 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE Emergency Medical Training & Care			
	CHAPTER	13	POLICY NUMBER	13-34 Page 1 of 4
	EFFECTIVE DATE		SUPERSEDES DATE	
OCTOBER 22, 2007		MARCH 13, 2006 (13-34) MARCH 13, 2006 (13-43)		
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seifer</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	METRO-DAVIDSON COUNTY DETENTION FACILITY		
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE	
	MARCH 10, 2008		JULY 6, 2006	

13-34.1 POLICY:

During hours of operation, the CCA Health Services Department will provide emergency response and medical care for inmates/residents. For facilities not providing health services on a 24/7 basis, security staff will provide emergency response and arrange for proper outside assistance. Basic first aid and stabilization will be provided to employees and visitors to the facility until relieved by an outside provider.

13-34.2 AUTHORITY:

CCA Company Policy

13-34.3 DEFINITIONS:

Clinical Emergency– The sudden development of a clinical situation requiring urgent evaluation and/or treatment when delay would reasonably be expected to threaten life, limb, or bodily functions.

Inmate/Resident – Any adult or juvenile, male or female housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners or offenders depending on classification and in accordance with facility management contracts.

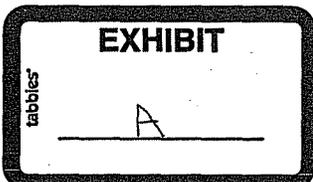
13-34.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Health Related Training
B	Emergency Care
C	Emergency Transportation
D	Emergency Notification
E	Documentation

A. HEALTH RELATED TRAINING

1. Under the guidance and direction of the responsible Health Authority, and in cooperation with the Warden/Administrator, security personnel will receive on-going health-related training. At a minimum, training will include:
 - a. First-aid administration;
 - b. Early recognition of life-threatening emergencies (asthma, heart conditions, hemorrhage, etc.);
 - c. Recognition of signs/symptoms of certain chronic illnesses and conditions (seizures, diabetes, pulmonary disease, adverse reactions to medications);



- d. Recognition of signs/symptoms of mental illness, retardation, and chemical dependency;
 - e. Suicide precautions;
 - f. Appropriate medical referral procedures;
 - g. Recognition and precautions regarding infections and communicable diseases;
 - h. Cardio Pulmonary Resuscitation (CPR), and Automatic External Defibrillator (AED) training by instructors certified by the American Heart Association or American Red Cross;
 - i. Bloodborne Pathogen Exposure Control Plan; and
 - j. Violent behavior.
2. Verification of training/continuing education including dates offered; description of training; instructor(s); and attendance record will be maintained in accordance with CCA Policy 4-2, Maintenance of Training Records.
 3. All licensed healthcare staff, correctional officers, and other staff must maintain current CPR certification, as issued by instructors certified by the American Heart Association or American Red Cross.

B. EMERGENCY CARE

1. In the event of an emergency illness/injury, on-site emergency care will be provided by any and all qualified facility personnel, as soon as possible. When additional care is required, staff will provide immediate first-aid, basic life support, and/or stabilization as indicated.
2. Licensed healthcare staff, correctional officers, and other staff are trained to respond to emergencies within a four (4) minute time frame.
3. Mobile emergency drugs and equipment are maintained and easily accessible for emergency care, to include the Automatic External Defibrillator (AED).
4. To assist in emergency care, an emergency response kit will be maintained by the health services department. At a minimum, the emergency response kit will contain the items listed on the 13-34B Emergency Response Kit - Inventory. Facilities may add items with the approval of the Regional Director, Health Services.
 - a. ~~The 13-34B Emergency Response Kit-Inventory will be maintained with the emergency response kit.~~
 - b. The 13-34B will be completed each time the emergency response kit is accessed.
 - c. The inventory must be checked after each use.
5. The 13-34C Emergency Record will be maintained with the emergency response kit. Upon arrival to the emergency location, the responding health services staff member will designate an individual to complete the 13-34C. The 13-34C will be used as a tool to document pertinent and accurate times and data and is not to be placed in any medical record.

C. EMERGENCY TRANSPORTATION

1. Each facility is responsible for providing a written agreement between the facility and EMS transportation entity.

2. In the event that the medical staff is not on duty, the facility senior staff member will initiate/coordinate immediate transportation to the appropriate health care institution, utilizing the outside EMS.
3. Facility staff will assist responding EMS personnel until the inmate/resident(s) is safely in the emergency vehicle.
4. Inmates/residents with life-threatening conditions will be transported to the closest emergency institution via EMS.

AT THIS FACILITY, THE CLOSEST RECEIVING INSTITUTION IS:

SOUTHERN HILLS MEDICAL CENTER

5. A CCA vehicle may be used to transport inmates/residents whose condition is not life threatening and who are stabilized for transport. Transport and medical escort determination will be made by the Health Services staff or designee.

AT THIS FACILITY, THE USUAL PREFERRED NON-EMERGENCY INSTITUTION IS:

NASHVILLE GENERAL HOSPITAL

D. EMERGENCY NOTIFICATION

1. Emergency numbers will be posted in a readily accessible area in the nurse's station. Each facility will have a formal notification system posted.
2. On-call health personnel and all other designated staff will be notified of any life-threatening injury or emergency transport.
3. Facility staff will notify the receiving institution and contracting agency (if required) by telephone as soon as transport arrangements are completed.

E. DOCUMENTATION

1. Health services staff will ensure that all documentation is completed in a timely manner and entered into the inmate/resident's medical record.
2. The applicable 13-34A1 Facility Emergency Flow Sheet (i.e. Inmate/Resident or Employee) and the 13-34A2 Facility Emergency Anatomical Form will be completed by health services staff.
3. Additional documentation will be made in the 13-58B Health Services Progress Notes that details all events as they occurred.
4. In the event the emergency care requires the completion of an incident packet in accordance with CCA Policy 5-1 Incident Reporting, a copy of the 13-34A2 will be provided to security personnel for inclusion in the incident packet.

