IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

FAVIAN BUSBY, ET AL.,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	**No.: 2:20-CV-02359-SHL**
	)	
FLOYD BONNER, JR., ET AL.,	)	
	)	
Defendants.	)	

DECLARATION OF KIRK FIELDS

In accordance with the provisions of Title 28, United States Code, Section 1746, I the undersigned, Kirk Fields, hereby make the following declaration pertinent to above styled cause of action:

1. I am over eighteen (18) years of age and have personal knowledge of the facts contained herein.
2. I have been employed with Shelby County Sheriff's Office ("SCSO") since 1989. I currently serve in the position of the Chief Jailer.
3. As the Chief Jailer, I am responsible for overseeing operations at the Shelby County Jail, and I am familiar with the efforts taken at the Shelby County Jail to combat and prevent the spread of COVID-19.

Applicable Policies and Standard Operating Procedures

4. As the Chief Jailer, I am also familiar with the SCSO's standard policies and operating procedures concerning "Inmate Medical and Mental Healthcare," "Inmate/Detainee Sick Call," "Inmate/Detainee Grievance Process," "Inmates Medical Rights," "Inmates/Detainees Rights," "Exposure Control Plan Communicable Disease," "Communicable Disease

Response," "Infection Control Program," "Inmate Medical Screening," and "Inmate Clothing, Bedding, Linen Supplies and Hair Care." True and accurate copies of said policies and operating procedures are attached hereto as Exhibit A. Said policies and operating procedures are kept in the regular course of business of the SCSO.

5. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Policy # 838, concerning "Inmate Medical and Mental Healthcare." Said policy's purpose includes, but is not limited to, providing guidelines for inmate/detainees health care and treatment. Per said policy, all inmates/detainees assigned to the Main Jail, Jail East and Juvenile Detention Services are provided routine and emergency medical care and treatment equivalent to that available to other members of the community, consistent with established standards for correctional health care facilities. To that extent, inmates/detainees access to health care, programs, services and activities are not be precluded by their inability to pay for the services. Said policy provides guidance on issues concerning responsibility, assessment protocol, intake screening, intake examination, sick call, special treatment and medication, medical emergencies, medical isolation, infection control, and inmate/detainee medical isolation cleaning, and continuity of care.

6. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Standard Operating Procedure 651, concerning "Inmate/Detainee Sick Call." Said procedure's purpose includes, but is not limited to, establishing guidelines for implementing the inmate/detainee sick call and request for health services on daily basis. Per said procedure, all inmates/detainees, regardless of housing assignment or ability to pay for service, have access to regularly scheduled sick call every day.

7. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Policy # 840,

concerning "Inmate/Detainee Grievance Process." Said policy's purpose includes, but is not limited to, providing procedural guidelines for inmates/detainees to reconcile their complaints arising from facility matters, to reduce the need for litigation and afford staff the opportunity to improve staff and inmate/detainee relations, as well as ensuring that there is an administrative method available for inmates/detainees expressing and seeking resolutions to problems they may encounter while housed in the Shelby County Jail, Jail East, and Juvenile Detention Services. Per said policy, inmates/detainees are encouraged to inform the pod/unit officer or floor sergeant of their complaints prior to filing a line grievance. The pod officer must attempt to resolve complaints in a meaningful manner. If an inmate/detainee does not receive a response from the pod/unit officer within a reasonable time frame or does not agree with the resolution of the complaint, he or she can file a grievance. Grievance Forms are available to every inmate/detainee in their immediate housing area. Inmates/detainees are able to submit line grievances, emergency grievances, confidential grievances, and medical grievances.

8. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Standard Operating Procedure 652, concerning "Inmates Medical Rights." Said procedure's purpose includes, but is not limited to, ensuring that inmates/detainees are informed of their medical rights and know when and how to exercise them.

9. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Policy # 836, concerning "Inmates/Detainees Rights." Said policy's purpose includes, but is not limited to, confirming that the rights of the inmates/detainees or residents, in its custody, will be protected, defined and enforced. Said policy confirms that the right of inmates/detainees to have access to courts will be ensured and provides guidance on issues concerning health care.

10. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Policy # 199, concerning "Exposure Control Plan Communicable Disease." Said policy's purpose includes, but is not limited to, addressing the management of infectious and communicable diseases.

11. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Standard Operating Procedure: 355, concerning "Communicable Disease Response." Said procedure's purpose includes, but is not limited to, establishing a process for quarantining, isolating and/or evacuating inmates in response to an infectious disease outbreak. Said procedure confirms that it is the goal of the Jail Division to minimize risk to the staff and inmates during an outbreak, while at the same time making every effort to provide a safe and secure environment to all persons who may be confined within a contaminated area of the facility. Said procedure provides guidance on issues concerning communication and education, intake and in custody screening and tracking, facility isolation and quarantine areas, and inmate movement.

12. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Standard Operating Procedure: 650, concerning "Infection Control Program." Said procedure's purpose includes, but is not limited to, providing guidelines that will help the healthcare provider maintain an environment that reduces unnecessary exposure to infectious and communicable diseases for inmate/detainees, security personnel, and healthcare staff. Said procedure confirms that the Infection Control Program will follow guidelines and recommendation set by The Centers for Disease and Control (CDC), Occupational Safety and Health Administration (OSHA), and other pertinent entities or documents related to infection control. Said procedure provides guidance on issues concerning safety and sanitation, infection control, communicable disease isolation, and personal protection equipment.

13. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Standard

Operating Procedure: 660, concerning "Inmate Medical Screening." Said procedure's purpose includes, but is not limited to, to ensure the health status of each inmate/detainee has been assessed appropriately, to ensure newly arrived inmates/detainees, including intra-system transfers, are screened to provide continuity of care and to identify inmates/detainees who pose a threat to their own or others' health or safety and may require immediate intervention, and to ensure continuity of care from admission to transfer or discharge from the facility, including referral to community- based providers, when indicated. Said procedure provides guidance on procedural guidelines, receiving screening, inmate screening, intra-transfer inmates/detainees, periodic health assessments, standing orders and nurse assessment protocol, and discharge planning.

14. At all relevant times, SCSO adhered to and trained its personnel on SCSO's Policy # 851, concerning "Inmate Clothing, Bedding, Linen Supplies and Hair Care." Said policy's purpose includes, but is not limited to, ensuring that all inmates be provided adequate clothing, bedding, linen supplies, special clothing and equipment when appropriate, and hair care service. Said policy provides guidance on procedural guidelines, inmate hair care, and inmate medical isolation.

15. Since 2006, Shelby County has contracted with WellPath (formerly Correct Care Solutions) to provide inmate medical care at its corrections facilities, including the Shelby County Jail. WellPath personnel are not employees of the SCSO.

16. The contract with WellPath is administered by the Shelby County Health Department. The Shelby County Health Department assigns full-time on on-site contract monitors at the Shelby County Jail to ensure WellPath meets it contractual obligations and provides appropriate inmate medical care. Per the contract, the Director of Nursing for WellPath oversees all

medical care for SCSO facilities and reports directly to the Shelby County Health Department. Currently, WellPath employs 3 medical doctors, 1 psychiatrist, 3 psychologists, 1 dentist, 2 nurse practitioners, 18 registered nurses, and 35 licensed practice nurses who provide medical care to incarcerated detainees in SCSO facilities.

SCSO's Response to COVID-19

17. In February of 2020, the SCSO began planning and in March of 2020, the SCSO began implementing procedures in addition to its standard operating procedures to combat and prevent the spread of COVID-19 in its facilities, including the Shelby County Jail. Since then, these additional procedures have evolved on an ongoing basis.

18. The SCSO has enhanced its pre-booking screening process for all of its facilities, including the Shelby County Jail. Pursuant to the enhanced screening process, no detainee is allowed inside a SCSO facility without first being questioned and screened by a nurse. As part of the enhanced screening process, the nurse evaluates the detainee and the detainee's body temperature is taken before the detainee is allowed into the facility. If the new arrestee exhibits signs of a fever or other COVID-19 symptoms, he must undergo further testing before being admitted into the facility.

19. Upon entrance of a positive/possible COVID-19 positive detainee, all movement in the intake area must cease. If after testing the inmate, it is determined that he is positive for COVID-19, the inmate must proceed to a separate tent in the Sally-Port for isolation. The tent is staffed with one or more jail staff. All staff in the tent must wear a hazmat suit, gloves, and mask before entering the tent. Officers in the tent then undertake initial intake/processing of the COVID-19 positive inmate, ensuring that the inmate remains isolated from all other staff and detainees. Medical staff must also make a determination as to whether the inmate should be

hospitalized. If medical staff determine the inmate should not be hospitalized, upon completion of the booking process, the inmate is escorted by staff to an isolation cell away from any other inmates or staff members. Contact between any known COVID-19 positive detainee and other inmates is strictly prohibited. When leaving the Processing staff must take off the Hazmat suit, gloves and mask that was used to process the inmate to the items can be properly disposed of.

