



Charleston County Sheriff's Office Policy and Procedures Manual

Sheriff Carl Ritchie

18-23 Health Care Services

- ☐ NEW
- ☒ REVISED
- ☒ REVIEWED

ACA Standards Reference: 5-ALDF-1A-07; 2A-14; 2D-03; 2E-02; 4A- 09, 10; 4C-01, 03, 07, 08, 09, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 34, 35, 37, 38; 4D-01, 02, 03, 04, 05, 08; 13, 14, 15, 16, 17, 18, 19, 20, 23, 27, 29, 30, 31, 32, 33, 35; 5A-06, 07; 6B-07; 7D-20, 32, 33

CALEA Standards Reference:

NCCHC Standards Reference: A-01, 02, 03, 06, 07, 08, 09, 11; B-01-A, B, 04; C-01, 04, 05, 07, 08; D-01, 02, 03, 04, 05; E-01, 02, 03, 04, 05, 06, 07, 08-A, 09, 10, 12, 13; F-01, 02, 2A; G-01, 02, 03, 06, 07, 08, 09, 10, 10-A, 11; H-02, 03, 04; I-01, 02, 03, 04, 05, 06

SCLEA Standards Reference: 40-43-86

SC Minimum Standards: 1033; 1035; 1044; 1082; 1049; 1091; 2051; 2052 (b, d); 2053; 2054; 2055; 2056; 2057; 2093

This policy dated 1/29/2025 replaces prior policies cited above and supersedes all previously issued directives.

I. Purpose:

To describe the means of health care services inmates may receive while confined in the Sheriff Al Cannon Detention Center (SACDC) and describe communication/cooperation among health care professionals, detention administrators, and staff regarding inmates with special needs.

II. Policy:

It is the policy of SACDC to provide a continuum of health care, dental, and mental health services for all inmates. The Medical Administration or Medical Shift Supervisor will ensure the quality and availability of medical services and are responsible for developing and maintaining a written plan for delivering medical services to all inmates including inmates with special needs. It is the mission of the health authority to provide healthcare services to all clients in an efficient and timely manner by professional health care staff. The South Carolina Department of Mental Health is the designated mental health authority.

(Ref: SC Min. 2051, 2052, 5-ALDF-4D-01, 7D-25)

III. Definitions:

- A. For purposes of this procedure, the word "deputy" applies to all agency employees with a certification classification of Class I, Class II, or Class III, or Reserve Deputy, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on usage of the term:

1. Deputy, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, reserve deputy.
 2. civilian, non-sworn employee.
- B. *Employee*: When used without further clarification, the term employee is inclusive of all agency members (sworn and non-sworn).
- C. *Health Care*: Medical, Mental Health, and Dental care.
- D. *Informed Consent*: The agreement by an inmate for treatment, an examination, or procedure after he/she receives the material facts regarding the nature, consequences, risk, and alternatives concerning the proposed treatment, examination, or procedure. (Ref: 5-ALDF-4D-15)
- E. *Triage*: The screening and classification of inmate health care concerns to determine the priority of need and the appropriate level of intervention.

- F. *Physical Examination:* A thorough evaluation of an inmate's physical condition and medical history conducted by, or under the supervision of, a licensed professional.
- G. *Sick Call:* The procedure through which each sick inmate reports his/her illness and receives non-emergency medical services by a physician or a medically trained person working under approved protocol.
- H. *Treatment Plan:* An individualized, written course of therapy, developed by qualified health care staff, specifying roles of involved personnel, short and long-term goals and methodology. At minimum, the treatment plan includes instructions about diet, exercise, adaptation to the detention environment, medication, a schedule of diagnostic testing and medical follow up appointments, as well as modification of the regimen as the inmate progresses through the course of treatment. (Ref: 4-ALDF-4C-07)
- I. *Hospital:* Defined as an outside institution providing medical and surgical treatment, mental health facility, or an assisted living facility.

IV. Administration of Medical Services:

- A. The Health Services Administrator (HSA) is the designated health authority. The HSA, or his/her designee, will coordinate and arrange for all levels of care at SACDC and at community based medical facilities utilized for inpatient and specialty services. Physicians, dentists, and psychiatrists are responsible for their respective services. All providers are licensed to practice in the State of South Carolina. Verifications of current credentials and job descriptions are on file and reviewed annually.
(Ref: NCCHC J-A-02, J-C-01, 5-ALDF-4D-03, 04 05, SC Min. 2051)
- B. Peer Reviews will be conducted at least annually on medical practitioners to evaluate their performance. This includes physicians, psychiatrists, dentists, mid-level providers, nurses, and mental health providers.
(Ref: NCCHC J-C-02, 5-ALDF-4D-32)
- C. Clinical decisions and actions are made by the responsible clinician and will not be changed by other staff. Instructions issued by medical authorities that conflict with safety or security regulations of the facility will be immediately brought to the attention of the Housing/Processing Lieutenant, who will investigate and resolve them. If necessary, the Housing/Processing Lieutenant will refer the matter to the Housing/Processing Captain or Command Duty Officer (CDO), who will resolve the issue with the Medical Shift Supervisor.
(Ref: NCCHC J-A-03, 5-ALDF-4D-02)

