondence which suggest a romantic or sexual relationship between an inmate and any party mentioned in this facility policies and procedures:

*Any sexual advances

*Request for sexual favors

*Threats for refusing sexual advances

*Invasion of privacy beyond what is reasonably necessary for the safety and security of the facility

*Verbal or physical conduct/contact including but not limited to touching/horseplay of a sexual nature toward an offender

Sexual Contact includes but is not limited to: all forms of sexual contact. Intentional sexual touching or physical contact in a sexual manner, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, with or without consent of the person; or any unwanted touching with intent to arouse, humiliate, harass, degrade or gratify the sexual desire of any person.

Sexual Assault is any contact between the sex organ of one person and sex organ, mouth or anus of another person or object, by the use of force or threat of force. **this includes: complainant touching themselves, the accused or another person.

Unauthorized Relationship is a relationship with any inmate incarcerated at the jail and includes all inmates, staff, contractors/vendors, visitors, volunteers, or any other government employee other than a business/professional relationship. Sexual acts or sexual contact between an offender and any other inmates, staff, contractors/vendors, visitors, volunteers, or any SHP employee, even if the offender consents, initiates or proposes, are always prohibited and may be considered illegal under the state legal law code.

A person is guilty of sexual misconduct as defined by legal law code (as reference)

* **Sexual abuse** is an act committed with the intent to sexually molest, arouse or gratify a person.

* **Carnal knowledge** for the purposes of this section is an inmate, parolee, probationer or pretrial or post trial offender or any person under the jurisdiction of the Department of Corrections, work program, a local community-based probation services agency, a pretrial services agency or a local or regional jail are considered persons who is unable to consent or refuse. Violation occurs even without the use of force, threat or intimidation. Such offense is a felony. "Carnal"



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Knowledge* includes the acts of sexual intercourse, cunnilingus, fellatio, anal intercourse and animate or inanimate object sexual penetration.

* Sexual battery an accused is guilty of sexual battery if he/she sexually abuses, as defined by legal law code.

Exempted Processes Medical activities or actions taken by SHP, which are supported by the SHP policies and procedures, and deemed necessary for the safety and care of the patient will not be defined as staff sexual harassment, misconduct, assault or rape. These policies and procedures include, but are not limited to the taking of photographs and/or medical exams.

Prevention of Sexual Misconduct * DO NOT make sexual comments to anyone (staff/inmates/etc.) *DO NOT engage in conversations of a sexual nature with other persons *DO NOT expose yourself to others in a sexual manner *DO NOT participate in any acts of sexual misconduct with another person *IF SOMEONE MAKES SEXUAL COMMENTS OR EXPOSES THEMSELVES TO YOU, REPORT THEM IMMEDIATELY!

Reporting and Procedures for Dealing with Sexual Misconduct

Staff, contractor/vendors, visitors, volunteers, or any other SHP employee who becomes aware of reasonably suspects that an inmate, staff, contractor/vendor, visitor, volunteer or any other SHP or government employee are involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to the Jail Administration and SHP Risk Management Department by way of confidential means verbally or written. FAILURE TO REPORT the information/incident shall subject the individual to disciplinary action, up to and including dismissal/revocation/termination.

Non-staff shall report this information to a staff member immediately who will then report it to the Jail Administration and SHP Risk Management Department.

Inmates and their families/associates may report any knowledge or suspicions of an unauthorized relationship, allegations of sexual harassment, misconduct, assault and/or rape between inmates, staff, contractors/vendors, volunteers or any other SHP or government employee. Ways to communicate this information will be provided in the Inmate Handbook by the jail.

*Inmates do not have to name other inmates to receive assistance – however specific information will make it easier for staff to help.

*Reports may be made verbally or in writing to any staff/contractor-vendor/visitors/volunteers or any other SHP or government employee.

*Inmates are subject to being sanctioned for not reporting sexual misconduct that they witness.

*Victims of sexual violence will be provided medical assessment, medical treatment and counseling, as necessary.

*Victims of sexual violence and perpetrators of sexual violence may be tested for communicable disease.

*Individuals will be subject to disciplinary action, up to and including administrative, criminal prosecution and/or civil action if charges are filed falsely or frivolously.

*All reports of sexual assault shall be forwarded directly to the Jail Administration and SHP Risk Management Department immediately.

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PROCEDURE:

Definitions:

Inmate-on-inmate Sexual Abuse/Assault – one or more inmates touching, or other actions and/or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act. Sexual acts or contacts between inmates, even when no objections are raised, are prohibited acts.