20. Upon intake, all inmates are immediately provided a facial mask free of charge and are instructed to wear the mask while in the facility. Upon intake, inmates are also instructed on general CDC guidelines concerning social distancing and other best practices to prevent the spread of COVID-19.

21. Any inmates who test positive for COVID-19 are immediately isolated from all other detainees and housed in a medical cell. Other inmates exposed to an inmate who tests positive for COVID-19 are also immediately quarantined. Inmates remain in isolation for at least 21-days, if not longer, depending upon their symptoms and whether they continue to test positive for COVID-19.

22. To reinforce the exercise of best practices to prevent and/or mitigate the spread of COVID-19, CDC guidance posters are posted throughout the Shelby County Jail for inmates to familiarize themselves with. A copy of the guidance poster posted throughout the Shelby County Jail is attached as Exhibit B. These posters provide inmates guidance on best practices to mitigate the spread of COVID-19. Additionally, two times a day, the SCSO televises an informative video on all televisions throughout the jail which similarly provide inmates information on preventing and mitigating the spread of COVID-19. Televisions are located throughout all of the pods in the Shelby County Jail.

23. To further combat COVID-19, the SCSO has also limited movement throughout the jail and

prohibited group gatherings. For example, inmates must generally remain in their own housing unit at all times and cannot generally traverse to and from different areas of the jail.

24. The SCSO has also taken steps to prevent the spread of COVID-19 by or through its staff. The SCSO has directed its employees to comply with all CDC guidelines concerning combating and preventing COVID-19, including directing staff to practice social distancing by remaining 6 feet apart from other people at all possible times and to wash and sanitize their hands regularly. The SCSO strictly prohibits any staff members exhibiting symptoms of COVID-19 from coming to work or entering the facility. The SCSO has furthermore strongly discouraged employees from nonessential and personal travel and has set a moratorium on all vacation requests and approvals for out-of-town travel purposes until at least May 31, 2020. Additionally, since March 16, 2020, SCSO employees have only been allowed to access the facility through the main entrance of the jail and are no longer allowed to enter the facility through the annex door. All employees must undergo a medical screening every day prior to entering the facility. If an employee exhibits any COVID-19 symptoms, they are prohibited from entering the facility. SCSO has also restricted access in and out of the facility to all employees except for member of management with the Jail Division.

25. The SCSO has taken further steps to prohibit non-SCSO employees from entering the Shelby County Jail. Since March 27, 2020, the SCSO has suspended all in-person visitations. Since then, no in-person visitations have been allowed in the Shelby County Jail. Likewise, jail volunteers are no longer allowed access and attorneys who wish to visit with their clients in the Shelby County Jail must do so via phone, teleconference, or video conference. The SCSO has also suspended all non-essential vendors from coming into the jail except in emergency situations and has limited commissary deliveries to only one day per week.

26. The SCSO requires all individuals in the Shelby County Jail, including employees and inmates, to wear a facial mask at all times. Any staff who fail to follow said directive are subject to disciplinary action and anyone who is not an employee who refuses to wear a facial mask is denied entry into the facility. Jail staff who observe an inmate not properly wearing a mask, immediately instruct the inmate to put his facial mask on.

27. Per the general operating policies and procedures, all inmates have access to medical care and can request medical care at any time. In light of COVID-19, inmates are not charged for medical examination if they raise concerns that they are suffering from COVID-related symptoms.

28. In further efforts to combat and prevent the spread of COVID-19, the SCSO has also implemented more aggressive cleaning of the entire jail facility. On a daily basis, officers disinfect every surface throughout the jail with BioVex. The walking tunnel from the jail to the courtrooms are also thoroughly cleaned and disinfected on a daily basis. Additionally, cleaning supplies are provided for inmates to utilize prior to the use of phones, kiosks, and showers. All inmate facial masks are disinfected with BioVex every day immediately after lockdown, and at least once a week, the masks are also thoroughly washed by laundry staff.

29. The SCSO provides all inmates access to hand soap and other hygiene products free of charge. An inmate may ask any jail officer for more soap or hygiene products at any time, and it is immediately provided to the inmate.

30. The Shelby County Jail also provides inmates access to disposable gloves in further effort to prevent the spread of COVID-19.

31. If there is reason to believe a group of detainees in a pod might have been exposed to COVID-19, the Shelby County Jail will place entire pod on quarantine. Inmates in a quarantined pod

cannot leave the pod or traverse through other areas of the facility. Medical staff at the jail regularly monitor and take the bodily temperatures of all such quarantined detainees multiple times a day. Quarantined pods remain on quarantine for a minimum of 14 days and until medical staff determine that is reasonably safe to take the pod off of quarantine.

32. In implementing procedures to combat and prevent the spread of COVID-19, the MCSO has worked closely with its medical contract partner, WellPath, as well as the Shelby County Health Department. The senior leadership in the SCSO, Shelby County Health Department, and WellPath meet two times per week to obtain updates concerning the COVID-19 pandemic as it relates specifically to the SCSO's correctional facilities and to discuss what further steps, if any, the SCSO can take to prevent the spread of COVID-19. In addition to the procedures implemented as set forth in this declaration, the SCSO has also implemented and follows specific guidelines and procedures recommended by WellPath, to assist in preparing for spread and mitigation of COVID-19 in the facility. A copy of those procedures is attached as Exhibit C.

Efforts to Reduce Jail Population

33. The maximum capacity of the Shelby County Jail is 2,800.

34. The SCSO detains criminal defendants as ordered by Tennessee Criminal and General Sessions Judges. Thus, the SCSO cannot control the total number of detainees who are housed in the Shelby County Jail.

35. Notwithstanding, the SCSO has worked with the local district attorneys' office and the local public defender's office to lower the jail population. Even before the COVID-19 pandemic, Sheriff Bonner hired Mischelle Best to serve as the SCSO's Expeditor. In her position as Expeditor, Ms. Best works with inmates, prosecutors, public defenders, and other outside services to identify detainees with minor charges and to expedite having their cases heard

and/or resolved. Daily, she focuses on people with minor charges as well as people with medical issues who would be better served outside of a Jail setting and works towards having said individuals' cases heard/resolved quickly.

36. Since the COVID-19 pandemic began, the SCSO has increased its efforts to reduce the jail population. During the pandemic, the SCSO has coordinated with law enforcement agencies and requested that, in light of COVID-19, they issue misdemeanor summonses instead of making physical arrests, when possible. The SCSO has received tremendous cooperation from those agencies in acquiescing with said request. Additionally, the SCSO, the District Attorney's Office, the Public Defender's Office and other agencies, have worked together in accelerating the cases for detainees with serious medical issues, that are 60 years and older, those with misdemeanor or Level D & E felonies in an effort to get those detainees out of jail quickly. The local District Attorney General has aggressively worked towards bringing those criminal cases to a resolution to obtain the release of even more detainees.

37. As a result of the SCSO's and other agencies' efforts, the jail population in the Shelby County Jail has significantly declined since the initial COVID-19 outbreak. On January 1, 2020, the population at the Shelby County Jail was over 2,500. On April 1, 2020, the population of the Shelby County Jail was 2095. As of today, the population at the Shelby County Jail has decreased to 1877.

Current COVID-19 Statistics

38. Since March, one hundred sixty (160) inmates at the Shelby County Jail have tested positive for COVID-19. One hundred fifty-four (154) of those inmates have fully recovered.

39. The Shelby County Jail currently has only four (4) detainees who are medically isolated from all other detainees while they recover from the virus. None of those four (4) detainees require

hospitalization.

40. There are no known COVID-19 positive cases at the Jail East facility or Juvenile Court Detention Center.

Status of Favian Busby and Michael Edgington

41. I am familiar with both Favian Busby and Michael Edgington, their current statuses in the Shelby County Jail, and their current cell assignments. I have reviewed both of their inmate files.

42. Edgington is being detained on two (2) Class A felony charges involving conspiracy to manufacture/deliver/sell controlled substance (cocaine) and trafficking high amounts of cocaine. Due to his higher classification, which is based upon a host of factors, including but not limited to his pending charges, Edgington is currently housed on the third floor of the facility. Edgington's assigned pod has the capacity to house forty-three (43) individuals. Thirty-eight (38) individuals are currently housed in said pod. No individual housed within Edgington's assigned pod has tested positive for COVID-19. Edgington does not have an assigned cell mate currently. Laundry services are available to the individuals assigned within Edgington's assigned pod at least two (2) times per week.