13-34.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-34.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-34.7 APPENDICES:

None

13-34.8 ATTACHMENTS:

- 13-34A1 Facility Emergency Flow Sheet – Inmate/Resident
- 13-34A1 Facility Emergency Flow Sheet- Employee
- 13-34A2 Facility Emergency Anatomical Form
- 13-34B Emergency Response Kit – Inventory
- 13-34C Emergency Record
- 13-58B Health Services Progress Notes

13-34.9 REFERENCES:

CCA Policy 4-2

CCA Policy 5-1

CCA Policy 13-58

ACA 4-4348/ 4-ALDF-4C-05

4-4349/4-ALDF-4C-06

4-4351M/4-ALDF-4C-08M/ 3-JTS-4C-24M/3-JCRF-4C-14M

4-4389M/4-ALDF-4D-08M/3-JTS-4C-28M/3-JCRF-4C-15M

3-JCRF-4C-17

NCCHC P-A-07E/J-A-07E

P-C-04E/J-C-04E

P-D-05/J-D-05

P-E-08E/J-E-08E

JCAHO LD.3.50

LD.3.70

LD.3.80

EC.4.10

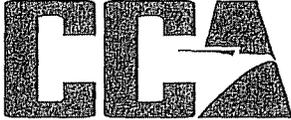
EC.9.30

HR.2.10

HR.2.30

HR.4.20

OSHA 29CFR 1910.1030

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Health Appraisals		
	CHAPTER	13	POLICY NUMBER	13-40	Page 1 of 3
	EFFECTIVE DATE		SUPERSEDES DATE		
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<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	METRO-DAVIDSON COUNTY DETENTION FACILITY			
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE		
	MARCH 10, 2008		JULY 6, 2006		

13-40.1 POLICY:

All new inmates/residents will have an initial and periodic health appraisal performed or reviewed in accordance with the guidelines in this policy.

13-40.2 AUTHORITY:

CCA Company Policy

13-40.3 DEFINITIONS:

Inmate/Resident - Any adult or juvenile, male or female housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners, or offenders depending on classification and in accordance with facility management contracts.

Intrasystem Transfer - An inmate/resident who is transferred from one facility to another in the same system, returning from furlough, or brought to the facility with an established health record for their current incarceration.

Licensed Independent Practitioners (LIP) - Physicians, Physician's Assistant, Advanced Registered Nurse Practitioner, Dentist, and Psychiatrist. Each LIP shall perform duties according to the state scope of practice guidelines.

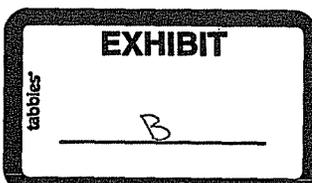
13-40.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Health Appraisal
B	Time Guidelines

A. HEALTH APPRAISAL

1. Initial and periodic health appraisals will be completed and documented in accordance with the 13-40A Inmate/Resident Health Appraisal.
2. A health appraisal will include the following:
 - a. Review of initial screening data;
 - b. Diagnostic testing, to include communicable disease as applicable;
 - c. Vital signs, height, and weight;
 - d. Directed physical exam including mental status and inquiry of dental problems;



- e. Investigation regarding substance abuse;
- f. Based upon inmate/resident's age and risk factors, breast, pelvic, rectal, and testicular exams;
- g. Review of findings;
- h. Initiation of therapy/immunizations, when appropriate;
- i. Treatment plan, if indicated; and
- j. Other tests and examinations as clinically indicated.

B. TIME GUIDELINES

1. Initial Health Appraisals

- a. A comprehensive health appraisal for each inmate/residents, excluding intrasystem transfers, will be completed, by a Physician or LIP, within fourteen (14) days of arrival to the facility. In the event there is documented evidence that the inmate/resident has received a health appraisal within the previous ninety (90) days, a new health appraisal is not required unless otherwise determined by the designated health authority.

NOTE: NCCHC accredited facilities will complete health appraisals as follows:

- i. Prisons – All inmates/residents will receive a comprehensive initial health appraisal as soon as possible, but no later than seven (7) calendar days.
- ii. Jails – All inmates/residents will receive a comprehensive initial health appraisal as soon as possible, but no later than fourteen (14) calendar days.

NOTE: All intrasystem transfers will receive a medical, dental, and mental health screening in accordance with CCA Policy 13-50. To ensure continuity of care a qualified health services staff will review the medical record and document the review in the medical record. A new health appraisal is not required unless otherwise determined by the designated health authority.

2. Periodic Health Appraisals

- a. Certain elements of the health appraisal will be repeated at an appropriate frequency as determined by the responsible physician in consideration of the age, gender, and health needs of inmates/residents in the population.
- b. At a minimum, a periodic health appraisal will be offered every three (3) years for inmates/residents above the age of sixty (60), unless otherwise specified in customer agreements, or as indicated by the patient's health status.

AT THIS FACILITY, THE TIME GUIDELINES FOR PERIODIC HEALTH APPRAISALS AS MANDATED BY CONTRACT ARE:

NONE

13-40.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-40.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-40.7 APPENDICES:

None

13-40.8 ATTACHMENTS:

13-40A Inmate/Resident Health Appraisal

13-40.9 REFERENCES:

CCA Policy 13-50

ACA 4-4365M/4-ALDF-4C-24M/3-JTS-4C-24-3M

4-4366/4-ALDF-4C-25/3-JTS-4C-25/3-JCRF-4C-11

4-4367/4-ALDF-4C-26

NCCHC P-E-03E/J-E-03E

P-E-04E/J-E-04E

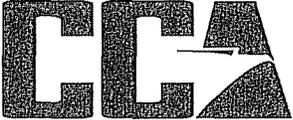
P-E-13/J-E-13

JCAHO PC.2.20

PC.3.230

PC.15.30

Current *CDC TB Guidelines*

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Health-Related Training For Staff		
	CHAPTER	13	POLICY NUMBER	13-43	Page 1 of 3
	EFFECTIVE DATE		SUPERSEDES DATE		
MARCH 13, 2006		JANUARY 1, 2005			
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	METRO-DAVIDSON COUNTY DETENTION FACILITY			
	FACILITY EFFECTIVE DATE	FACILITY SUPERSEDES DATE			
	JULY 6, 2006	FEBRUARY 17, 2005			

13-43.1 POLICY:

CCA will provide staff with training so that they may be aware of potential emergencies, have the ability to respond to life-threatening situations, and understand their role in the early detection of serious illness and injury.