- D. A staffing analysis used to determine the essential positions needed to perform the health services is used to develop a staffing plan. The staffing plan is developed and implemented based on the physical layout of the facility, the average daily population, and the scope and degree of medical, mental health, and dental services to be provided. The staffing plan is reviewed annually and when deficiencies are noted in the provision of services. (Ref: NCCHC J-C-07, 5-ALDF-2A-14)
- E. Medical facilities and equipment are maintained at a level that enables health care staff to perform their duties in accordance with specific procedures.
1. Adequately equipped examination rooms used solely for treatment are available, thus ensuring privacy and dignity for both inmates and health care staff. (Ref: 4-ALDF-4D-19)
 2. Female inmates are provided a female escort for encounters with a male health provider.
 3. A complete inventory of needles, syringes, and dental instruments are conducted on a regular basis and an ongoing inventory will be maintained in the health service area where items subject to abuse are stored. (Ref: NCCHC J-A-09, J-D-03, J-D-03-A, 5-ALDF-2D-03)
- F. The health authority will conduct a monthly Medical Administration Meeting with the Facility Administrator, or his/her designee, the HSA, the Contracts Manager, and other members of staff as appropriate to ensure medical services are being provided effectively to all inmates. (NCCHC J-A-04)
- G. The Quality Improvement Program is designed to accomplish the following:
1. provide a framework for the ongoing, objective, and systematic monitoring and evaluation of health care services in SACDC;
 2. pursue opportunities to improve patient care processes and outcomes;
 3. monitor clinical performance through peer review;
 4. evaluate medication usage; and
 5. evaluate health care records. (Ref: NCCHC J-A-06, 5-ADLF-4D-01)
- H. An inmate may file a complaint regarding health care via the mail, telephone

hotline or by using the inmate grievance system on the kiosk.

(Ref: NCCHC J-A-11)

- I. Inmates are afforded the same level of informed consent as in any community medical facility for the specific type of treatment involved and have the right to refuse routine medical, dental, psychological, or psychiatric treatment.
 - a. SACDC does not endorse enrolling inmates in any medical research programs. Requests to enroll into a patient study must be approved by the Medical Director and Legal Counsel.
(Ref: NCCHC J-I-06, 5-ALDF-4D-18, 7D-20)
 - b. An inmate may refuse treatment. Upon any health evaluation or treatment refusal the inmate needs to be escorted to medical for the refusal to be documented by the medical department. In the event an inmate refuses to be escorted to medical all reasonable attempts will be made to persuade the inmate to include the Emergency Response Team presence without the use of force. The supervisor or designee will notify medical of the refusal. The refusal will be documented in an incident report. This does not include medication refusals. The form includes a description of the service, medical advice, the inmate's signature, and the signature of two witnesses, one of which must be health care staff. If the inmate refuses to sign the form, health care staff will write "refused" on the form and two staff witnesses, one of which must be health care staff, will sign it.
(Ref: SC Min. 2054, 5-ALDF-4D-15, 18, NCCHC J-I-05, J-I-06)
- J. Communication occurs between health care staff and SACDC personnel about inmates who are chronically ill; on dialysis; adolescents in an adult facility; infected with serious communicable diseases; physically disabled; pregnant; frail or elderly; terminally ill; mentally ill or suicidal; or developmentally disabled.
(Ref: NCCHC J-A-08)
- K. Inmate workers will not be utilized for the performance of health care services. Inmate workers will only perform janitorial services and are not under the supervision of health care personnel. (Ref: NCCHC J-C-06)

V. Information to Access Care:

Upon arrival at SACDC, Medical Personnel will inform all inmates on "How to Obtain Medical/Mental Health Services." The information will include how to access emergency and routine medical, dental, and mental health services; Health Insurance Portability and Accountability Act (HIPAA); the medical co-pay; and the grievance process for health related complaints. The inmate will be requested to

sign a form acknowledging that they have received the information and if the inmate refuses to sign, the medical staff will write, "refused" and request a Processing Deputy to sign as a witness. This information will also be posted in the processing area in both English and Spanish. The Inmate Orientation Handbook also outlines the procedure to access medical care. All inmates are required to sign for the inmate orientation handbook. If an inmate refuses to sign for the inmate orientation handbook, the detention deputy will write, "refused" and have a second Processing Deputy witness the refusal. (Ref: NCCHC J-A-01, J-E-01, 5-ALDF-4C-01, 20)

VI. Procedure:

A. Medical Assessments:

1. Processing Deputy Health Screening:

a. The Processing Deputy will initially screen all incoming inmates; including an observation of:

- 1.) general appearance and behavior (e.g. state of consciousness, appearance, conduct, tremors, sweating, evidence of abuse and/or trauma, and current indications of psychosis, depression, anxiety, and/or aggression);
- 2.) body deformities and other psychical abnormalities;
- 3.) ease of movement;
- 4.) condition of the skin (e.g. trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or indications of drug use); and
- 5.) an inquiry into the inmate's past or current mental illness symptoms or complaints, including:
 - a. hospitalizations;
 - b. suicide ideations;
 - c. management for substance abuse and/or mental health by in-patient, outpatient, and/or psychotropic medication treatments.

(Ref: 5-ALDF-4C-28)

- b. Inmates in need of urgent medical or psychiatric care are referred appropriately for care prior to being admitted to SACDC.

- 1.) Inmates that have sustained K-9 injuries should be cleared at the hospital/ emergency room prior to acceptance.
- 2.) Inmates sustaining use of force, that are assessed by health care staff to have potentially serious complications resulting from the force, will be sent to the emergency room for evaluation prior to acceptance.
- 3.) Inmates returning from a hospital are only accepted when there is written medical clearance or there is documented communication with the hospital of appropriate medical clearance. This clearance will go into both the inmate's medical and detention record. The inmate will be housed in Medical Infirmary for a twenty-four hour observation period. Any exception will only be authorized by a Major, through the Command Duty Officer (CDO).