43. Busby is being detained on numerous criminal charges involving manufacture/delivery/sale of cocaine, ecstasy, methamphetamine, oxycodone, alprazolam, marijuana, and other controlled substances and being a felon in possession of a firearm. Due to his classification, which is based upon a host of factors, including but not limited to his pending charges, Busby is currently assigned to a pod in the Jail Annex. Busby's assigned pod has the capacity to house sixty-two (62) individuals. Forty-one (41) individuals are currently housed in said pod. Busby is assigned to a single-man cell, and thus, Busby does not have an assigned cell mate. Busby

has access to a washer, dryer, and gym within his pod, and thus, he is capable of laundering his personal items at his discretion. Busby has been offered a COVID-19 test, but Busby refused the test.

Certification and Accreditation of the Jail

44. At all times relevant the Shelby County Jail maintained certification by the Tennessee Corrections Institute and maintained accreditation by the American Correctional Association and the National Commission on Correctional Health Care.

END OF STATEMENT.

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I declare under penalty of perjury that the foregoing is true and correct.

Executed this the 26 day of May, 2020.

KIRK FIELDS, *Chief Jailer*
Shelby County Sheriff's Office

EXHIBIT "A"

RE: INMATE MEDICAL AND MENTAL HEALTHCARE	
POLICY # 838	EFFECTIVE DATE: 09-02-01
SUPERCEDES:	NEXT ANNUAL REVIEW DUE: 8-2020
DISTRIBUTION: ALL PERSONNEL	REVISED: 10-20-04, 11-18-05, 12-30-10, 12-13-11, 09-20-12, 02-18-14, 06-02-17, 10-02-18, 09-24-19
REFERENCES: CALEA:	CROSS REFERENCE:
REFERENCES: ACA: 4-ALDF- 4C-03, 04, 13, 14, 20, 22, 24, 26, 40, 4D-01, 08, 13, 14, 15, 16, 21, 6A-09, 7D-25, 26, JDF-03, 11, 21, 21-1, 22, 24, 25, 26, 27, 33-1, 32, 37, 42, 47, 48	Correct Care Solution Policy J-A-04 Jail SOP #847 Intake Processing, #603 Disposal of Solid, Liquid and Toxic Waste.
Bulletin:	Forms: 838.10 Inmate Health Service Request Form

838.00 POLICY AND PURPOSE

A. The purpose of this policy is to provide guidelines for inmate/detainees health care and treatment.

B. It is the policy of the Shelby County Sheriff Office (SCSO) that all inmates/detainees assigned to the Main Jail, Jail East and Juvenile Detention Services will be provided routine and emergency medical care and treatment equivalent to that available to other members of the community, consistent with established standards for correctional health care facilities.

C. Inmates/Detainees access to health care, programs, services and activities will not be precluded by their inability to pay for the services. **(4-ALDF-6A-09)**

D. To review, comprehend and move forward with medical isolation policy/practices as revised by (SCSO).

838.01 APPLICABILITY

This policy and procedure applies to all SCSO Jail personnel and inmates/detainees.

838.02 DISTRIBUTION

This policy will be distributed to each department head and on the SCSO Learning Management System (LMS). This policy will be reviewed annually and updated as needed.

838.03 DEFINITIONS

A. Ectoparasite - a parasite that lives on the surface of the body. Ectoparasite gain nourishment from the skin of the organism on which they live or by sucking out the blood. Ectoparasite includes ticks, mites, lice and various types of fungus.

B. Health Service Administrator - The healthcare providers' staff member who is responsible for arranging all levels of healthcare and providing quality accessible health services to inmates/detainees.

C. **Indigence**- An individual with no funds or source of income.

D. **Medical Director** -The healthcare providers contracted physician in charge of medical services who makes all medical decisions.

E. **Medical Staff** – Registered Nurses (RN's), Licensed Practicing Nurses (LPN's), and other trained medical staff subject to the direction of the Medical Director.

F. **Pediculosis** - Lice

G. **Responsible Health Authority**- a contracted medical provider supervised by the Memphis and Shelby County Health Department and Shelby County Government, designated to deliver health care services to the Shelby County Sheriff's Office Jail Division, Jail East and Juvenile Detention Services.

H. **Shift Commander** - The Jail Command staff that is in charge of the operations of a specific shift. The designated persons are Chief Inspectors, Shift Captains, Shift Lieutenants or designees.

838.04 RESPONSIBILITY

A. The medical, dental and mental healthcare of inmates/detainees at the Shelby County Jail, Jail East and Juvenile Detention Services will be monitored by the Memphis and Shelby County Health Department but provided through qualified, professional, contracted medical staff.

B. The health authority will conduct quarterly meetings between health services staff and the institution administration and submits quarterly reports. The report address topics such as the effectiveness of the health care, a description of any environmental factors that need improvement, changes effected since the last reporting period and if needed, recommended corrective actions. The health authority will immediately reports any condition that poses a danger to staff or inmate/detainee health and safety to their agency, the Jail and Medical Directors. **(4-ALDF-7D-25) (3-JDF-4C-03)**

C. The health authority will prepare Quarterly statistical reports and include, at a minimum, the use of health care services by category; referrals to specialist; prescriptions written; laboratory and X-ray tests completed; infirmary admissions, if applicable; on-site or off site hospital admissions; serious injuries or illnesses; deaths; and off-site transports. Reports will be submitted to and reviewed by the health authority and the facility. **(4-ALDF-7D-26)**

D. The Medical Staff will give inmates/detainees detailed information in order for them to give informed consent before initiation of a treatment, examination or procedure.

E. Contracted provider of medical services will adopt policy-specified practice of "daily" Assessment and re-education of all inmates/detainees initially who refuse TB screening.

838.05 ASSESSMENT PROTOCOL

A. All treatment by health care workers other than physicians, dentists, psychologists, optometrists, podiatrists, or other independent providers are provided pursuant to written standards or direct orders by personnel authorized by law to give such orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations. **(3-JDF-4C-11)**

B. Health assessment of each inmate/detainee, excluding intra-system transfers, will be completed within fourteen (14) days after arrival at the facility and approved by the Medical Director. If there is documented evidence of a health appraisal within the previous ninety (90) days, a new health appraisal is not required except as determined by the designated health authority.

Health appraisal includes the following:

1. review of the earlier receiving screening.
2. collection of additional data to complete the medical, dental, mental health and immunization histories.
3. laboratory and /or diagnostic test to detect communicable disease, including venereal disease and tuberculosis.
4. recording of height, weight, pulse, blood pressure and temperature other test and examinations as approved.
5. medical examination including review of mental and dental status.
6. review the results of the medical examination test and identification of problems by a physician or other qualified health care personnel.
7. development and implementation of treatment plan, including recommendations concerning housing, job assignment and program participation. **(4-ALDF-4C-24) (3-JDF-4C-24)**

C. All inmate/detainee health care and treatment will be administered as directed by medical staff. Non-medical staff will neither initiate, delay nor deny medical treatment unless directed by the medical care professional.

D. Medical Care Providers will schedule routine and emergency medical care of inmates/detainees outside the Main Jail, Jail East and Juvenile Detention Services.

E. Emergency first aid, including CPR, may be initiated by non-medical staff trained in emergency first aid procedures. Trained medical personnel will respond to all medical emergencies within four (4) minutes. This is initiated by Jail/ Juvenile Detention Services Main Control's announcement of a "Code White". **(4-ALDF-4D-09) (3-JDF-4C-27)**

F. Jail/JDS security staff may assist the medical staff, during medical emergencies, in providing inmate/detainees movement and/or lifting at the request of the medical care professional.

838.06 MEDICAL RESEARCH INVOLVING INMATES/DETAINEES; INMATE TO INMATE/DETAINEE TO DETAINEE TREATMENT PROHIBITED

A. Inmates/Detainees will not perform inmate/detainee health care services; schedule medical treatment appointments; have access to medication, medical supplies/equipment or health records.

B. Inmates/Detainees will not be used as subjects for biomedical, chemical or behavioral research at the Jail/ Juvenile Detention Services. Collection of aggregated data and reporting of information will be permitted with the written approval of the Chief Jailer the Medical Director and the Health Department Director.

838.07 MEDICAL RESTRAINTS

A. The use of restraints on inmates medical or psychiatric purpose will comply with all conditions and provisions outlined in Policy 806 – Jail Use of Force/Chemical Agents/ Restraints/Policy 362- Juvenile Detention Services including:

1. conditions under which restraints may be applied
2. types of restraints to be applied
3. identification of a qualified medical or mental health professional who may authorize the use of restraints after reaching the conclusion that less intrusive measures are not successful monitoring procedures
4. monitoring procedures
5. length of time restraints are to be applied
6. documentation of efforts for less restrictive treatment alternatives as soon as possible
7. an after-incident review **(4-ALDF-4D-21) (3-JDF-4C-33-1)**

B. If a need for the use of restraints is anticipated by correctional staff, the medical staff and shift commander must be notified. The Shift Commander may implement a planned of force.

C. Medical staff will monitor the inmate/detainee every fifteen (15) minutes to ensure that no physical harm occurs as a result of the restraints. Inmates/Detainees may not remain in restraints for more than two (2) continuous hours.