13-43.2 AUTHORITY:

CCA Company Policy

13-43.3 DEFINITIONS:

None

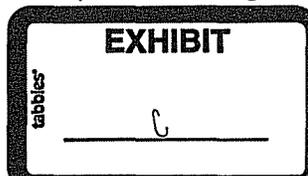
13-43.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Health Related Training
B	Health Related Drills (CPR)

A. HEALTH RELATED TRAINING

1. Under the guidance and direction of the responsible Health Authority, and in cooperation with the Warden/Administrator, security personnel will receive on-going health-related training. At a minimum, training will include:
 - a. First-aid administration;
 - b. Early recognition of life-threatening emergencies (asthma, heart conditions, hemorrhage, etc.);
 - c. Recognition of signs/symptoms of certain chronic illnesses and conditions (seizures, diabetes, pulmonary disease, adverse reactions to medications);
 - d. Recognition of signs/symptoms of mental illness, retardation, and chemical dependency;
 - e. Suicide precautions;
 - f. Appropriate medical referral procedures;
 - g. Recognition and precautions regarding infections and communicable diseases;



- h. Cardio Pulmonary Resuscitation (CPR), and Automatic External Defibrillator (AED) training by instructors certified by the American Heart Association or American Red Cross;
 - i. Bloodborne Pathogen Exposure Control Plan; and
 - j. Violent behavior.
 2. Verification of training/continuing education including dates offered; description of training; instructor(s); and attendance record will be maintained in accordance with CCA Policy 4-2, Maintenance of Training Records.
 3. Security personnel will maintain current CPR training and/or certification, as issued by instructors certified by the American Heart Association or American Red Cross.
- B. HEALTH RELATED DRILLS (CPR)

Mock CPR drills will be conducted to establish an automatic set of responses by all staff to a cardiopulmonary emergency.

 1. CPR drills will be conducted quarterly on each shift and participation is mandatory.
 2. CPR drills will include a minimum of one (1) scenario involving a suicide attempt by hanging each year for each shift.
 3. The HSA in coordination with the Facility Safety Authority or Manager, Quality Assurance will plan drills utilizing the 13-43AA Cardio Pulmonary Resuscitation Drill Plan.
 4. Upon completion of the drill, the Facility Safety Authority or Manager, Quality Assurance and HSA will evaluate the drill utilizing the 13-43A Mock Cardio Pulmonary Resuscitation Evaluation Log.
 5. The 13-43B Emergency Record will be utilized to document pertinent and accurate times and data.
 6. All completed forms will be forwarded to the Warden/Administrator for review and maintained on file.

13-43.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-43.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-43.7 APPENDICES:

13-43AA Cardio Pulmonary Resuscitation (CPR) Drill Plan

13-43.8 ATTACHMENTS:

13-43A Mock Cardio Pulmonary Resuscitation Evaluation Log

13-43B Emergency Record

13-43.9 REFERENCES:

CCA Policy 4-2

ACA 4-4389M/4-ALDF-4D-08M/3-JTS-4C-28M/3-JCRF-4C-15M

NCCHC P-C-04E/J-C-04E

JCAHO E.C.9.30

HR.2.10

HR.2.30

HR.4.20

OSHA 29CFR 1910.1030

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Health Services Information		
	CHAPTER	13	POLICY NUMBER	13-44	Page 1 of 2
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<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME		METRO-DAVIDSON COUNTY DETENTION FACILITY		
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE		
	MARCH 10, 2008		JULY 6, 2006		

13-44.1 POLICY:

Upon arrival, new inmates/residents will receive information explaining access and procedures for health care services within the facility. This explanation will be communicated orally for those who cannot read; for the non-English-speaking inmates/residents, information will be communicated orally and/or in writing, in a form and language understood.

13-44.2 AUTHORITY:

CCA Company Policy

13-44.3 DEFINITIONS:

Health Services Administrator (HSA) – A person who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of healthcare and assessing quality and accessibility of health services for inmates/residents.

Inmate/Resident - Any adult or juvenile, male or female housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners, or offenders depending on classification and in accordance with facility management contracts.

Qualified Health Services Staff (QHSS) – Includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

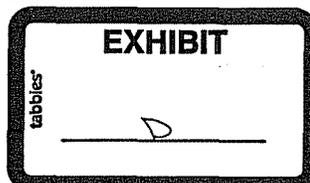
13-44.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Availability
B	Continuing Education

A. AVAILABILITY

1. The HSA or designee will ensure information pertaining to access of health care services is posted in the intake/processing area.
2. During the intake screening process, inmates/residents will receive health services information, either through the Inmate Handbook or pamphlets, explaining services and procedures for access to care.



3. Access to care will be provided to inmates/residents who are unable to write in accordance with Appendix 13-44AA Sick Call Procedure for Inmates/Residents Unable to Write.
4. At a minimum, information contained within the Inmate Handbook and/or pamphlets will include:
 - a. Access to care including routine sick call and emergency care;
 - b. Co-Payment Procedures, when required;
 - c. Prescribed Medications;
 - d. Educational information pertaining to HIV, AIDS, STD's, and dental hygiene; and
 - e. Health Services Grievance Procedures.

B. CONTINUING EDUCATION

1. An ongoing program of health education (to include brochures and pamphlets on a variety of health topics) and training in self-care skills will be offered to all inmates/residents during incarceration.
2. Health education materials are available in the health services department upon request or during any inmate/resident medical encounter.
3. Training will be conducted by qualified health services staff and documented on the 13-44A Inmate/Resident Health Education form.

13-44.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-44.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-44.7 APPENDICES:

13-44AA Sick Call Procedure for Inmates/Residents Unable to Write

13-44.8 ATTACHMENTS:

13-44A Inmate/Resident Health Education

13-44.9 REFERENCES:

ACA 4-4344M/4-ALDF-4C-01M/3-JTS-4C-07/3-JCRF-4C-02

4-4361/4-ALDF-4C-21/3-JTS-4C-36/3-JCRF-4C-20

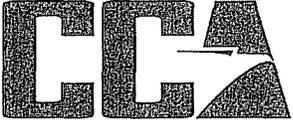
NCCHC P-E-01E/J-E-01E

P-F-01/J-F-01

JCAHO RI.2.60

RI.2.20

RI.3.10

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Infirmiry Care / Hospital Care		
	CHAPTER	13	POLICY NUMBER	13-48-2	Page 1 of 2
	EFFECTIVE DATE		SUPERSEDES DATE		
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<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME		METRO-DAVIDSON COUNTY DETENTION FACILITY		
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE		
	JULY 6, 2006		FEBRUARY 17, 2005		

13-48-2.1 POLICY:

Inmates/residents requiring infirmiry care, daily skilled nursing care, hospitalization, and/or other specialized care, will be expeditiously transferred to the designated local licensed hospital and/or other appropriate health care facility.