Staff-on-inmate Sexual Abuse/Assault – Staff engaging in, or attempting to engage in a sexual act with any inmates or the intentional touching of an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. Sexual acts or contacts between an inmate and a staff member, even when no objections are raised, are always illegal.

The MTA and medical staff should review the facility's policy and procedure on a sexual assault against an inmate.

All medical staff are to receive training upon hiring and annual training thereafter on how to detect, assess, and respond to signs of sexual assault.

Intake Screening. All inmates entering the facility are screened for classification. When an inmate patient reports having been a victim of sexual assault/abuse and expresses a willingness to participate in treatment, staff shall refer the inmate patient to medical and mental health services. Health services staff shall access the inmate patient's need for treatment and discuss available treatment options when appropriate. Preventing sexual abuse/assault also suggests that staff should attempt to identify sexually assaultive inmate patients. Care must be taken to identify and document any history of sexually assaultive behavior. Accordingly, during intake screening procedure, staff shall review available documentation for any indication that an inmate patient has a history of sexually aggressive behavior.

Upon Report. Upon report of a sexual assault on an inmate patient, medical staff will see the patient for treatment of any physical injuries. The patient should then be referred to the local emergency room for further treatment and gathering of evidence. Sensitivity toward inmate patients who are victims of sexual abuse/assault is critical. Staff shall take seriously all statements from inmate patients that they have been victims of sexual assault and respond supportively and non-judgmentally. Any inmate who alleges that he or she has been sexually assaulted shall be offered immediate protections from the assailant and will be referred for a medical examination as well as clinical assessment of the potential for suicide or other related symptomatology.

A report by the medical staff member will be prepared as to the medical staff's finding prior to patient's transfer to the emergency room. This report should be given to the Jail Administrator, with a copy to be attached to a SHP Incident Report Form and sent to the corporate office Risk Management Department. When a staff member(s) is alleged to be the perpetrator of the inmate sexual abuse/assault, the Jail Administrator shall be advised immediately. The timely reporting of all incidents and allegations is of paramount importance.

A referral to mental health staff should be made, notifying them of assault in order for their providing support to the victim upon request.

Appropriate infectious disease testing, as determined by health services staff, may be necessary. Part of the investigation process may also include an examination of and collection of physical evidence for the suspected assailant(s).

References: WebEx Training (Mandatory)



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ACKNOWLEDGEMENT

I acknowledge I have received, read, and reviewed Southern Health Partners, Inc. Policy and Procedure Manual for Health Services in Jails – **Part 3, Managing a Safe and Healthy Environment**, and I understand that it is my responsibility to maintain and keep it/them secure.

The contents are not to be reproduced and/or given to anyone not employed by Southern Health Partners unless prior approval is obtained from the corporate office.

I also understand I may be required to return all or a portion of the manual if a major revision is required.

I understand it is my responsibility to ask questions, make comments, and to fully understand the attached policy and procedure manual. Questions may be relayed to my site Medical Team Administrator, Regional Administrator, or corporate Vice President.

I will review the Manual in accordance with the jail's policies and procedures, Consent Decree(s), and other mandates, thereby making revisions, updates, etc. as necessary.

If my employment with Southern Health Partners, Inc. is terminated, I must return any originals or copies I may have in my possession.

By my signature below, I understand and acknowledge the above:

SHP Region Representative Signature:	<i>[Signature]</i>	Date:	11/21/14
Medical Team Administrator:	<i>[Signature]</i>	Date:	10-28-14
Site Medical Director/Provider:	<i>[Signature]</i>	Date:	1/7/15
Site Provider (other than Medical Director)		Date:	
SHP Employee:	<i>[Signature]</i>	Date:	6-16-16
SHP Employee:	<i>[Signature]</i>	Date:	3-30-17
SHP Employee:	<i>[Signature]</i>	Date:	2/18/18
SHP Employee:	<i>[Signature]</i>	Date:	10/3/18
SHP Employee:	<i>[Signature]</i>	Date:	11/21/18

A copy of this form must be sent to the corporate office for inclusion in the employee's personnel file. Keep the originally signed form with the Policy and Procedure Manual. If more signature spaces are needed, just make a copy of this blank form for use.