(Ref: NCCHC J-E-o8-A)

2. Processing Nurse Health Screening:

Each inmate also receives an initial health screening from the processing nurse. This screening addresses:

- a. current and past history of serious infectious or communicable illnesses, health conditions, or special health requirements (e.g. dietary needs) including any treatment, symptoms, and medications;
- b. recent communicable illness symptoms (e.g. chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats);
- c. acute dental complaints or problems and the presence of dentures;
- d. allergies;
- e. legal and illegal drug use (including method of use, amount, type, frequency, and time of last use) and any history or problems that may have occurred after ceasing use;
- f. drug withdrawal symptoms;

Note: Inmates undergoing alcohol and/or drug withdrawal will

be treated according to protocols.

(Ref: 4-ALDF-4C-35, 5A-06, NCCHC J-G-06)

- g. current or recent pregnancy and pregnancy test; and
- h. other health problems as designated by the responsible physician. The disposition of the inmate is noted in the inmate's medical record.

(Ref: SC Min. 2053, NCCHC J-E-02, 5-ALDF-4C-20, 23, 24)

3. Transfer Screening:

Records personnel advise health care staff at least twenty-four hours in advance, whenever possible, before any routine transfers and the date the transfers are scheduled to occur.

- a. A medical summary is required for all inter- and intra-system transfers to maintain continuity of care. The summary contains:
 - 1.) health conditions, treatments, and allergies;
 - 2.) confidentiality of the health record; and
 - 3.) a determination of suitability for travel based on the transfer screening, with particular attention given to communicable disease clearance.
- b. The summary is placed in a sealed envelope for transport with the inmate. Written instructions regarding medication or health intervention needs during transit and specific precautions to be taken by transportation Deputies, including universal precautions and the use of masks and/or gloves are separate from the medical record.
- c. Any portion of the medical record that is not available at the time of transfer will be forwarded to the receiving facility within seventy-two hours via express mail.

(Ref: 5-ALDF-4D-02, 20, NCCHC J-E-03, J-E-12, J-H-02)

4. Initial Health Assessment:

- a. A more in-depth medical assessment is conducted for all inmates that are held more than seventy-two hours, and within fourteen days of admission. The examination includes the

following:

- 1.) a review of receiving screening results;
- 2.) a full medical examination, including an assessment of the inmate's general mental health and dental status;
- 3.) completion of medical and dental history;
- 4.) an assessment of current mental status and condition including:
 - a) suicide and/or violence potential with person-specific circumstances that increase the risk for these; psychotropic medications, and the emotional response to incarceration;
 - b) a review of available past records of the receiving screening, suicidal behavior, cerebral trauma or seizures, inpatient/outpatient psychiatric treatment, psychotropic medication, psychotherapy, psychoeducational groups/classes or support groups, drug and alcohol treatment, educational history, sexual offenses, victimization and predatory behavior; and
 - c) the use of additional assessment tools, as needed (e.g. screening of intellectual functioning to determine mental retardation, developmental disability, and learning disabilities; diagnostic interviews, tests assessing personality and coping abilities). (Ref: NCCHC J-E-05)
- 5.) laboratory and/or diagnostic tests to detect communicable diseases, including sexually transmitted disease and tuberculosis (TB);

Note: Inmates are screened with a Tuberculin Skin Test (TST) within fourteen days. Federal Inmates must be tested within twelve hours. (Inmates who have tested positive in the past must receive a chest radiograph, sputum collection or an Acid-Fast Bacillus Smear and culture are important for the surveillance of TB.)

(Ref: NCCHC J-B-01-B)

- 6.) a record of weight, height, pulse, blood pressure, and temperature;
- 7.) a physical examination (including breast, rectal, and testicular exams as indicated by the inmate's gender, age, and risk factors);
- 8.) review of examination and other information results with a physician; and
- 9.) development of a treatment plan that may include:
 - a) all aspects of the facility environment including recommendations concerning housing, job assignment, program assignment/participation, services;
 - b) referral to treatment, as indicated, to include transfer to mental health facility for inmates whose psychiatric needs exceed the treatment capability of the facility; and
 - c) initiation of therapy and immunizations when appropriate.

(Ref: SC Min. 2056, 5-ALDF-4C-07, 24, 5A-07, NCCHC J-E-04)

- 10.) Special needs treatment plans include:
 - a) the frequency of follow-up for medical evaluation and adjustment of treatment;
 - b) the type and frequency of diagnostic testing and therapeutic regimens; and
 - c) when appropriate, instructions about diet, exercise, adaptation to the detention environment and medication is provided to Classification. Inmates with disabilities are provided with the education, equipment, and facilities and the support necessary to perform self-care and personal hygiene in a reasonably private environment.

(Ref: 5-ALDF-4C-22, 6B-07, NCCHC J-G-02)

- b. Health care staff completes a review on each intra/inter-system

transfer incoming inmate's health record or summary within twelve hours of arrival. If an inmate arrives without a health screening form, one will be completed by the screening nurse. This screening includes:

- 1.) an inquiry to whether the inmate is being treated for a medical or dental problem, on medications, or has a current medical or dental complaint;
- 2.) observation of the inmate's general appearance and behavior, physical deformities, and evidence of trauma or abuse;
- 3.) and a medical disposition for clearance to general population, general population with an appointment for medical care, or emergency medical treatment of the inmate.
- 4.) Health care staff will then coordinate with the appropriate agency to ensure medical records are sent in a timely manner.