13-48-2.2 AUTHORITY:

CCA Company Policy

13-48-2.3 DEFINITIONS:

Inmate/Resident - Any adult or juvenile, male or female housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners, or offenders depending on classification and in accordance with facility management contracts.

Licensed Independent Practitioners (LIP) - Physicians, Physician's Assistant, Advanced Registered Nurse Practitioner, Dentist, and Psychiatrist. Each LIP shall perform duties according to the state scope of practice guidelines.

12-48-2.3 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Hospital Certification & Agreement
B	Transfer
C	Records

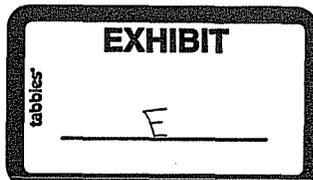
HOSPITAL CERTIFICATION & AGREEMENT

- 0. Each facility will have on file a copy of the hospital accreditation with the hospital(s) utilized for inmate/resident care.
- 0. Each facility will have on file a letter of agreement for services with the hospital(s) utilized for inmate/resident care.

TRANSFER

- 0. When deemed necessary by the Health Services staff, an inmate/resident may be transferred to the designated local licensed hospital and/or other appropriate health care facility.

AT THIS FACILITY, THE USUAL PREFERRED NON-EMERGENCY INSTITUTION IS:



NASHVILLE GENERAL HOSPITAL

0. Emergencies

The HSA, at his/her discretion, may have an inmate/resident transported to the hospital emergency department for evaluation and treatment by a hospital Licensed Independent Provider (LIP).

AT THIS FACILITY, THE CLOSEST RECEIVING INSTITUTION IS:**SOUTHERN HILLS MEDICAL CENTER**

RECORDS

A copy of the treating facility's records (*ER* form, discharge summary, etc.) will be maintained/scanned in the inmate/resident's permanent medical record.

13-48-2.5

REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-48-2.6

APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-48-2.7

APPENDICES:

None

13-48-2.8

ATTACHMENTS:

None

13-48-2.9

REFERENCES:

NCCHC P-D-05/J-D-05

JCAHO PC.1.10

LD.3:50

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Initial Intake Screening		
	CHAPTER	13	POLICY NUMBER	13-50	Page 1 of 4
	EFFECTIVE DATE		SUPERSEDES DATE		
MARCH 13, 2006		JANUARY 1, 2005			
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME		METRO-DAVIDSON COUNTY DETENTION FACILITY		
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE		
	JULY 6, 2006		FEBRUARY 17, 2005		

13-50.1 POLICY:

Upon arrival to the facility, all new inmates/residents will receive an initial medical, dental, and mental health screening, performed by health trained or qualified health care personnel in a language fully understood by the inmate/resident. Inmates/residents posing a health or safety threat to themselves or others will be appropriately isolated from the general population.

13-50.2 AUTHORITY:

CCA Company Policy

13-50.3 DEFINITIONS:

Inmate/Resident - Any adult or juvenile, male or female housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners, or offenders depending on classification and in accordance with facility management contracts.

Qualified Health Services Staff (QHSS) – Includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

12-50.3 PROCEDURES:

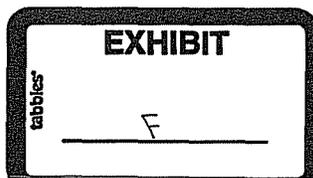
PROCEDURES INDEX

SECTION	SUBJECT
A	Initial Screening
B	In-Transit Inmates/Residents
C	Health Services Information
D	Disposition

INITIAL SCREENING

- 0. Medical, dental, and mental health screening will be performed by health trained or qualified Health Services staff upon arrival to the facility.
- 0. The initial screening will be performed in an area large enough to provide visual/auditory confidentiality.
- 0. The initial screening will include the following:

Initial Health Screening



The 13-50A Initial Health Screening form will be utilized to document the following information:

- . Vital signs;
 - . Finger stick glucose on all diabetics;
 - . Any signs of recent trauma (markings, contusions, lacerations, etc.);
 - . General physical appearance including ectoparasites, lesions, deformities, persistent cough, profuse sweating, and/or needle tracks;
 - . Signs of intoxication;
 - . Visible signs of alcohol or drug withdrawal;
 - . Current medications (including supplements) and dosage;
- NOTE: Personal medications of inmate/residents arriving at a CCA facility will not be accepted unless the inmate/resident has been transferred from another correctional entity or mental health facility, or under special circumstances outlined in CCA Policy 13-70 Pharmaceuticals. All medications arriving with the inmate/resident will be noted and maintained in the health services department.
- . Nutritional risk;
 - . Prescribed special diets;
 - . Visible signs of dental problems;
 - . Visible signs of physical deformities or problems communicating (visual, hearing, speaking);
 - . Current and past medical history (to include illnesses, health problems, chronic conditions, and infectious or communicable illnesses);
 - . Alcohol and substance abuse history;
 - . For females, urine pregnancy test on all childbearing females; last menstrual period (LMP), gynecological problems, and number of pregnancies/abortions;
 - . Name and number of next of kin;
 - . Whether the inmate/resident has an advance directive or living will; and
 - . Disposition.

. Intake Mental Health Screening

The 13-50B Intake Mental Health Screening form will be utilized to document the following information:

- . Whether present suicide ideation or history of suicidal behavior exists;
- . Current mental health complaints;
- . Current treatment for mental health problems;
- . History of inpatient and outpatient psychiatric treatment; and
- . Observation of current behavior/mental status and symptoms of psychosis, depression, anxiety, and/or aggression.

. Intake and Annual Symptom Screening

The 13-50C Intake and Annual Symptom Screening form will be utilized to document the following information:

- . Comprehensive TB symptom screening; and
- . MRSA Screen.

. IN-TRANSIT INMATES/RESIDENTS

If a facility provides housing for in-transit inmates/residents, an initial intake screening by health trained or qualified health services staff will be completed upon arrival.

. HEALTH SERVICES INFORMATION

During the initial intake screening process, inmates/residents will be provided with health services information as outlined in CCA Policy 13-44 Health Services Information.

D. DISPOSITION

Upon completion of the initial intake screening, the qualified health services staff will assess the information obtained to determine the disposition of the inmate/resident. Disposition options may include:

- . Immediate referral to appropriate health care services for emergency treatment (when an inmate/resident is referred for emergency treatment, their admission to the facility is predicated on written medical clearance);
- . Assignment to a medical observation cell;
- . Assignment to a special cell/housing unit due to special needs consideration; or
- . Assignment to general population.