PART 4

PERSONNEL AND TRAINING

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CREDENTIALING

POLICY:

SHP requires all personnel providing health care services be certified/licensed in accordance with state laws. Further the corporate office will credential all certified/licensed health care workers. Copies of all licenses are to be kept on file by the MTA in a secure location within the medical unit. All other personnel documents must be sent to the corporate office for confidential safekeeping under HIPAA and company regulations.

PROCEDURE:

At the start of the hiring process, each SHP employee and/or independent contractor will be asked to complete an Application for Employment or Application for Medical Staff Membership, respectively. The information gathered from these completed documents will be used by the corporate office to verify current licenses held, references, etc.

The MTA and/or the SHP corporate Human Resources department staff will verify via telephone or internet service(s) the current medical license and given references prior to the applicant's start date. At no time should a person be hired without having their medical license verified within the state or without notifying the Jail Administrator of the applicant or without the approval the SHP Human Resources Department. The applicant must show the actual medical license held, not a copy. A copy can then be made of the license and kept on file appropriately.

The corporate HR Department will also search under applicable child and sexual abuse registries.

The Jail Administrator 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 be report to the corporate offi and an offer of employment may be reversed or terminated based on those findings.

All completed original documents must be sent to the corporate office. The only information to be kept in a secured site file should be the Personnel Update Form and a copy of the staff member's current medical licensure. Updates of any information should also be sent to the corporate office for proper processing into the employee's file.

The corporate Human Resources department will handle and/or request updates of medical licensure on an as needed basis. Further, a random check will be done on medical licensures to ensure good standings and disciplinary action findings. The MTA will be notified of all findings and any needs of updates as well.

Health providers must not perform tasks beyond those permitted by their credentials and/or licensure. Any health provider working under a restricted license which specifically limits practice to correctional institutions will not be hired by SHP.

Reference/Form(s): SHP Application for Employment; SHP Application for Medical Staff Membership (for Physicians)

CLINICAL PERFORMANCE ENHANCEMENT

POLICY:

A clinical performance enhancement process evaluates the appropriateness of all primary care providers' services on-site. SHP corporate office may perform reviews to determine the appropriateness of services and care delivered at the facility by the primary care providers, as well as ancillary staff.

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PROCEDURE:

All reviews are to be kept confidential and reports will be housed at the corporate office – no copy will be kept on site. A short report listing the names and dates of the review may be kept by the MTA for future audit purposes.

The evaluation process is aimed at providing the Providers and SHP staff members with objective and factual data on their patient care performance.

PROFESSIONAL DEVELOPMENT

POLICY:

SHP recommends all health care professionals will receive initial and participate annually in continuing education in their field as well as retraining in CPR as stated by state law.

PROCEDURE:

The MTA may establish on-site training classes for participation by medical staff. The training will be documented ~~consisting of a course outline and attendance roster. The established training program may be provided one (1) hour per~~ month and is scheduled by topic, time, place, date, and speaker. The program requires attendance if the subject matter is essential information and mandatory compliance by SHP corporate office. SHP will provide and/or reimburse CPR training which is required for all health care staff members. An approved certified instructor must provide CPR training (American Red Cross, American Heart Association, etc.). A copy of the CPR card issued to each employee must be provided to the corporate office.

Additionally, general staff meetings will be held as needed, generally once per month, to ensure communication of important information to all employees. Minutes will be kept for all in-services and staff meetings, with copies distributed to all employees. The SHP corporate office will provide discussion topics and materials to the sites on a consistent basis. The MTA will be responsible for distribution of such materials and/or setting up meeting times to discuss such topics with medical staff.

The corporate office HR department will issue Monthly Training Topics via the SHP website. Web-based training participation is tracked per individual user login. A sign-in roster will need to be completed as verification of participation for any additional persons in attendance if training is taken during the monthly staff meetings.

CEU's may be granted for some on-site training classes – the MTA should check with the State Nursing Board for compliance and issuance of credits, if available. State CEU compliance for maintaining medical licensure is the responsibility of the individual, not SHP.

Also, SHP corporate office has videos which may be used for CEU training as well. Coordination of security CEU's in this regard must be communicated through the Jail Administrator and the SHP corporate office.

The following publications must be maintained on-site in the medical unit for health service employees to review or to use as a reference guide when needed:

Medical Dictionary; Nursing Drug Book/Physicians Desk Reference; SHP Corporate Manuals

HEALTH TRAINING FOR CORRECTIONAL OFFICERS

POLICY:

SHP will provide health training for correctional officers based on the services to be provided by SHP at the facility upon their effective date. Ongoing health training will be provided upon request by the County to SHP, and training materials will be sent to the facilities in mailings on a quarterly basis.