(Ref: 5-ALDF-4C-24, NCCHC J-E-04)

- c. Inmate health assessments are updated annually with elements being repeated based upon the age, sex, and health needs of the inmate consistent with recommendations of the American Academy of Family Physicians. (Ref: 4-ALDF-4C-26)

5. Initial Dental Examination: All inmates receive a dental exam within twelve months of intake that is supported by X-rays if necessary and based on the information from the initial processing screening.

- a. The results of the examination are recorded on the dental record and maintained within the inmate's medical chart.
- b. The dental assistant will transcribe the dentist's orders onto working documents such as a Medical Administration Record and/or treatment forms. Nursing staff will obtain and administer any prescribed medications as ordered from the dentist.
- c. A treatment plan is developed and the extent of care is dictated by the inmate's response to treatment and interest in his or her own oral health. Services are provided that assist the inmate in developing healthy dental habits.

(Ref: 5-ALDF-4C-20, NCCHC J-E-06)

6. Inmate Worker Medical Screening:
 - a. All inmates requesting to become a worker receive a pre-assignment medical examination and periodic re-examinations in accordance with local requirements.
 - b. The screening will be recorded on the medical record. Classification is notified via the Inmate Worker Clearance Report in the electronic medical records system (EMR).
- B. Health Care Services Provided:
 1. Sick call is conducted on a daily basis.
 - a. Inmates are responsible for completing a Sick Call Request via the Kiosk for non-emergency health care.
 - b. Kiosk requests are sent directly to Medical. Health care appointments will be provided on a triage system.
(SC Min. 2055, 5-ALDF-4C-03, NCCHC J-E-07)
 - c. Inmates who are unable, due to work schedules, to attend regular sick call may be seen at other prearranged times.
 - d. Staff will be alert to inmates who are too ill to present themselves for sick call and will assist them in obtaining medical care.
 2. Management of Chronic Disease: Inmates with chronic diseases are identified and placed on the chronic disease program. The goal of this program is to decrease the frequency and severity of symptoms, minimizing disease progression, and fostering improvement in function. Guidelines for management include, but are not limited to: asthma, diabetes, high blood cholesterol, HIV disease, hypertension, seizure disorder, and tuberculosis. (Ref: NCCHC J-G-01)
 3. Pregnancy management services are available, including:
 - a. pregnancy testing;
 - b. routine and high-risk prenatal care with the following:
 - 1.) medical examinations;
 - 2.) laboratory and diagnostic tests, including offering HIV

testing and prophylaxis (infection control) when indicated; and

- 3.) advice on appropriate levels of activity, safety precautions, and nutritional guidance.
- c. management of chemically addicted pregnant inmates
- d. comprehensive counseling and assistance; and
- e. postpartum follow-up. Postpartum care is documented in the inmate's medical record.

(Ref: 5-ALDF-4C-13, NCCHC J-G-07, J-G-09)

4. Therapeutic/Special diets are available to enhance inmate health. Health care staff will provide the Unit Deputy with a copy of the Medical Diet Order Form whenever a special diet is prescribed.

- a. Therapeutic diets are provided as prescribed by appropriate clinicians. A therapeutic diet manual is available in the health services and food services areas for reference and information.
- b. The following special diets are available: cardiac, 2200 calorie diabetic diet, carbohydrate-controlled diet, high protein, pregnancy, full liquid, clear liquid, gastric soft, renal, and finger food.
- c. A registered or licensed dietitian employed by the food services contractor reviews diets at least every six months or as needed.
- d. When inmates refuse prescribed diets, follow-up nutritional counseling is provided. Non-compliance with a special diet can result in the discontinuance of the diet.
- e. Nutritional Oral Supplements are available when necessary to maintain an inmate's health status.

(Ref: SC Min. 2093, 5-ALDF-4A-09, 10, NCCHC J-F-02, J-F-02-A)

5. Inmate Injuries: Health care staff will ensure all serious inmate injuries are documented in the EMR for evaluation and recommendation for corrective measures. (Ref: 5-ALDF-1A-07)
6. Orthoses, Prostheses and other Aids to Impairment: Medical and dental orthoses and prostheses and other aids to impairment will be supplied in a timely manner when the health of the inmate would otherwise be adversely affected.

- a. Evidence that prescribed aids for impairment are received and documented in the health record.
- b. Where the use of specific aids for impairment is contraindicated for security concerns, alternatives are considered so the health needs of the inmate are met.
- c. Eyeglasses will be provided to inmates if it is determined that the inmate cannot appropriately function in SACDC due to problems with vision acuity. The Medical Director will approve eyeglasses as determined appropriate. Inmates found to have visual acuity below 20/50 (both eyes together) and those who are unable to read printed material due to hyperopia will be referred to an optometrist for a more in-depth visual screening. Only basic frames and lenses are provided and inmates may be required to pay for replacement glasses.
(Ref: SC Min. 2052(g), 5-ALDF-4C-34, NCCHC J-G-10, J-G-10-A)

7. Dental Care:

Dental care is provided on-site under the direction and supervision of a dentist licensed in the State of South Carolina. Care will be timely and include expedited access for urgent or painful conditions.