838.08 INTAKE SCREENING

A. All arrestees received at the Main Jail, Jail East, and Juvenile Detention Services will be visually screened by Intake medical staff for obvious wounds, evidence of a serious illness, consciousness, inability to stand without assistance, extreme agitation or irritability or incoherence, dog bite and if the inmate has recently been Tased.

B. Arrestees displaying the above conditions, among other unusual conditions noted by Intake medical staff, will be rejected and refused admission into the facility.

C. Arresting officers will be directed by Intake screening medical staff to transport the rejected arrestees to the appropriate hospital for examination and treatment. Arrestees referred for additional treatment will not be accepted into the facility without a written medical release from the emergency room and/or hospital. Federal law requires hospitals to provide this documentation, even if the prisoner refuses treatment. 42 U.S.C. § 1395dd, the Federal Emergency Medical Treatment and Active Labor Act **(Patient Anti-Dumping Law).**

D. The medical screening staff will inquire of the arresting officer if the Crisis Intervention Team had to be called to the scene of the arrest.

E. Intake medical staff will ask the arresting officer if the arrest occurred at a medical facility, hospital or nursing home. Medical staff will respond appropriately to officer's answers.

838.09 INTAKE EXAMINATION

A. Intake process for all Jail/JDS inmates/detainees will include a physical assessment and mental health screening by designated medical staff following guidelines established by a physician.

B. The examination will include:

1. an inquiry into current illnesses and health problems, including those specific to women;

2. an inquiry into medication taken and other special health requests;

3. a review of vital signs and screening for any observable health problems and chemical dependency;

4. behavioral observations as to state of consciousness and mental health status;

5. notation of deformities, trauma, bruises, lesions, jaundice, or restrictions of movement;

6. notation of rashes, infestations, and skin and body orifice abnormalities; and

7. infection control evaluation;

8. review of any previous med alerts noted in the county system. **(3-JDF-4C-21)**

C. Emergency medical or mental health conditions noted during the intake examination will be immediately referred to qualified medical staff.

D. Inmates/Detainees identified as having "special needs" related to mental disorders, limited cognitive functioning or significant psychological distress will be referred for mental health follow-up.

E. Inmates/Detainees identified as having any medical special needs will be reported to the Director of Nursing (DON). These inmates/detainees will be added to the special needs list which is shared with designated county and medical employees in an effort to provide

multidisciplinary care and safety.

F. Any medication in the possession of any arrestee admitted to the Jail/JDS will be taken at Intake and referred to medical staff during the Intake examination.

G. Under no circumstance will an inmate/detainee bypass the medical Intake process unless he/she is being released and signs the waiver to be screened.

838.10 SICK CALL

A. Sick Call

1. There will be Sick Call seven (7) days a week (including holidays) for all Jail/JDS inmates/detainees assigned to permanent housing. Inmates will put their request for medical attention in the Kiosk machine provided in the pods of general population. Inmates in Special Housing Management Units will manually submit their request using the process below and so will inmates in general housing if the Kiosk becomes inoperable. The medical staff will respond to all sick call requests within twenty-four (24) hours.

2. The Sick Call will be conducted on the (housing units) Security Floors. Inmates/Detainees will receive health education and self-care instructions during sick call encounters. Verbal instructions will be provided to the inmate/detainee; written instructions may supplement verbal instructions.

3. Inmates/Detainees Sick Call Request Forms will be placed in all housing units. Inmates may complete the Inmate Health Service request form 838.10 and place the original and one copy in the Medical box located in each pod. The inmate should retain the pink copy for his/her records. * For JDS a single copy will be completed and the detainee will receive a copy of the completed form. Sick call forms will be picked up daily by medical staff, taken back to the Medical Unit, and triaged by a registered nurse within twenty-four (24) hours. Disposition of sick call forms will be made within the following twenty-four (24) hours excluding weekends and holidays. Inmates/Detainees will be seen by the medical professional within twenty-four (24) hours, if required after request has been triaged, excluding weekends and holidays.

4. Inmates/Detainees signed up for Sick Call will be seen individually and privately.

5. Medical Staff conducting Sick Call will note each inmate/detainee seen on the Sick Call Log. Sick Call Logs will be retained as a record of services and treatment provided.

6. Inmates/Detainees referred for further care shall have documentation consistent with current medical/nursing practices.

B. Additional Examinations

1. Additional examinations, including those by jail/detention physicians, mental health specialists, and outpatient clinics, will be scheduled by medical staff as necessary.

2. The Transportation supervisor will ensure that inmates/detainees are moved or transported, as necessary, for scheduled examinations and treatment outside of the facility. Appointments scheduled will be provided at least one (1) day in advance to jail personnel, except in emergency situations.

3. Inmates/Detainees will not be informed of scheduled medical appointments outside the facilities.

C. Nonscheduled Referrals

1. The Pod/Unit Officer can make requests for non-scheduled referrals to medical.

2. Medical staff will determine if the referral warrants immediate or routine sick call treatment and inform security staff.

3. The health authority determines the conditions for periodic health examinations for inmates. **(4-ALDF4C-26)**

838.11 DENTAL TREATMENT

A. A licensed dentist will provide dental services to treat pain including extractions.

B. A Physician or Dentist will determine the extent of dental treatment needed.

C. Inmates/Detainees will be seen by a Physician or Dentist within twenty-four (24) hours if required excluding weekends or holidays.

D. Jail/Detention inmates/detainees will gain access to dental examination through the regular Sick Call procedures.

E. Inmates/Detainees will be seen based on their medical need. Emergency dental services will be provided for those with emergency medical needs.

F. Inmates/Detainees may be transferred to an outside facility for dental treatment.
(4-ALDF-4C-20) (3-JDF-4C-25)

838.12 SPECIAL TREATMENT AND MEDICATION

A. Special Treatment

1. The contracted medical provider will provide brief education and single-page educational material for Security regarding prompt notification to medical of any inmate/detainee displaying signs of TB regardless to housing location.

2. The Shift Commander will be notified regarding inmates who are diagnosed as having psychiatric illnesses by the responsible physician or their designee before placement as follows:

- Housing assignments
- Program assignments
- Disciplinary measures
- Transfers in and out of the facility

3. Inmates experiencing severe, life-threatening intoxication or withdrawals will be housed in the Detox pod and may be transferred to a community hospital.

4. A qualified member of the medical staff will access an inmate at risk of progression to a more serious level of withdrawal.

5. Inmates/Detainees with Alcohol or other Drug Problems will be assessed by a physician or Mental Health Staff member and referred to institutional programs, if available.

6. To the extent possible, all inmates receiving special medical treatment will be housed on the Jail's Second (2nd) Floor.

7. If space is not available for all inmates receiving special medical treatment to be housed on the Second Floor, overflow pods will be created on various floors to accommodate the medical needs.

8. Prosthesis, orthosis such as artificial limbs, dental plates, and required braces will be available to the inmate/detainee by a physician or dentist's order when health would be adversely affected without the prosthesis/orthosis. **(3-JDF-4C-32)**

B. Medications

1. There will be strict control of all medications issued to inmates/detainees.

2. All prescription medication will be given only on the written orders of a physician, or designee, consistent with current standards of care in correctional facilities.

3. All prescription medication will be kept in a secured room within the Jail's/Detention's Medical Administrative Area.

4. All prescription medication dispensed to the inmate for "Keep On Person", will be directly monitored by the inmate's pod officer. In the "Keep on Person Program" the inmate is given a blister pack of medicine that he/she is responsible for administering to themselves. This program is monitored by security and medical staff

5. Dispensing medical staff will keep records of all dispensed prescription medication.

6. When the medical staff arrives to open housing units, security staff will be notified and inmates/detainees receiving medication are called. The medical staff will check the inmate/detainee armband and put his/her medicine in drinking water they provide, before the medication is given. Security and medical staff will instruct the

inmate/detainee to lift his/her tongue after taking the medicine to ensure that it was swallowed.

7. Inmates receiving medication in segregation units are to be locked down in their cells before medical staff enters the units. The medical staff and security officer will approach the cell of inmates receiving medication and check their armband for proper identification. Inmates are then given their medication in the presence of medical and security staff.

8. Psychotropic drugs, such as antipsychotics, antidepressants, and drugs requiring parental consideration are prescribed only by a physician and mental healthcare provider. Psychotropic prescription will be followed by regular examination of the inmate/detainee by the mental healthcare provider. These and no other drugs are not a part of the "Keep On Person" program.