PROCEDURE:

All correctional officers at the facility should have received training which includes first-aid, CPR, and screening techniques to recognize signs and symptoms of chronic and emergent conditions through their employer, the County. By most standards, health training will be performed at least every 2 years, if not sooner, and may be audited by the Jail Inspector.

SHP will ensure officers are to be instructed on how to summon medical personnel in the event of an emergency.

SHP requests sufficient numbers of correctional officers be CPR trained by its staff to allow a minimum of 1 trained staff member per shift. This will help in responding to man-down emergencies when medical staff need help, or in the chance medical staff are not on-site.

All training programs provided by SHP must be documented. For in person training by SHP staff, a sign in roster will be made available for participants. A copy of this roster form will be sent to the SHP corporate office, Attn: Operations, and the original form will be given to the Jail Training Coordinator as proof of attendance and participation.

Upon request by the Jail Administrator to SHP, the MTA and/or Regional Representative shall coordinate training on the topics listed below through their Region Representative. These training topics may be provided in written form, WebEx, or in person training. As a reminder, SHP sends written Correctional Officer Training Material Topics in quarterly letters to the Jail Administrator. Topics:

- First Aid;
- Suicide Prevention;
- CPR;
- AED Use;
- Intake Screening Techniques;
- Recognizing an Emergency;
- Medication Administration;
- Recognizing chronic conditions/illnesses;
- Signs and Symptoms of Mental Illness;
- HIPPA & Confidentiality;
- Infection Control and BloodBorne Pathogens.

Further, the MTA and medical staff should participate in the on-going training program currently set-up through the Facility, whenever available to do so.

Reference: SHP Correctional Officer In-service Materials; Correctional Officer Training Roster Form



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MEDICATION ADMINISTRATION TRAINING

POLICY:

SHP requires only those individuals who are qualified to properly administer medication. SHP will provide training to the personnel who deliver medication if personnel are not licensed health care providers. Medications are passed as per facility procedure. Policy requires all administered medications be recorded on a Medication Administration Record form. All medications are passed pursuant to direct medical orders or telephone medical orders signed by the Physician/Physician Provider or, in the case of over-the-counter medications, pursuant to established recommendations for administration.

PROCEDURE:

The MTA will administer the SHP training course and test to all personnel whose responsibilities and duties include the passing of medication to an inmate patient. This training will be reviewed and updated by the MTA as necessary. Upon intake, verify all medications presented with the patient through their pharmacy and/or prescribing Physician/Physician Provider. If a patient's medications are unable to be verified, the site Physician/Physician Provider should evaluate the patient before medications are administered. The site Physician/Physician Provider may change a patient's current medication to a generic form, or adjust medication due to a patient's history.

The Physician/Physician Provider will establish the applicable medication pass times in accordance with the prescribed medication. All administered medications must be recorded on a Medication Administration Record (MAR) form. Medication passes may vary from site to site due to security restraint and/or policies, so alter the procedure to best fit the facility. Due to security constraints, unforeseen emergencies, etc. medications may be passed within 1 hour of the prescription time.

A drug handbook should be made available to all staff that are passing medications. Any questions regarding the passing of medications or the types of medications should be referred to the MTA for discussion. If officers are used at the site to pass medications, the medical staff will provide assistance and/or training to those officers.

Other issues to be discussed are procedures for hoarding of medications, common side effects, refusal of medications and overdoses.

Sick call is not to be performed during med pass times. The nurse can and may take sick call slips from the inmate patient patients during med pass, but no services (unless emergent) should be performed during med pass time. An officer must accompany the nurse during the med pass. Medications will not be administered without a Physician/Physician Provider's order. All refused or missed medication must be noted and destroyed in the proper state law format for pharmaceuticals.

The nurse may distribute the inmate patient patient's medication directly from the blister pack into the medicine cup and/or medicine packet. The inmate patients should line up with a cup of water to receive their medication. Upon calling the inmate patient's name and verifying that it is the inmate patient, the nurse can then distribute the medication to the inmate patient, noting the distribution on the MAR form. If the inmate patient does not present himself upon being called, the next name will be called.

All narcotic and controlled substance medications are to be counted at each shift and noted on the Narcotic Count Sheet.

All Sharps (needles, lancets, etc.) must be counted on each shift and noted on the Sharps Inventory Control Sheet.