- a. A treatment plan is developed for each inmate receiving dental care. A system is followed that establishes priorities for care according to the treatment plan when, in the dentist's judgment, the inmate's health would be adversely affected. SACDC is not responsible for completing dental care or therapy started prior to incarceration.
- b. Radiographs are appropriately used in the development of the treatment plan. Each inmate has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the needs of the individual. All inmates are also provided a toothbrush and fluoride toothpaste during processing.
- c. Extractions are performed in a manner consistent with the community standards of care and adhering to the American Dental Association's clinical guidelines.
- d. Dental services include: the treatment of dental pain; sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas, repair of partials and dentures; and

consultation/referral to dental specialists, including oral surgery, when necessary.

(Ref: SC Min. 2052(d), NCCHC J-E-06, 5-ALDF-4C-20, 21)

8. Diagnostic services are provided to meet the needs of the inmate. These services include: multiple-test dipstick urinalysis; finger-stick blood glucose tests; peak flow meters; stool blood-testing material; electrocardiography services; pregnancy testing; laboratory and radiology.
(Ref: NCCHC J-D-04)
9. Health Education and Promotion: Health care staff provides education to inmates about health and self-care skills. This is completed during health encounters and with videos, brochures, and pamphlets that are available on request.
(Ref: 5-ALDF-4C-22, NCCHC J-F-01)
10. Inmates with Alcohol or Other Drug Problems: Inmates with alcohol or other drug problems are assessed and properly managed by the physician. Health care staff is responsible for recognizing substance abuse and referring inmates to the Charleston Center/DAODAS program for substance abuse counseling. On-site individual counseling, group therapy, or self-help groups are available.
(Ref: 5-ALDF-4C-35, 36, 5A-06, 07, NCCHC J-G-08)

C. Medical Infirmary:

1. Medical services are also available in the form of in-patient bed care for illnesses requiring bed rest or limited observation/management, but not requiring admission to a licensed hospital. A detention deputy is assigned to the infirmary for direct observation and inmate supervision.
2. The medical department provides services under a qualified health professional's supervision in accordance with an approved standard manual of nursing care procedures developed by the Medical Director.
3. Admission into the infirmary will be approved by a physician for medical reasons. An individual treatment plan, which will be recorded in the inmate's medical record, will be developed for each inmate requiring health care and close supervision.
4. An infirmary record that is a separate and distinct section of the complete medical record is kept;

5. The infirmary complies with applicable state statutes and local licensing requirements. (Ref: 5-ALDF-4C-09, NCCHC J-G-03)
6. Community resources will be provided upon request for inmates being released from the facility. (Ref: NCCHC J-E-13)

D. Emergency Care:

1. Urgent care is available twenty-four hours a day for acute illnesses or unexpected health care needs. Provisions of care include:
 - a. emergency evacuation of inmates from the facility;
 - b. emergency medical transport via Charleston County EMS;
 - c. on-site emergency first aid and crisis intervention; and
 - d. the immediate transfer of inmates, when appropriate.

(Ref: SC Min. 2052(d) & 2054, 5-ALDF-4C-05, 4C-08, NCCHC J-E-08, J-A-07, J-C-08)

2. Detention and health care personnel are trained to respond to health-related situations within four minutes. Training is established by the responsible health authority in cooperation with the facility or program administrator and conducted on an annual basis that includes instruction on the following:
 - a. recognition of signs and symptoms and knowledge of action that is required in potential emergency situations including; mental illness, violent behavior, suicide intervention, and acute chemical intoxication and withdrawal;
 - b. administration of basic first aid and certification in cardiopulmonary resuscitation (CPR) by the American Red in order to render first aid while awaiting the arrival of health care staff;
 - c. methods of obtaining assistance; and
 - d. procedures for patient transfers to appropriate medical facilities or health care providers.

(Ref: SC Min. 1033, 1035, 2052, 5-ALDF-4D-08, 4C-08, NCCHC J-C-04)

3. First aid kits for staff are located in the designated areas of the facility determined by the Detention Director and the Health Authority. The health authority approves the contents and number of kits needed and

the kits are inspected monthly by the Safety Compliance Specialist. An Automatic External Defibrillator (A. E. D.) is available.

(Ref: SC Min. 2052, 5-ALDF-4D-09)

4. Involuntary administration of psychotropic medication requires two physician authorizations prior to use, a registered nurse to administer the medication, and specifics of when, where, and how the psychotropic medication may be forced. When a physician orders emergency psychotropic medication to be forced, the following must be documented in the inmate's health record:

- a. the inmate's condition;
- b. the threat posed;
- c. the reason for forcing the medication;
- d. other treatment modalities attempted, if any;
- e. treatment plan goals for less restrictive treatment alternatives as soon as possible; and
- f. specific measures performed to comply with applicable laws.

(Ref: NCCHC J-G-03, 5-ALDF-4D-17)

5. Custody ordered restraint and seclusion will be available for inmates exhibiting behavior dangerous to self or others for security reasons. Except for monitoring their health status, the health services staff does not participate in the restraint of inmates ordered by custody staff.

- a. During normal business hours, after being in restraints for more than 1.5 hours, the inmate will be evaluated by mental health staff.
- b. When an inmate has been restrained for more than 1.5 hours after normal business hours, the Housing or processing Lieutenant will be notified. When appropriate, the Housing or Processing Lieutenant will call Mobile Crisis to access the inmate's mental capacity.
- c. Clinically ordered restraints and seclusion requires the provisions for the types of restraints or condition of seclusion that may be used; when, where, how, and for how long restraint or seclusion may be used; how proper peripheral circulation is maintained; and proper nutrition, hydration, and toileting are

provided.