838.13 CONFIDENTIALITY OF MEDICAL RECORDS

A. Inmate/Detainee medical records will be maintained under secure conditions and separately from confinement records consistent with applicable local, state and federal laws. **(3-JDF-4C-47) (4-ALDF-4D-13)**

B. Health Services Administrator will share information with institutional administration, on a "need to know" basis, regarding an inmate's medical management and ability to participate in programs. **(4-ALDF-4D-14)**

C. All examinations, treatments, and procedures affected by informed consent standards in the community are likewise observed for inmate/detainee care. In the case of minors, the informed consent of parent, guardian, or legal custodian applies when required by law. In accordance with law, health care may be rendered against an inmate's/detainee's will. **(4-ALDF-4D-15) (3-JDF-4C-42)**

D. Healthcare staff will obtain consent to release medical record information by having the inmate complete the health providers Release of Information Authorization form.

E. Inmate medical records will be maintained on each inmate will include all medical orders issued by medical staff and maintained for at least five (5) years after the inmate is released.

F. When possible, the inmate's/detainee's medical records will include name and telephone number of emergency contacts.

G. Summary of the Medical Records will be sent when an inmate/detainee is transferred to another correctional institution in a manner to minimize risk of unauthorized access. **(3-JDF-4C-48)**

H. Off-site medical providers will be given a completed consultation when required to treat SCSO inmates.

838.14 MEDICAL EMERGENCIES

A. Trained and qualified medical staff will be on-duty at the Jail/Detention twenty-four (24) hours a day to provide initial response to medical emergencies.

B. Medical staff will respond to all Code White (medical emergencies) announcements by the security staff in the main control center via the Public Announcement System. Designated medical staff will obtain the first responder's equipment and report to the scene of the incident.

C. If responding to a life threatening situation medical staff will implement life-support measures (CPR) and request Jail/Detention security staff to call local Emergency Medical (e.g., 911) immediately.

D. If On-duty medical staff is unable to handle a medical emergency, they will arrange for additional services, which may include response by Emergency Medical Technicians, ambulance transport, and Hospital Emergency Room treatment.

E. Jail/Detention Security staff will assist, as much as possible, in expediting all required actions to deal with a medical emergency.

F. Jail/Detention medical staff will respond to all requests for medical assistance from the courts involving inmates or detainees. **(3-JDF-4C-26)**

838.15 MEDICAL ISOLATION

A. Jail/Detention inmates/detainees suffering from a communicable disease will be housed separately from other inmates/detainees. Medical staff will determine the type and severity of the contagious disease and the required level of isolation. **(4-ALDF-4C-22)**

B. If an inmate/detainee in medical isolation is scheduled for a Court appearance, medical staff will be advised.

C. Inmates/Detainees in medical isolation will only be released from that status by a qualified medical professional. If an inmate/detainee in medical isolation is required to be escorted to an outside treatment facility, escorting staff will utilize all safety procedures, including plastic gloves and approved facemasks. See Section 838.17 "C")

838.16 SUICIDE

A. Inmates/Detainees who demonstrate a desire to harm themselves shall be referred to the mental health professional immediately.

B. Upon the orders of the mental health professional, inmates/detainees on suicide precautions will be placed in the special needs management housing unit or cells.

C. All inmates/detainees classified to be housed on suicide precaution shall be issued a quilted "suicide smock". These smocks will be exchanged with the laundry department on a weekly schedule with a clean smock unless conditions warrant a more frequent exchange.

D. All suicide precaution housing units/cells will operate according to Jail standard operating procedures #653 Inmate Suicide Prevention Plan and #335 Special Needs Segregation.

E. Inmates will be removed from the special housing unit only at the direction of the mental health provider.

838.17 INFECTION CONTROL AND UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS

A. Due to the serious nature, methods of transmission and public sensitivity, infectious diseases such as hepatitis B, AIDS, and tuberculosis require special attention. The Shelby County Jail/Detention works with responsible health authorities to remain current on new information as it becomes available and in establishing polices and procedures that include the following:

1. Ongoing education program for staff and inmates/detainees;

2. Control, treatment and prevention strategies that may include screening and testing, special supervision and/or special housing arrangements, as appropriate;

3. Protection of an individual's confidentiality; and

4. Media relations. **(4-ALDF-4C-14) (3-JDF-4C-37)**

B. Any Jail/Detention inmate/detainee manifesting symptoms of an infection or indicating to medical staff the possibility of exposure to an infectious disease will be tested and treated accordingly.

C. All staff will follow guidelines for infection control precautions as recommended by the OSHA Standards on Bloodborne Pathogens. A copy of these standards will be available in the Medical Director's office. Universal blood and body fluid precautions should always be observed and followed:

1. Blood and body fluid precautions should be consistently used for all arrestees and inmates. An approach referred to as "Universal Blood and Body Fluid Precautions" should be used in the care of all patients.

2. The increasing prevalence of HIV and HBV in our community increases the risk of exposure to body fluids from persons infected with HIV and HBV therefore, all blood and body fluids are to be handled as if they are infectious.

a. Blood and body fluids are defined as blood, serum, vaginal secretions, and seminal secretions.

b. Urine, feces, sputum, vomitus, saliva and mucous are considered infectious if **blood is visibly present.**

c. All SCSO personnel shall use appropriate barrier precautions to prevent skin and mucous membrane exposure. Medical Employees who have exposed, oozing lesions or weeping dermatitis must be referred to Employee Health

3. Equipment:

   Barrier methods such as gloves, gowns, eyewear and masks, must be worn when performing any examinations and/or procedure where secretions, blood or body fluids are likely to soil clothing, skin or splash in face.

4. Procedure:

   a. Gloves shall be worn before touching any blood and body fluids, mucous membranes or non-intact skin of all patients and employees, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. **GLOVES SHALL BE CHANGED AFTER CONTACT WITH EACH PATIENT OR MEDICAL PROCEDURE.**

   b. Some procedures for which gloves shall be worn:

      i Phlebotomy procedures (venipuncture, heel and finger sticks etc.)
      ii Performing laboratory evaluations and interpretations
      iii Assisting in physical handling of an individual who has collapsed for unknown reasons including effect from illicit drugs.
      iv. During all dental procedures.
      v. Performing any physical examination which allows contact with any body fluid secretions or mucous membranes (rectal, genital, etc.)
      vi. Cleaning spills
      vii. Manipulating any trash
      viii. Housekeeping duties
      ix. All other procedures as deemed necessary by the Healthcare provider.

5. Masks and protective eyewear or face shields shall be worn during dental or laboratory procedures or performing any task that is likely to produce splash or generate droplets and/or aerosolization of blood or body fluids, to prevent exposure of mucous membranes of the mouth, nose, and eyes.

6. Hands and/or other skin surfaces must be washed immediately if contaminated with blood or other body fluids and after gloves are removed using the 20-second friction scrub process.

7. Used needles and all other sharps must be disposed of in red puncture resistant sharps containers only. (They are not to be recapped, bent or broken.) Refer to Standard Operating Procedure (SOP) 603 – Disposal of Solid, Liquid and Toxic Waste.

8. All soiled articles specified as "infectious waste" must be disposed of in orange biohazard bags as outlined in SOP 603.

9. Specimen transport from clinic to laboratory:

a. Specimen will be transported in an appropriate container with secure lids to prevent leakage.

b. Filled containers are to be cleaned on the outside with 1:10 dilution of household bleach and water or Viovex solution if the outside has been contaminated with blood or body fluid. Specimens with visible soil on outside of the container may be refused by the laboratory.

c. All containers with specimens must be placed in the approved plastic ziplock-type bags for transport to the lab.

10. Mouthpieces and resuscitation bags must be used in situations that may require an inmate to be resuscitated. Portable pocket masks shall be carried by SCSO Jail staff.

D. It is the responsibility of each Health Care Providers to comply fully with the Tennessee Department of Health Rules as it relates with the Policy for Preventing Transmission of Certain Sexually Transmitted Disease (Human Immunodeficiency Virus [HIV] and Hepatitis B Virus [HBV] to Patients through Medical and Dental Procedures (New Rules, Chapter 1200-14-3-.01 through .03).

E. The Tennessee Department of Health HIV-HBV Confidential Expert Review Panel will convene, should an infected healthcare provider request advice and guidelines for assuring patient safety when administering health care services.

D. Any Jail/Detention inmate/detainee requesting testing for an infectious disease will be tested and treated if necessary.

E. All inmates/detainees entering into the Jail/Detention will be tested for Tuberculosis (TB) on the 7-9th day of incarceration using the following procedures:

1. The BI/Query program will be used to generate a list of all inmates booked into the jail the previous ten days. This list will be divided by floor and pods.

2. Copies of the list will be distributed to the hall security or pod officer on all floors. Testing of inmates will occur in an area designated by the floor Sergeant.

3. Medical personnel will read the test results within 48-72 hours of implanting of the TB medication. Results of testing will be entered into the inmates Offender Management System medical history,

4. Inmates/Detainees, who are HIV positive, pregnant, have end stage renal disease or fall into the category of juvenile, will be tested upon admission to the facility.

5. Inmates/Detainees who are HIV positive will not be segregated from general population inmates/detainees unless ordered by medical professional. In accordance with the community standards of care, confidentiality regarding the HIV/AIDS status of an inmate will be maintained.