NOTE: Disposition may be deferred, pending further information.

13-50.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-50.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-50.7 APPENDICES:

None

13-50.8 ATTACHMENTS:

- 13-50A Initial Health Screening
- 13-50B Intake Mental Health Screening
- 13-50C Intake and Annual Symptom Screening

13-50.9 REFERENCES:

CCA Policy 13-44

CCA Policy 13-70

ACA 4-4362M/4-ALDF-4C-22M/3-JTS-4C-22M/3-JCRF-4C-09M

4-4363M/4-ALDF-4C-23M/3-JTS-4C-24M

4-4364

4-4370M/4-ALDF-4C-29M

4-ALDF-4C-30M

NCCHC P-E-02E/J-E-02E

P-E-05E/J-E-05E

JCAHO PC.1.1

PC.2.120

PC.2.130

PC.5.60

PC.8.10

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE Licensure/Credentialing/Continuing Education			
	CHAPTER 13	POLICY NUMBER 13-56	Page 1 of 4	
	EFFECTIVE DATE OCTOBER 22, 2007		SUPERSEDES DATE MARCH 13, 2006	
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiler</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME METRO-DAVIDSON COUNTY DETENTION FACILITY			
	FACILITY EFFECTIVE DATE MARCH 10, 2008	FACILITY SUPERSEDES DATE JULY 6, 2006		

13-56.1 POLICY:

All qualified health services staff will be licensed, registered, and/or certified in their respective disciplines. Each health services staff member will maintain and provide proof of current proper licensure/registration/certification necessary to function within his/her written job description.

All decisions and actions regarding health care services are the sole responsibility of qualified health services staff. Decisions of a health-care-related nature will be made by the appropriate medical, dental, mental health, or nursing personnel in accordance with applicable federal, state, and local laws, contract provisions, policies, procedures, and health care standards.

This policy establishes guidelines and procedures for assuring proper licensure, credentialing, and continuing education of qualified health services staff.

13-56.2 AUTHORITY:

CCA Company Policy

13-56.3 DEFINITIONS:

Auxiliary Personnel – Consultants, contracted Health Services professional specialists, and volunteers who regularly provide service(s) to CCA.

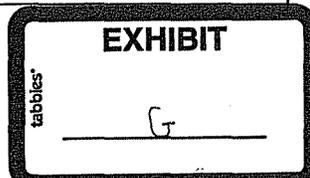
Health Services Administrator (HSA) – A person who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of healthcare and assessing quality and accessibility of health services for inmates/residents.

Qualified Health Services Staff (QHSS) – Includes physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice acts to evaluate and care for patients.

13-56.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Credential Requirements
B	Credential Verification
C	Privileging Process
D	Students/Interns
E	Continuing Education



A. CREDENTIAL REQUIREMENTS

1. Minimum credentialing for nurses, dental hygienists, dental assistants, radiology technicians, and mental health counseling personnel includes primary verification of the appropriate state license/certification and inquiry into any disciplinary sanctions.
2. Minimum credentialing for physicians, dentists, psychiatrists, psychologists, and mid-level practitioners includes:
 - a. Primary verification of the appropriate state license;
 - b. Inquiry into any disciplinary sanctions;
 - c. DEA Registration Number, if applicable;
 - d. State and Federal Controlled Substances Registration Certificate, if applicable;
 - e. Copy of professional liability insurance policy face sheet; and
 - f. Any Board Certifications, as applicable.
3. The Health Services Administrator will be responsible for obtaining the credentialing packet from the Facility Support Center Health Services Department to initiate the credentialing process, prior to the hiring process.

B. CREDENTIAL VERIFICATION

Licensure/registration/certification status will be verified prior to employment of any health services professional.

1. Facility Verification
 - a. The applicant must provide proof of licensure to the Manager, Human Resources/HSA.
 - b. If indicated, the Health Services Administrator's credentials will be verified by the Board of Nursing for the appropriate state.
 - c. A printed copy of the verification, signed by the Health Services Administrator or designee, will be maintained in the employee file and in the Health Services Department.
2. Credentialing for physicians, dentists, psychiatrists, psychologists, and mid-level practitioners will not be verified by the facility and will be conducted by CCA's contracted credentialing service.
3. Re-Credentialing

Re-credentialing verification must be completed for all health services professionals a minimum of every two (2) years or as needed.

C. PRIVILEGING PROCESS

Facilities with JCAHO accreditation requirements will participate in the Facility Support Center Privileging Process for all licensed, independent providers.

D. STUDENTS/INTERNS

1. Upon approval of the Facility Support Center Health Services Department and the Warden/Administrator, students and/or interns may be authorized to study in the health services department under a written agreement between the facility and sending training/educational facility. The written agreement must cover the scope of work, length of agreement, and any legal or liability issues.

2. Students or interns must agree in writing to abide by all facility policies, including those relating to the security and confidentiality of information.
3. Students and/or interns delivering health care in the facility will work under direct staff supervision commensurate with their level of training (i.e. physician, nurse, or other appropriate health services staff).

E. CONTINUING EDUCATION

1. Each member of the health services staff will obtain all necessary and required continuing education, specific to state licensing board requirements.
2. All qualified healthcare professionals, including contracted staff, will maintain current CPR certification.
3. All licensed health services staff will receive a minimum of forty (40) hours of in-service training each calendar year, at least twelve (12) of those hours will be specific to the health services profession. In addition to in-service training outlined in CCA Policy 4-1, Staff Development and Training, in-service training may also consist of:
 - a. Core competency refresher/review;
 - b. Normal instruction/in-service given by a staff member or guest lecturer;
 - c. Attendance or participation in any health-related program as approved by the HSA;
 - d. Any outside continuing education program attended; or
 - e. Quarterly in-service education provided by the FSC Health Services department.
4. All auxiliary personnel will complete training appropriate to their individual assignments. Auxiliary professional specialists in health services will complete training in accordance with this policy and CCA Policy 13-66, Orientation Program.