- d. The Medical Director may authorize the use of restraint or seclusion after reaching the conclusion that no other less restrictive treatment is appropriate. (Ref: NCCHC J-I-01)
- 6. Medical Triage of Use of Force Recipients: If as a result of any use of force, a deputy feels the inmate(s) to whom the force was applied has been injured or has a complication related to an underlying disease (i.e. asthma); medical attention should be sought as soon as possible. (Ref: NCCHC J-E-o8-A)
- 7. Segregated Inmates:
 - a. Health care staff will be notified when an inmate is placed in segregation by the Unit Deputy. They will notify the charge nurse on duty. The inmate's health record is reviewed to determine whether existing medical, dental, or mental health needs may contraindicate the placement or require accommodation.
 - b. The inmate's degree of isolation will determine the inmate's health monitoring. Unless medical attention is needed more frequently, inmates in segregation receive daily visits from health care staff. The Housing Unit Deputy will announce that a health care provider is in segregation. (Ref: NCCHC J-E-09, 5-ALDF-2E-02)

E. Sexual Assault/Abuse:

An investigation is conducted and documented whenever a sexual assault or threat is reported. If an inmate alleges that he/she has been sexually assaulted, staff will notify the chain-of-command and medical services. If emergent medical care is required, medical staff will assess the inmate. Otherwise, the inmate and the scene will be preserved until Criminal Investigation Division (CID) arrives and they will determine any further actions. The Housing/Processing Lieutenant will contact the CDO and the PREA Coordinator. The PREA Coordinator will contact CID to have a detective respond. The agency's notification protocol will be followed, to include the South Carolina Department of Corrections (SCDC) within five days. Reference SACDC Policies Preservation of Evidence and Incident Reporting.

(Ref: SC Min. 1049, NCCHC J-B-04, 4-ALDF-4D-23, 4D-27, 4D-29)

F. Non-institutional Resources:

1. Community hospitalization is available for in-patient care for illnesses and/or for diagnoses that require optimal observation or more involved medical management beyond that is available in the Infirmary.
2. All transfers to a prearranged outside hospital are made only with authorization of the physician, after review of the inmate's case to ensure suitability for transfer. Generally, hospital admissions are arranged between the facilities medical personnel and the hospital's consulting physician.
3. Routine outpatient specialty consultations requiring staff escorts will be arranged at least one week before the trip when possible.
 - a. By Friday of each week, health care staff will provide the Transportation Supervisor with a list of all scheduled hospital or clinical trips for the following week.
 - b. The Transportation Supervisor is responsible for arranging transportation and security coverage for each medical transfer.
 - c. Deputies maintain security of inmates during transportation, treatment, and recovery (if not returned to SACDC after treatment). All escort staff are trained in supervisory techniques for inmates confined outside the facility.

(Ref: NCCHC J-E-10)
4. Specialty Clinics:
 - a. Consultations may be arranged with outside consultants only when approved by the SACDC physician.
 - b. Inmates referred by the SACDC physician to consultants for diagnostic evaluation and recommendations for therapy will not be the continuing responsibility of the consultant. These cases will be followed by the institutional physician in accordance with his/her best judgment.

(Ref: NCCHC J-D-05)
5. Elective Procedures:
 - a. Inmates who seek treatment by outside physicians or facilities

for conditions that are not within the scope of services provided by the SACDC must make a request for such care to the SACDC physician.

- b. Inmates who seek to donate organs for a specific family member must make a request for such care to the SACDC Physician.
- c. All organ donations will be medically managed at the local hospital.
- d. If either elective procedure or organ donation is approved, the inmate will be responsible for the entire cost; including security supervision. Financial arrangements must be made by the inmate or family prior to any such medical appointment.
(Ref: 5-ALDF-4D-16)

G. End-of-Life and Care for the Terminally Ill:

- 1. If the physician decides a community setting is medically preferable for a Terminally Ill inmate, he/she will recommend to the Detention Chief the inmate's transfer, early release, or activation of other legal resources, as applicable.
- 2. Inmates approaching the end of life will be permitted to execute advance directives including living wills, health care proxies, and "do not resuscitate" (DNR) orders.
 - a) These directives are signed only after the inmate is provided with sufficient and appropriate information to make voluntary, not coerced, and medical information that is complete and comprehensible.
 - b) DNR orders are reviewed by the Medical Director or designee not directly involved in the inmate's treatment. The Detention Chief will forward a copy of the order to the county legal department to review.
 - c) Before a health care proxy or living will is used as the basis for withholding or withdrawing care there is an independent review.
(Ref: NCCHC J-G-11, J-I-04)
- 3. In the event of an inmate death, appropriate personnel will notified. The QI Committee will review the death to determine the appropriateness of clinical care, ascertain whether corrective action in

the policies and procedures is warranted and identified. A death report will be created and provided to the South Carolina Department of Corrections within seventy-two hours of the inmate's death.

(Ref: 5-ALDF-4D-30, NCCHC J-A-10)

4. The HSA will ensure that the inmate's decisions are forwarded to the Medical Director and the Contract Manager who will notify the Majors, Detention Director, and all appropriate federal agencies.

H. Communicable Diseases:

1. The Medical Administration will develop a program to address the management of infectious diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization, treatment, follow-up, isolation, and reporting requirements to applicable local, state, and federal agencies.

(Ref: 5-ALDF-4C-15, NCCHC J-B-01)

2. A multidisciplinary team that includes clinical, security, and administrative representatives, meets at least quarterly to review and discuss communicable disease and infection control activities.