6. Education programs will be offered to the healthcare, correctional staff and inmates/detainees regarding appropriate protection and other information regarding the disease.

838.18 ECTOPARASITE (EXTERNAL PARASITES) CONTROL

A. It is necessary to treat ectoparasites in an effort to prevent spreading in the facility.

B. Inmates/Detainees will be screened for ectoparasites at the time of admission.

C. Treatment will be carried out on an individual basis as ordered by the physician.

D. Treatment will not be initiated on female inmates/detainees until pregnancy is ruled out.

E. Inmates/Detainees will be provided with healthcare education material about pediculosis (lice), when indicated.

F. If infestation is present the following procedures will be followed:

1. During Intake processing, the inmate/detainee will be immediately referred to the medical department for appropriate treatment.

2. Material on Health Education regarding "Crabs" (Pediculosis or Lice) will be kept in the Medical Department and reviewed with the inmate/detainee.

3. Personal clothing of contaminated inmates/detainee will either be sprayed with appropriate insecticide or placed in a closed plastic bag or dry cleaned.

4. An inmate/detainee treated for a scabies infection will be re-showered in 24 hours after treatment and issued new clothing and bedding.

838.19 INMATE/DETAINEE MEDICAL ISOLATION CLEANING

A. Inmates/Detainees on medical isolation will be provided a clean set of clothing and bedding daily.

B. Isolation cell mattresses will be sanitized with Bio Vex daily and documented in the logbook.

C. Isolated areas and equipment used in the area will be cleaned thoroughly by floor trustees, using and Bio Vex.

D. Personal protective equipment will be provided to the trustees to assisting with cleaning to prevent exposure.

E. Cleaning rags, blankets, clothing, or other items that have not been contaminated by blood may be placed in a clear water soluble bag. These items must be double bagged and taken to the laundry for immediate washing with hot water on the "whites" cycle. Disposable gloves must also be worn when handling contaminated personal protective equipment or garments.

Personal Protective Equipment Kit

Each kit contains a complete set of protective equipment, to include:

a) 1 Disposable Protective Coverall
b) 1 Disposable Mask and Shield
c) 1 Pairs disposable latex gloves
d) 1 Pair of disposable shoe covers
e) 2 Bio-Hazard red bags
f) 1 package absorbent
g) 1 scraper and small scoop
h) 1 germicidal wipe to sanitize affected area
i) 1 hand sanitize wipe

E. Hypoallergenic disposable gloves shall be provided for those persons unable to wear latex gloves.

F. Disposable gloves should be immediately replaced if torn or punctured. Anytime gloves are removed or replaced, they should be discarded and the individual should thoroughly wash their hands with warm water and soap.

838.20 MEDICAL CARE OF PREGNANT INMATES

A. All pregnant inmates/detainees will be provided obstetrical care consistent with the community standards of care. The care should consist of medical exams, activity recommendations, safety precautions, nutritional guidance, counseling, and education.

B. Recommended medications, treatments and follow-up will be provided as directed by the Medical Director.

C. Delivery will be at the hospital designated by the provider of prenatal services.

D. Neither the facility nor its healthcare providers are financial responsibility for newborn care and treatment.

E. All on-site medical care and off site summaries will be a part of the on site medical file.

F. To ensure pregnant inmates/detainees receive appropriate prenatal care;

1. Pregnancy screening will be completed during the initial Intake assessment. Referral to medical will be required if possible pregnancy exists.

2. High Risk pregnant inmates/detainees will be seen for follow-up on or off-site per physician/practitioner order. Off-site visits will be conducted with the contracted medical facility. **(4-ALDF-4C-13) (3-JDF-4C-21-1)**

838.21 CONTINUITY OF CARE

A. The healthcare provider will provide continuity of care from admission to discharge from the facility, including referral to community care when indicated. **(4-ALDF-4C-04)**

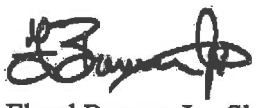
B. The healthcare provider will provide discharge planning for any inmate/detainee released with serious health issues and those whose release is imminent.

C. Inmates/Detainees with Alcohol or Other Drug problems will be provided information to an appropriate community agency, such as AA or NA upon the inmate's release.

838.22 ELECTIVE SERVICES

The healthcare provider for the SCSO does not provide elective services. The healthcare provider's Medical Director will determine when care is needed to correct substantial functional deficits or if an existing pathological process threatens the well-being of the inmate over a period of time. When such services are required, they are not considered elective and will be provided based on medical need. **(4-ALDF-4D-16)**

Authority of



Floyd Bonner Jr., Sheriff

RE: INMATE/DETAINEE SICK CALL	
STANDARD OPERATING PROCEDURE: 651	EFFECTIVE DATE: 04-01-04
SUPERCEDES: NEW	NEXT ANNUAL REVIEW DATE: 02-12-2021
DISTRIBUTION: JAIL DIVISION/JDS	REVISION DATE: 08-29-05, 05-04-2011, 04-19-12, 06-03-13, 05-26-2015, 03-08-2016, 11-05-2018, 11-05-19
REFERENCES: ACA 4-ALDF-4-C-03	
3-JDF-4C-07,29	Cross Reference: CCS Policy J-E-07

651.00 PURPOSE

The purpose of this procedure is to establish guidelines for implementing the inmate/detainee sick call and request for health services on daily basis.

651.01 APPLICABILITY

This procedure applies to all Shelby County Sheriff Office (SCSO) Jail Division, Jail East/Juvenile Detention Services personnel and inmates/detainees.

651.02 DISTRIBUTION

This procedure will be distributed to each department head and on the SCSO intranet Learning Management System (LMS).

This procedure will be reviewed annually.

651.03 GENERAL

There is a process for inmates/detainees to initiate request for health services on daily basis. These requests are triaged daily by health professionals or health trained personnel. A priority system is used to schedule clinical services. Clinical services are available to inmates/detainees in a clinical setting at least five (5) days a week and are performed by a physician or other qualified health care professional. Health care request forms are readily available to all inmates/detainees. **(4-ALDF-4-C-03) (3-JDF-4C-29)**

Inmates/detainees are able to access medical sick call through the use of the Kiosk located in front of the officer's workstation. At the detention facility the detainees are able to access medical sick call through the use of medical sick box located in front of the control booth in each unit.

The Juvenile Detention Services shall provide a system for unimpeded access to sick call and triaging of detainee medical/dental complaints by medical personnel. All detainees shall be orientated to these procedures orally and in writing by the screening officer during the intake process. Detainee medical complaints are monitored and responded to daily as required. **(3-JDF-4C-07)**

651.04 PROCEDURAL GUIDELINES

A. Sick call is conducted seven days a week, by the facility qualified healthcare professionals.

B. Provider clinics are conducted five (5) days a week.

C. All inmates/detainees, regardless of housing assignment or ability to pay for service, have access to regularly scheduled sick call.

D. Inmates/detainees will fill out Health Service Request Forms which will be collected daily at scheduled times from each housing area where inmates/detainees do not have Kiosk access.

E. Inmates/detainees receive information on how to access health care services during the Intake orientation process. Additionally, this information is posted in each housing unit and written in the Inmate/Detainee Handbook. Facility staff will assist inmates/detainees including special needs inmates/detainees with completing sick call requests.

F. Inmates/detainees have access to health care services daily, regardless of housing assignment.

G. Nursing personnel perform sick call triage in an area designated for use by the Medical Unit. Inmates/detainees will be seen in designated areas that provide privacy for health encounters.

H. Qualified health care professionals make timely assessments during sick call. They provide treatment according to clinical protocols or, when indicated, schedule inmates/detainees appointments for the next available providers' clinic. Nursing personnel will document the referral in the progress notes.

I. Request forms will be Date/Time stamped upon receipt in the medical unit and will be triaged by qualified healthcare professionals within 24 hours. Sick call requests submitted through the Kiosk are triaged by Qualified Health Care Professional within twenty-four (24) hours.*For JDS request forms will be collected and documented in the Health authority Electronic Log.

Note: When indicated, inmates/detainees are referred to a provider clinic for the next available appointment.

J. Any inmate/detainee with a heart related problem will receive immediate attention.

K. If an inmate/detainee reports to sick call more than three (3) times with the same complaint, the inmate/detainee will be referred to a physician/Advanced Nurse Practitioner or Physician assistant for the next available appointment.

L. Medical staff will maintain a log of all inmates/detainees who have requested health care.

M. Sick Call logs will be placed in designated areas for Medical Record retrieval.

N. Inmates/detainees who refuse sick call will be required to sign a Refusal form in the presence of qualified medical staff affording the inmate the opportunity to receive adequate education for his/her condition.

O. Inmates/detainees who do not show for scheduled sick call due to court or visiting will be seen at sick call the next day.