13-56.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-56.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-56.7 APPENDICES:

None

13-56.8 ATTACHMENTS:

None

13-56.9 REFERENCES:

CCA Credentialing Packet

CCA Policy 4-1

CCA Policy 13-66

ACA 4-4384M/4-ALDF-4D-05M

4-4085/4-4385/4-ALDF-7B-09

3-JTS-4C-11/3-JCRF-4C-03

4-4392/4-ALDF-4D-10

NCCHC P-C-01E/J-C-01

P-C-03E/J-C-03E

JCAHO LD.3.50

LD.3.70

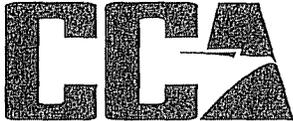
HR.4.10

HR.4.20

HR.1.20

HR.2.30

HR.3.10

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Off-Site Care/Consultations		
	CHAPTER	13	POLICY NUMBER	13-64	Page 1 of 3
	EFFECTIVE DATE		SUPERSEDES DATE		
MARCH 13, 2006		JANUARY 1, 2005			
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME		METRO-DAVIDSON COUNTY DETENTION FACILITY		
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE		
	JULY 6, 2006		FEBRUARY 17, 2005		

13-64.1 POLICY:

Upon determining that an inmate/resident requires off-site medical, dental, or psychiatric consultation and/or services, the Health Services staff will make all necessary arrangements for the appropriate appointment within a reasonable time frame based on acuity of condition.

13-64.2 AUTHORITY:

CCA Company Policy

13-64.3 DEFINITIONS:

Emergent – Performed/seen within one (1) hour.

Licensed Independent Practitioners (LIP) – Physicians, Physician’s Assistant, Advanced Registered Nurse Practitioner, Dentist, and Psychiatrist. Each LIP shall perform duties according to the state scope of practice guidelines.

Urgent – Performed/seen within seventy-two (72) hours

Routine – Performed/seen within eight (8) to twelve (12) weeks.

13-64.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Providers
B	Requests
C	Scheduling
D	Transport Coordination
E	Return to Facility
F	Documentation

A. PROVIDERS

1. A written list of off-site referral sources, including emergency and routine care, will be posted in the Health Services Department.
2. The HSA will be responsible for ensuring the list is reviewed annually and updated as necessary.

B. REQUESTS



All routine off-site service request are entered electronically (via the Oracle System), reviewed by the Utilization Review Physicians (or customer) and either approved, pended, or denied.

C. SCHEDULING

1. Once approved, the appointment is scheduled locally with the appropriate off-site provider.
2. Inmates/residents will **not** be provided advanced notice of specifics or appointment times.

D. TRANSPORT COORDINATION

1. Health Services staff will arrange/coordinate medical appointment transports with the department responsible for coordinating transports.
2. **Medical appointments will not be cancelled or postponed without prior consultation with the HSA or designee.**
3. Prior to departure of the transport, the health services staff will provide transportation officers with the following information:
 - a. The 13-86B Special Instruction for Transporting Officer, if necessary.
 - b. The 13-64A Consultation Form.
 - c. The 13-64B Off-Site Transportation Information/Payment Request (if applicable).

E. RETURN TO FACILITY

All inmates/residents returning to the facility from an emergency, acute hospitalization, or urgent consultation will be seen by Health Services staff for appropriate housing placement.

F. DOCUMENTATION

1. Upon conclusion of the medical appointment, transport officers will obtain a copy of the off-site provider information.
2. Transport officers are responsible for returning all medical documents to the Health Services Department upon return to the facility.
3. Inmates/residents will **not** be allowed to maintain any medical paperwork during the transport.
4. All findings from off-site consults and/or hospital discharge orders will be reviewed and initialed by the facility physician/LIP. He/she will either approve or amend any orders in accordance with CCA policy, procedure and practice.
5. All abnormal findings are to be reported to the LIP/physician and signed off with notation in the medical record.

13-64.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-64.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-64.7 APPENDICES:

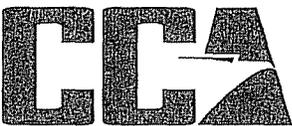
None

13-64.8 ATTACHMENTS:

- 13-64A Consultation Form
- 13-64B Offsite Transportation Information/Payment Request
- 13-86B Special Instructions for Transporting Officer

13-64.9 REFERENCES:

- CCA Policy 13-86
- ACA 4-4348/4-ALDF-4C-05
- 4-4349/4-ALDF-4C-06
- 3-JTS-4C-34
- NCCHC P-A-03E/J-A-03E
- P-D-05/J-D-05
- P-E-10/J-E-10
- P-E-12/J-E-12
- JCAHO LD.3.50

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Physician Orders and Provider Protocols		
	CHAPTER	13	POLICY NUMBER	13-71	Page 1 of 3
	EFFECTIVE DATE		SUPERSEDES DATE		
MARCH 13, 2006		JANUARY 1, 2005			
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	METRO-DAVIDSON COUNTY DETENTION FACILITY			
	FACILITY EFFECTIVE DATE		FACILITY SUPERSEDES DATE		
	JULY 6, 2006		FEBRUARY 17, 2005		

13-71.1 POLICY:

The issuance of and compliance with direct medical orders by licensed Health Services staff will be consistent with applicable statutes, standards, and protocols governing treatment of inmates/residents. CCA will comply with all applicable state law and appropriate medical practice with regard to direct medical orders and establish a basic set of treatment guidelines within accepted general standards of care.

13-71.2 AUTHORITY:

CCA Company Policy

13-71.3 DEFINITIONS:

Direct Medical Orders – Written instructions to licensed nursing staff by a legally authorized practitioner directing a specific action/treatment to be carried out.

Provider Protocols – Guidelines for provider evaluation and management of a specific set of symptoms/conditions. Such protocols describe actions/treatments based on generally accepted standards of care and which are within legal limitations of the individual provider's license, and do not confer any additional privileges upon the user of the protocol.

Verbal/Telephone Orders – Instructions, by a legally authorized practitioner, to licensed nursing personnel that are communicated orally, face-to-face, by telephone, or by other auditory devices.

13-71.4 PROCEDURES:

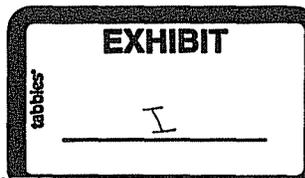
PROCEDURES INDEX

SECTION	SUBJECT
A	Direct Medical Orders
B	Patient Care Protocols
C	Provider Protocols

A. DIRECT MEDICAL ORDERS

Providers who are authorized by law or regulation to issue direct medical orders will:

- Legibly write and sign all direct medical orders on the 13-71B Physician's Order Sheet or verbally communicate such orders to appropriately licensed health care personnel and countersign them manually or electronically as soon as possible, but no later than the next available clinic visit.