(Ref: 5-ALDF-4D-31, 7D-32)

3. Inmates suspected of having communicable diseases or body insects will be separated from each other and the general population until they are no longer contagious or are transferred or released. During isolation, they will receive necessary medical treatment. A written plan addresses the management of Tuberculosis, HIV infection and Hepatitis A, B, and C.

(Ref: 5-ALDF-4C-16)

4. The disposal of bio-hazardous waste is contracted to an outside company who is required to comply with applicable local, state, and federal regulations.

(Ref: SC Min. 1082, 1091, 5-ALDF-4C-14, 15, 16, 17 18, NCCHC J-B-01-A)

I. Procedures for Storing, Prescribing, and Administering Medications:

Health care staff will adhere to all regulations governing the storage, prescribing, and administering of drugs as established by the South Carolina Department of Health and Environmental Control (DHEC), South Carolina Board of Pharmacy, and The Drug Enforcement Administration (DEA). Medications are only administered by licensed or certified health care staff and training is provided on the procedures.

(Ref: SC Min. 2057, NCCHC J-C-05, 5-ALDF-4C-37, 38)

1. Storage of Medications: All medications are kept under lock and key and stored under the proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security; including maximum security for DEA controlled substances. Records are maintained to ensure adequate control and accountability. If a discrepancy is found the Director of Nursing, Director of Support Services, and the Detention Director, or designee, are notified immediately.
 - a. Adequate supplies of antibiotics and other emergency drugs are maintained for use by the health care staff. Whenever an inmate needs medication that is not available, the pharmacy will be telephoned to obtain the medication.
(Ref: 5-ALDF-4C-38, NCCHC J-D-03)
 - b. Antiseptics, other drugs for external use, and disinfectants are stored separately from internal and injectable medications.
 - c. All outdated or discontinued controlled substances are maintained onsite and destroyed by the consultant pharmacist. Other outdated or discontinued medications will be placed in a box for return to the pharmacy and documented on the Returned Item Record. Once the box is full, a copy of the Returned Item Record will be placed in the box and the box will be sealed and returned.
(Ref: SC 40-43-86(A), NCCHC J-D-01-B, 5-ALDF-4C-37, 38)
2. Prescribing Medication:
 - a. Medications remain under the control of health care staff and are only dispensed in accordance with the order of a Physician, Psychiatrist, Dentist, or other authorized person with designated privileges. Prescribed medications are entered on the inmate's medical records and signed by the attending Physician. Nursing staff maintain a chart of each prescription, date, and inmate's name.
 - b. All medications prescribed by outside practitioners are subject to review by the Physician and his/her subsequent approval.
 - 1.) At the time of arrest, the Intake Nurse will begin the verification of medication to continue as indicated.
 - 2.) The medication is analyzed and used as a tool to assess the inmate's current medical problems.

- 3.) The pharmacy that filled the prescription will be contacted prior to writing a new medication order. If the medication is not for a chronic problem, an exam will be scheduled to determine the need for the medication.
 - 4.) If an inmate cannot wait for new medication to be delivered, the medication will be sourced from the local community. If it is not available and the medication is available in the inmate's property, the medication can be used with the approval of the Health Services Administrator or the Director of Nursing.
(SC Min. 2052(n), 5-ALDF-4C-37, 38, NCCHC J-D-01-D)
- c. Health care staff ensures that all orders for DEA controlled substances, psychotropic drugs, or any other restricted substances are reviewed for abuse and the patient shall be closely monitored.
 - d. Behavior-modifying medications and those subject to abuse will be dispensed only when clinically approved and prescribed therapy. The administration of tranquilizers or behavior-modifying drugs for disciplinary reasons is forbidden, and the long-term use of minor tranquilizers is discouraged.
 - e. Sample medications that are approved by the Medical Director will be stored in a designated location and labeled as samples.
3. Dispensing medications:
 - a. Nursing staff review the medical records of each inmate and prepare the prescriptions for distribution in accordance with the physician's orders and at the prescribed time. Nursing personnel may only administer sample medications that are appropriately dispensed and labeled by a physician.
 - b. Medications are delivered to each housing unit. The nurse will provide the Housing Unit Detention Deputy with a roster of names highlighted for medication pass. Once the medication pass begins the Housing Unit Detention Deputy will remain with the nurse until medications are passed. Medication will not be dispensed without proper identification of the inmate.
 - c. In podular housing units, the deputy will call the inmates that are out for recreation first. Then the deputy will proceed to call

the inmates from the floor that is locked down. No more than three inmates will be called down from a locked floor at one time.

- d. In open bay housing units, the deputy will instruct all inmates to return to their bunks. If inmates are on the telephone or in the shower, they will be permitted to stay in those locations until they are finished and then the inmate must return to their assigned bunk. The televisions will be turned off and the recreation yard will be cleared. Once the inmates are in their assigned bunk, the deputy will call only the inmates scheduled to receive medication to the nurse.
- e. In special management units, the deputy will escort the nurse to the inmate's assigned cell to receive medication if the inmate cannot be out of his or her cell with other inmates.
- f. Inmates must have water when single dose medication is given in pill form. The medication must be taken in the presence of the nurse. After taking the medication, the inmate will open his or her mouth, lift his or her tongue, and then open his or her hands while spreading their fingers to verify the medication was taken.
- g. Detention Deputies will make every attempt to wake up an inmate for them to receive their medication while the nurse is in the unit distributing medication.
- h. Inmates who take medications more than once a day may be authorized to keep his or her medication. "Keep on Person" (KOP) medications are limited to: inhalers, over-the-counter medications, except Benadryl, HIV, dialysis, cream, lotion and antibiotic medications.
 - 1.) Each inmate is issued a KOP Sheet and envelope with his or her name, prescription, dosage and time frames on the outside of the envelope.
 - 2.) Inmates are not given more than twenty-four hours of medications at one time.
 - 3.) It is the inmate's responsibility to maintain possession of the KOP envelope and medications, and to take the medications at the designated time(s).