P. Transportation staff will transport inmates/detainees to medical appointments outside of the facility.

Q. The facility discloses health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA). The confidentiality of an inmate's/detainees request for sick call, as well as the inmate's/detainees medical issues will be maintained. Inmates/detainees will not be required to disclose personal medical issues to non-medical staff, except when required to identify and respond to emergency medical situations.

651.05 POD PILL CALL

Pill Call

Inmate/Detainee pill call procedures will be as follows:

1. The Pod/Unit officer will make a pill call announcement to all inmates and instruct them to step inside their cells or by their bunks, with the exception of the first two cells. The inmates assigned to the first two cells by the sally port on both the A and B side will sit in the television area facing the officers work station.*For Juvenile Detention Services Only, JDS Boys south side control booth operator will make an announcement to all staff that the nurse is on the unit. The officer will instruct the detainees to step to their door to receive their medication. The officer will remain with the nurse at all times while passing meds.
2. The pod officer will call the names of all inmates/detainees receiving medication; instruct them (one at a time) to come to the dayroom door to receive their medication.
3. The inmate/detainee will be required to show their armband before receiving medication.
4. Medical staff will put the inmate's/detainee's medicine into a small cup filled with water. The inmate/detainee must swallow the medicine while security and medical staff observes. The inmate/detainee will be told to open his mouth to be inspected by the pod/unit officer to ensure that the medication has been swallowed.
5. There will be a pen light on all pill pass carts to assist with checking that the inmates/detainees have swallowed their medications.
6. Nurse will take all cups back from the inmates/detainees.

651.06 REPORTING NURSE CALL PROCEDURES

Security Floors

Sick Call Nurses procedures will go as follows:

1. Sign for a man down unit from the second floor Narcotics Room. Jail East and Juvenile Detention Services will sign for their man down unit in medical at their facilities.
2. Provide the surveillance officer located in LL Old Release with the original man down sheet from 2nd Floor Clinic with the acquired signatures. The man down sheet will be turned in to Main Control for both Jail East and JDS in their facilities.
3. Contact the surveillance office at extension 2-5044/2-5045 before going to work on a

security floor.

4. Provide the surveillance officer with your name, man down unit number and the location you will be conducting sick call.

5. Notify the control center officer on the floor of your presence and the location you will be conducting sick call.

Authority of

Kirk Fields

Kirk Fields, Chief Jailer

Shelby County Sheriff's Office

RE: INMATE / DETAINEE GRIEVANCE PROCESS	
POLICY # 840	EFFECTIVE DATE: 11-20-01
SUPERCEDES: 211	NEXT REVIEW DUE: 02-2021
DISTRIBUTION: ALL PERSONNEL	REVISED: 06-09-06, 07-07-08, 09-01-10, 07-25-11 12-22-15, 04-29-16, 10-02-17, 09-28-18, 06-03-19, 03-02-20
REFERENCES: ACA 4-ALDF-4C-01, 6B-01	FORMS: 840.08 Inmate / Detainee Grievance Form (Exhibit A) 840. 09 Inmate / Detainee Grievance Appeal Form (Exhibit B)
ACA 3-JDF-1A-24, 3JDF-3D-08	CROSS REFERENCE:

840.00 PURPOSE AND POLICY

A. It is the policy of the Shelby County Sheriff's Office (SCSO) Jail Division, Jail East, and Juvenile Detention Services to provide procedural guidelines for inmates/detainees to reconcile their complaints arising from facility matters, to reduce the need for litigation and afford staff the opportunity to improve staff and inmate/detainee relations. Most grievances can be resolved quickly through informal communication with staff members and the inmates/ detainees. Inmates/Detainees are encouraged to use this method prior to filing a grievance.

B. It is also the policy of the SCSO to ensure that there is an administrative method available for inmates/detainees expressing and seeking resolutions to problems they may encounter while housed in the Shelby County Jail (SCJ), Jail East, and Juvenile Detention Services. Staff will endeavor to resolve inmate/detainee grievances at the lowest level in the chain of command, when possible.

C. The SCSO will protect inmates/detainees from personal abuse, corporal punishment, personal injury, disease, property damage or harassment. Inmates/detainees will not be subjected to reprisals, retaliation, or any other negative sanctions as a result of filing a grievance.

D. The SCSO will ensure that inmate/detainee grievance procedures are made available to all inmates/detainees and include at least one level of appeal.

840.01 APPLICABILITY

This policy and procedure applies to all SCSO Jail, Jail East, and Juvenile Detention Services personnel, including employees, contract workers and volunteers.

840.02 DISTRIBUTION

This policy will be distributed to each SCSO department head and on the SCSO intranet Learning Management System (LMS). This policy will be reviewed annually and updated as needed.

840.03 DEFINITIONS

A. **Grievance**- Circumstance or action considered being unjust and grounds for complaint. Grievances are classified as Line, Medical, Confidential or Emergency.

B. **Grievance Coordinators** -The staff directly responsible for ensuring that grievances are processed within the procedural guidelines as set forth in this policy.

C. **Grievance Supervisor** - Will review the Grievance Coordinator's findings and will approve, deny or make an alternative recommendation for a remedy concerning a grievance.

D. **Line Grievance** - Any grievable issue that does not pertain to a Confidential, Medical or an Emergency Grievance issue, except medical co-pay issues which are considered Line Grievances.

E. **Confidential Grievance** - Any grievable issue concerning an alleged criminal or legally prohibited act by a SCJ, Jail East, and Juvenile Detention Services staff member.

F. **Emergency Grievance** - A grievable issue which presents:

1. A threat of death or injury to an inmate/detainee or officer;

2. A threat of disruption of facility operations; or

3. A need for prompt disposition because the time is lapsing when meaningful action or decision is possible.

G. **Medical Grievance** - Any grievable issue dealing with lack of medical care, inadequate medical care or improper medical care. This does not include medical co-pay issues.

840.04 STAFF RESPONSIBILITIES

A. The pod/unit officer and other line SCJ, Jail East, and Juvenile Detention Services staff are expected to resolve inmate/detainee complaints in a meaningful manner prior to the inmate's/detainees filing a grievance. Efforts to resolve issues should include but are not limited to:

1. Discussing the complaint with the inmate/detainee;

2. Contacting parties necessary to resolve the complaint;

3. Attempting to find amicable solutions to resolve the complaint;

4. Discussing proposed solutions and attempting to workout complaint with inmate/detainee; and

5. Documenting the results of the attempt to resolve.

B. The Grievance Supervisor has the following responsibilities:

1. Reviewing, adopting, denying or making alternative recommendations to the findings of the Grievance Coordinator.

2. Supervising the Grievance Coordinators.

3. Submitting weekly and monthly reports to the Chief of Programs at the end of every month indicating the number of grievances filed, the number of grievable versus the number of non-grievable, the number of grievances resolved, final grievance disposition, the number of appeals filed, disposition of appeals, the number of grievances filed concerning a particular subject matter; and

4. Maintaining copies of each completed grievance for three (3) years following final disposition of the grievance.

C. The Grievance Coordinators have the following responsibilities:

1. Checking all Grievance Boxes at least once every twenty four (24) hrs, Monday-through Friday.

2. Dating and stamping each grievance with the time of receipt.

3. Separating grievances into Line, Medical, Emergency and Confidential categories.

4. Receiving Emergency Grievances at any time.

5. Reviewing grievances to see if they are within the time line for filing. Grievances are considered late if they are filed over thirty 30-days of the aggrieved incident. All Line, Emergency and Medical Grievances filed late are automatically denied.

6. Giving inmates/detainees a notification of acceptance or rejection of their grievance within five (5) calendar days from date of receipt.

7. Forwarding Line Grievances to the appropriate supervisor to prepare a written response and any supporting documentation within five (5) calendar days from the date of receipt from inmate/detainee.

8. Forwarding Confidential Grievances directly to the Chief of Programs for resolution. Those grievances are marked "Confidential".

9. Forwarding Medical Grievances to the Medical Administrator marked "Medical - Confidential."

10. Ensuring that a final ruling on a grievance is given to an inmate/detainee within ten (10) calendar days.

11. Maintaining a grievance file. The file must include the original grievance, the response and/or remedy, and any supporting documentation or written communications submitted in support of the grievance or relied upon in the decision. The grievance file will also contain any appeals submitted and the results of the appeal.

12. All grievances received will be sequentially numbered and entered into the grievance system. The grievance system will indicate the complaint number, inmate's/detainee's name, Record & Identification (RNI) number, floor/pod, grievance pick up date, notification of receipt to inmate/detainees, grievable/non-grievable notification date, responsible supervisor requested return date, date supervisor returned, date inmate/detainees disposition notification, disposition description and comments. Each original Grievance will be retained as the official record.

D. The Chief of Programs is responsible for the implementation and monitoring of this policy and will hear final appeals of grievances, except medical which will be read and signed.