2. Verbal and/or telephone orders should be limited to situations where immediate written or electronic communication is not feasible.
3. Verbal and/or telephone orders should be confirmed, written without abbreviations and be repeated back to the prescriber.
4. Faxed copies of signed orders can be accepted as signed originals.
5. Modifications to direct medical orders must be authorized by an appropriately LIP.

B. PATIENT CARE PROTOCOLS

1. The 13-71A Patient Care Protocols have been established by the Facility Support Center Health Services staff and will be maintained and used in every facility's Health Services Department.
2. The facility Health Services staff is responsible for verifying that all appropriate staff is thoroughly familiar with the protocols contained in 13-71A.
3. The facility LIP or Health Services staff may request addition protocols or revisions to existing protocols by contacting the Regional Director, Health Services. Written permission from the Chief Medical Officer must be on file prior to additions/revisions to any protocols.
4. The Patient Care Protocols will be reviewed and approved annually by the HSA and facility physician.

C. PROVIDER PROTOCOLS

Per state law, physicians who provide supervision of an ARNP or PA will have agreed upon protocols that guide treatment decisions.

13-71.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-71.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-71.7 APPENDICES:

None

13-71.8 ATTACHMENTS:

- 13-71A Patient Care Protocols
- 13-71B Physician's Order Sheet

13-71.9 REFERENCES:

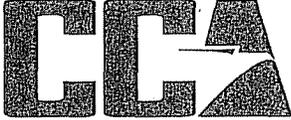
- ACA 4-4376M/4-ALDF-4C-36M
- 4-4382M/4-ALDF-4D-03M/3-JTS-4C-12M/3-JCRF-4C-04
- NCCHC P-E-11/J-E-10
- JCAHO MM.3.20
- MM.4.10
- IM.6.50

LD.5.50

LD.5.60

LD.5.70

LD.5.80

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Scope of Services		
	CHAPTER	13	POLICY NUMBER	13-77	Page 1 of 2
	EFFECTIVE DATE		SUPERSEDES DATE		
MARCH 13, 2006		JANUARY 1, 2005			
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seiter</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	METRO-DAVIDSON COUNTY DETENTION FACILITY			
	FACILITY EFFECTIVE DATE	FACILITY SUPERSEDES DATE			
	JULY 6, 2006	FEBRUARY 17, 2005			

13-77.1 POLICY:

Every inmate/resident will have access to health care services from admission to discharge from the facility providing for the physical and mental well-being of the population. These services exclude elective therapies except when those procedures correct a substantially functional deficit or if an existing pathological process threatens the well-being of the inmate/resident over a period of time.

13-77.2 AUTHORITY:

CCA Company Policy

13-77.3 DEFINITIONS:

Anesthesia Services – The administration (in any setting, for purpose by any route) of, (1.) general, spinal, or other major regional anesthesia; or (2.) sedation, with or without analgesia, that in the manner used may be reasonably expected to result in the loss of protective reflexes.

Elective Therapy – A treatment, procedure, or surgical procedure not requiring immediate attention and therefore planned for the patient’s convenience.

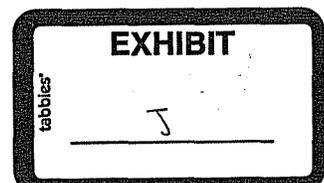
13-77.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Health Care Services
B	Elective Therapy/Treatment
C	Anesthesia

A. HEALTH CARE SERVICES

1. The following health care services will be provided at each facility:
 - a. Medical and dental services;
 - b. Mental health services;
 - c. Nursing;
 - d. Personal Hygiene;
 - e. Dietary Services; and
 - f. Health Education.
2. Health care services will be offered through the following:



- a. Established sick-call systems;
 - b. Screenings;
 - c. Chronic Care Clinics;
 - d. Dental Care;
 - e. Mental Health Care;
 - f. Off-Site Care and Consultation;
 - g. Observation Care;
 - h. Emergency Care; and
 - i. Health Education Programs.
3. Health care services (treatments/procedures/consultations) not available within the confines of the facility's medical program will be provided off-site.
- B. ELECTIVE THERAPY/TREATMENT
- Elective procedures will be evaluated on a case-by-case basis. The facility physician will provide a case presentation to the Chief Medical Officer or designee if a case is referred for treatment or surgery.
- C. ANESTHESIA
- Anesthesia (except for local anesthesia) services are not performed in any CCA medical department.

13-77.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-77.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-77.7 APPENDICES:

None

13-77.8 ATTACHMENTS:

None

13-77.9 REFERENCES:

ACA 4-4347/4-ALDF-4C-04

4-4398/4-ALDF-4D-16

NCCHC P-A-01E/J-A-01E

P-D-05/J-D-05

JCAHO PC.5.10

 CORRECTIONS CORPORATION OF AMERICA	POLICY TITLE		Sick Call	
	CHAPTER	13	POLICY NUMBER	13-80
	EFFECTIVE DATE		SUPERSEDES DATE	
OCTOBER 22, 2007		MARCH 13, 2006		Page 1 of 4
<i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Bill Andrade, MD</i> <i>Chief Medical Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>Richard P. Seifer</i> <i>Executive Vice President/Chief Corrections Officer</i> <i>SIGNATURE ON FILE AT FACILITY SUPPORT CENTER</i> <i>G.A. Puryear, IV</i> <i>Executive Vice President/General Counsel</i>	FACILITY NAME	METRO-DAVIDSON COUNTY DETENTION FACILITY		
	FACILITY EFFECTIVE DATE	FACILITY SUPERSEDES DATE		
	MARCH 10, 2008	JULY 6, 2006		

13-80.1 POLICY:

Every CCA facility will have a formal Sick-Call System whereby an inmate/resident with a health care request will have unimpeded access to individualized and appropriate health care for non-emergency illness or injury in a clinical setting. This policy establishes procedures and describes the system through which inmates/residents can request and receive individualized and appropriate health services for non-emergency illnesses or injuries.

13-80.2 AUTHORITY:

CCA Company Policy

13-80.3 DEFINITIONS:

Health Services Administrator (HSA) – A person who, by virtue of education, experience, or certification, is capable of assuming responsibility for arranging all levels of healthcare and assessing quality and accessibility of health services for inmates/residents.

Licensed Independent Practitioner (LIP) – Physicians, Physician’s Assistant, Advanced Registered Nurse Practitioner, Dentist, and Psychiatrist. Each LIP shall perform duties according to the state of scope practice guidelines.