- 4.) Inmates in the Work Detail Program may receive up to a thirty-day supply of medication. The dosage and start/stop dates will be clearly labeled on the KOP Sheet.
- i. During medication pass in housing units, detention deputies will adhere to the following procedures:
 - 1.) If an inmate does not respond at the time of medication pass is called or is asleep, the Unit Deputy will proceed to the inmate's room/bunk to ensure they are okay and wake them for their medication.
 - 2.) If an inmate refuses to get up and take their medication, the Unit Deputy will witness the refusal sheet by signing where indicated along with the medical staff. The deputy's signature indicates only that they witnessed the inmate refusal and in no way holds them accountable.
 - 3.) If a mental health inmate (Units BMU/SMU) refuses to take their medication, the nurse will make a notation on the refusal sheet of their mental health status and the unit deputy will witness it.
 - 4.) If a deputy refuses to witness any refusal, the medical staff is directed to notate that deputy's name on the refusal sheet and advise their immediate supervisor (Sergeant). Appropriate disciplinary actions may be given.
- j. Health care staff is responsible for notifying the physician of the impending expiration of a drug order for his/her review.
(Ref: SC 40-43-86, 5-ALDF-4C-37, NCCHC J-D-02, J-D-01-C)
- J. Over-the-Counter Medications: Inmates in general population units can purchase limited quantities of over-the-counter medication such as aspirin, Tylenol, antacid tablets, etc., for their personal use through the canteen system.
 1. The quantities and types of medication will be approved by the Detention Director and the Medical Director and are reviewed annually.

2. Any excess medication (of any type) discovered will be considered contraband and confiscated.
3. Inmates housed in special management units, including disciplinary and therapeutic units, will not be authorized to purchase or possess these medications. (Ref: 5-ALDF-4C-38, NCCHC J-D-02)

K. Medical Files:

The physician will ensure that a medical file is created and maintained for each inmate, with an adequate system of recordkeeping to accurately document all health care services provided throughout confinement and ensure rapid access to each inmate's file. Currently, inmate medical files are entered into the EMR. The file is organized with a separate section for each category of record established in accordance with guidelines set by the County Health Department. Patient identification will be on each sheet.

(Ref: 5-ALDF-4D-33, SC Min. 1044)

1. The processing screening will be immediately forwarded to the medical department and a medical file will be created. In addition to the screening, clinical records will be maintained to document the following:
 - a. a record of all encounters, including the date, time, and place, with health care staff, including dental and psychiatric consults and discharge summaries, which is signed and dated by the respective staff members;

Note: The provider's title and signature must be legible. This may be written in ink, typed, or stamped under the signature.
 - b. health-appraisal data forms;

Note: Health appraisal data collection and recording includes: a uniform process as determined by the health authority, health history, vital signs, and all other appraisal data collected by health care staff, a review of the results of the medical examination, tests and identification of problems performed.
 - c. a problem summary list;
 - d. immunization records;
 - e. all findings, diagnoses, treatments, and dispositions;

- f. prescribed medications, diets, and other courses of treatment and their administration, if applicable;
 - g. laboratory, x-ray, and diagnostic studies;
 - h. health service reports;
 - i. individualized treatment plan, when applicable;
 - j. progress reports;
 - k. discharge summaries from any hospitalizations and other termination summaries;
 - l. consent, refusal, and release of information forms; and
 - m. health history gathered from the inmate, prior incarcerations, and forwarded from other locations.
(Ref: 5-ALDF-4C-25, 4D-33, 7D-33)
- 2. All inmate medical records will be considered confidential and separated from all other inmate's records.
 - a. Routine access to medical records will be limited to health care staff that require records for supplying clinical services or to staff performing an investigation of the facility, with the agreement of the physician and the Detention Chief.
(Ref: NCCHC J-H-04)
 - b. Only relevant information is shared when such access is required in the performance of duties.
(Ref: 5-ALDF4D-14)
 - c. With the inmate's written consent, SACDC will provide health care information to community agencies and resources at the time of an inmate's release.
 - d. A non-SACDC physician treating an inmate will have access to the inmate medical records when the SACDC physician believes information contained therein may be relevant to the inmate's health.
(Ref: NCCHC J-H-03, J-H-04-A)
 - e. Medical Records will otherwise be maintained in accordance with SACDC rules relating to security and privacy restriction

and will be retained with the central file after an inmate's release for a time sufficient to allow for treatment continuity.

(Ref: 5-ALDF-4D-13, 15, 35)

Note: HIPAA requires that inmate medical records are confidential, not only does this prohibit anyone not authorized to view these records, but it also insures that all SACDC staff (detention, civilian, or contracted employees) will not discuss any medical records or information with any other individual.

- L. Forensic Information: Health care staff is not involved in the collection of forensic information (e.g. DNA testing) except when:
1. complying with state laws that require blood samples from inmate prior to their release;
 2. conducting blood or urine testing for alcohol or other drugs when done for medical purposes by a physician's order; and/or
 3. conducting inmate-specific, court-ordered laboratory tests, examinations, or radiology procedures complying with state laws.
- (NCCHC J-I-03)