Medical Request Slips/Sick-Call Slips – A method whereby inmates/residents have access to medical, dental, and mental health attention for illnesses/injuries/requests of a non-urgent nature by means of an appointment.

TRIAGE – The sorting out and classification of inmate/resident patient health complaints to determine priority of need and proper place of health care.

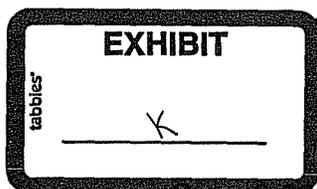
13-80.4 PROCEDURES:

PROCEDURES INDEX

SECTION	SUBJECT
A	Schedule
B	Secure Drop Boxes
C	Sick Call Requests
D	Sick Call Clinic
E	Co-Payment

A. SCHEDULE

Sick call will be scheduled at least five (5) days a week by a qualified health care provider.



- a. At NCCHC accredited facilities, in addition to the five (5) days a week, a physician or physician extender is recommended to be on site a minimum of five (5) hours per week for every one-hundred (100) inmates.
 2. Physician/LIP referrals are to be scheduled within one (1) week of the request, or as clinically indicated.
 3. The Sick-Call Schedule will be posted in each housing unit.
- B. SECURE DROP BOXES
1. Secure labeled drop boxes will be available in centrally located areas for Sick Call Request forms.
 2. The number of drop boxes should be determined by the HSA based on the size and design of facility.
 3. **Only Health Services staff will have access to the secured drop boxes.**
- C. SICK-CALL REQUESTS
1. Sick Call Request forms (13-80A1 for Non Co-Pay or 13-80A2 for Co-Pay) will be located in the housing units for easy accessibility.
 2. Any inmate/resident wishing to schedule an appointment during scheduled sick call will complete the appropriate Sick Call Request form.
 - a. If an inmate/resident is unable to write, the inmate/resident can ask for assistance with completion of the request.
 3. Upon completion of the Sick Call Request form, the inmate/resident will place the form in the secure drop box.
 4. A member of the Health Services staff will pick up Sick Call Requests on each shift or at least every twenty-four (24) hours.
 5. Sick Call Request forms will be TRIAGED and appropriate referral made according to clinical need.
 - a. If the request does not appear to be an emergency, the inmate/resident will be evaluated by the appropriate health care provider within forty-eight (48) hours of the request (seventy-two (72) hours on weekends).
 - b. A response is written on each appropriate slip copy indicating the planned disposition. Slips are sealed shut and returned to the inmate/resident and may indicate approximate date and time of scheduled appointment.
 - i. The request and response are noted in the inmate/resident's medical record and the original request slip placed/scanned in the medical record, unless otherwise mandated by contractual requirements.
 - c. If an inmate/resident completes a Sick Call Request for the same complaint more than twice and has not been evaluated by a physician/physician extender, the inmate/resident will receive an appointment to do so.
 6. The inmate/resident's name is placed on the appropriate log.
- D. SICK CALL CLINIC
1. During Sick-Call Clinic, nursing, dental, and mental health staff will triage, evaluate, and recommend treatment within the constraints of their licensure and the CCA Patient Care Protocols. Problems beyond their scope of practice are referred to the appropriate health care provider.

2. In the event that the inmate/resident's custody status (e.g., administrative segregation) precludes attendance at the regularly scheduled Sick-Call Clinic, the inmate/resident will still be seen where housed.
3. During Sick Call Clinic, the Health Services Department will accommodate unscheduled inmates/residents with conditions that require immediate attention (e.g., acute illness, injury, etc.).
4. Health services staff will make daily rounds in segregation to ascertain health care needs. The presence of the qualified health services staff in segregation will be announced and recorded in the appropriate log(s) and/or using the 13-42B Daily Medical Segregation Checks form. A notation will be documented manually or electronically in the medical record if treatment is provided.
5. Treatments ordered by an LIP will be transcribed onto the 13-80B BP Treatment Record, 13-80C Diabetic Monitoring Treatment Record, or 13-80D General Monitoring/Treatment Record, as appropriate.
6. Sick call and other requests for dental services will be logged onto the 13-80E Dental Request Log if answered by dental. A copy of the request is placed/scanned in the medical/dental record and an entry is made in the 13-13D Dental Progress Notes indicating the date the request was received, date answered, and disposition of the inmate/resident.

E. CO-PAYMENT

1. If medical co-payment fees are imposed in accordance with the facility management contract, the following will be observed:
 - a. All inmates/residents will be advised, in writing, at the time of admission to the facility of the guidelines of the co-payment program.
 - b. Needed inmate/resident healthcare will not be denied due to lack of available funds.
 - c. Co-payment fees shall be waived when appointments or services, including follow-up appointments, are initiated by Health Services staff.
 - d. **AT THIS FACILITY, ADDITIONAL CONTRACTUAL PROCEDURES FOR CO-PAYMENT FEES ARE AS FOLLOWS:**

\$3.00 TO BE SEEN IN SICK CALL AND \$3.00 FOR MEDICATION. THERE IS NO CHARGE FOR CHRONIC CLINIC OR CHRONIC CLINIC MEDICATIONS.

13-80.5 REVIEW:

The Chief Medical Officer or qualified designee will review this policy on an annual basis.

13-80.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

13-80.7 APPENDICES:

None

13-80.8 ATTACHMENTS:

- 13-80A1 Sick Call Request (Non Co-Pay) – English and Spanish
- 13-80A2 Sick Call Request (Co-Pay) – English and Spanish
- 13-80B BP Treatment Record
- 13-80C Diabetic Monitoring Treatment Record
- 13-80D General Monitoring/Treatment Record
- 13-80E Dental Request Log
- 13-13D Dental Progress Notes

13-80.9 REFERENCES:

- ACA 4-4344M/4-ALDF-4C-01M/3-JTS-4C-07/3-JCRF-4C-02
- 4-4345/4-ALDF-4C-02
- 4-4346/4-ALDF-4C-03/3-JTS-4C-30
- 4-4362/4-ALDF-4C-22M/3-JTS-4C-22M/3-JCRF-4C-09M
- 4-4363/4-ALDF-4C-23M/3-JTS-4C-24M
- 3-JTS-4C-08
- 3-JTS-4C-09
- NCCHC P-C-07/J-E-07
- JCAHO PC.5.50
- PC.5.60
- PC.6.10