E. All supervisors must respond to inmate/detainee grievances given to them for resolution, by the Grievance Coordinator. Supervisors are to submit a written response and any supporting documentation within five (5) calendar days from date of receipt, unless responding time is extended by the Grievance Supervisor.

840.05 SCSO RESPONSIBILITIES

A. The Shelby County Sheriff's Office will:

1. Not impose a time limit on when an inmate/detainee may submit a grievance regarding an allegation of sexual abuse.

2. Apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.

3. Not require an inmate/detainee to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

B. The SCSO shall ensure:

1. Nothing in this section shall restrict the SCSO ability to defend against an inmate/detainee lawsuit on the ground that the applicable statute of limitations has expired.

2. An inmate/detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

3. Such grievance is not referred to a staff member who is the subject of the complaint.

4. The SCSO shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

5. Computation of the 90-day time period shall not include time consumed by inmates/ detainees in preparing any administrative appeal.

6. The SCSO may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.

7. The SCSO shall notify the inmate/detainee in writing of any such extension and provide a date by which a decision will be made.

C. At any level of the administrative process, including the final level, if the inmate/detainee does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate/detainee may consider the absence of a response to be a denial at that level.

840.06 MATTERS NOT SUBJECT TO INMATE GRIEVANCES

A. Inmates/Detainees may not file grievances regarding any of the following:

1. Issues subject to pending court actions or involving the same issues and inmate/detainees;

2. Challenges regarding matters beyond the control of the facility, including parole, probation or transfer decisions;

3. Final formal disciplinary or classification /housing assignment decisions;

4. Complaints not personal to the inmate/detainees bringing the grievance; or

5. Actions that have not taken place.

6. Commissary issues that did not go through their counselor first.

7. The grievance or appeal forms are written all over in the areas designated for responders.

8. The grievance or appeal form is not completely filled out, signed and dated.

9. The inmate/detainee does not use the name indicated on armband, not nickname or undocumented religious name changes.

10. A grievance form used as a continuation of an original complaint. If grievance is lengthy, the grievance should be continued on another sheet of paper.

B. Grievances found abusive under section 840.06 of this policy will be rejected.

C. Grievances filed late under section 840.08 (D) of this policy will be rejected.

840.07 GRIEVANCE ABUSE

Inmates/Detainees are allowed to file five (5) grievances within a thirty (30) day period. The following actions constitute grievance abuse:

1. The filing of repetitive grievances addressing the same issue where sufficient time for response has not expired or the subject of the grievance has already been previously addressed in others grievances filed by the same inmate/detainees.

2. The appeal of a grievance, which is documented as settled to the inmate's/detainee's satisfaction when it was handled at a lower level;

3. The intentional filing of two or more emergency grievances found not to be an emergency situation;

4. The filing of a grievance containing language threatening physical harm to any individual, threatening escape, threatening damage to the SCJ/Detention or directing sexually explicit language toward any individual.

5. Inmates/detainees that submit **more** than five (5) grievances within a thirty (30) day time frame is considered 'over the limit'. The Grievance System will only accept two (2) other grievances for the next six months from the same inmate/detainee. The 'over the limit' grievance will be reviewed by the Grievance Supervisor to determine whether or not the grievance warrant justification for action to be taken.

840.08 ASSISTANCE FOR INMATE FILING GRIEVANCES

The Program Department will provide appropriate assistance for inmates/detainees who cannot read or write English and those who are impaired, illiterate, or disabled.

840.09 PROCEDURES FOR FILING OF LINE GRIEVANCES BY INMATES

A. Inmates/Detainees are encouraged to inform the pod/unit officer or floor sergeant of their complaints prior to filing a line grievance.

B. The pod officer must attempt to resolve complaints in a meaningful manner as required in Section 840.04(A) of this policy.

C. If an inmate/detainee does not receive a response from the pod/unit officer within a reasonable time frame or does not agree with the resolution of the complaint, he or she can file a grievance. Grievance Forms are available to every inmate/detainee in their immediate housing area. Grievances must be placed in the Grievance Box located in the housing units. The inmate/detainee must complete the Inmate/ Detainee Grievance Form (Exhibit A) and designate the grievance as a Line Grievance.

D. All Line Grievances must be filed within thirty (30) days of the aggrieved occurrence.

840.10 SPECIAL PROCEDURES FOR MEDICAL, CONFIDENTIAL AND EMERGENCY GRIEVANCES

A. Emergency Grievances

1. An inmate/detainee can place an emergency grievance in the grievance box, give the grievance to any pod officer, or staff member, who must immediately forward the grievance to the Shift Commander.

2. The Captain or designee must screen the inmate/detainee grievance and determine whether it involves an emergency situation as defined in this policy.

3. If the Captain or designee determines that the grievance is a non-emergency, it will be forwarded to the Grievance Coordinator for normal processing as a Line Grievance.

4. If the Captain or designee determines that the grievance qualifies as an emergency, the grievance will be handled at the Captain or designee or Executive Staff level as soon as practicable, but not to exceed forty-eight (48) hours from the time of receipt.

5. The inmate/detainee will be notified in writing, within forty-eight (48) hours, by the Captain or designee of the actions being taken and a possible resolution within (5) calendar days. The initial response and final decision shall document the determination whether the inmate/detainee is in substantial risk of imminent sexual abuse and the action taken (as outlined in SOP 339 PREA Response Procedures) in response to the emergency grievance.

6. Inmates/Detainees may appeal the final action of the Captain or designee within seven (7) calendar days.

7. The SCSO may discipline an inmate/detainee for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate/detainee filed the grievance in bad faith.

B. Confidential Grievances

1. The Inmate/Detainee must complete an Inmate/Detainee Grievance Form and place it in the Grievance Box.

2. Confidential Grievances will be forwarded to the Chief of Programs.

3. The Chief of Programs will determine whether the grievance is confidential. If the grievance is not confidential, it will be returned to the Grievance Coordinator for processing as a Line Grievance.

4. The Chief of Programs may investigate confidential grievances even if the event occurred more than thirty (30) days before the inmate/detainee filed the grievance.

5. Upon completion of the investigation, the Chief of Programs must notify the inmate/detainee in writing of the action taken within fourteen (14) calendar days of the date of the grievance. The notification of actions taken by the Chief of Programs will be final and may not be appealed.

C. Medical Grievances

1. The Inmate/Detainee must complete an Inmate/Detainee Grievance Form and place it in the Grievance Box.

2. Medical grievances will be forwarded to the Medical Administrator in the same manner as Line Grievances. The Director of Nursing will determine whether the Grievance is Medical. If the Grievance is not medical as determined by the Director of Nursing, the Grievance will be returned to the Grievance Coordinator for processing as a Line Grievance.

3. The inmate/detainee must be given written notification of the recommendations regarding the Medical Grievance within ten (10) calendar days of the date the grievance was received and clocked by the grievance coordinator. The notification by the Director of Nursing may be appealed in accordance with section 840.10 (D) of this policy. The inmate's/detainee's appeal must be filed within seven (7) calendar days of the date of notification from the Director of Nursing.

840.11 FINDINGS/REMEDIES FOR INMATE GRIEVANCES REGARDING LINE GRIEVANCES

A. The Grievance Coordinators will gather all responses concerning Line Grievances from supervisors and Unit Managers and will make an initial recommendation regarding each line grievance.

B. The Grievance Coordinators will recommend that the grievance be denied or will recommend an appropriate action to remedy the grievance.

C. The Grievance Supervisors will review the recommendation of the Grievance Coordinator and will either approve, deny or make an alternative recommendation for a remedy concerning the recommendation of the Grievance Coordinator.

D. The Grievance Supervisor will record the recommendations on the Inmate Grievance Appeal Form (Exhibit B) 840.09. This notification must be given to the inmate within ten (10) calendar days from the date the grievance was completed and clocked by the grievance coordinator.

E. Line Grievances may be appealed in accordance with section 840.10 (D) of the policy. The appeal must be filed within seven (7) calendar days of the date of the notification in Section 840.10 (D) above.

840.12 DISPOSITION AND REMEDIES

A. Grievable matters will be given an appropriate and meaningful remedy. Remedies may include, but are not limited to:

1. A corrective action to rectify the matter being grieved.

2. Changes in written policy and procedure or the application of a written policy or procedure.

3. Enforcement of an existing policy and procedure.

4. Development of a policy or procedure pertaining to a grievance issue.

840.13 APPEALS

A. Inmates/Detainees may appeal Line or Emergency Grievance findings or remedies, to the Chief of Programs within seven (7) calendar days of receipt if they disagree with the resolution.

B. Inmates/Detainees may appeal Medical Grievances to the Medical Administrator within seven (7) calendar days of receiving it

C. Inmates/Detainees may not appeal the Confidential Grievance findings of the Chief Programs.

D. Inmates/Detainees may appeal a grievance by using the Inmate/Detainee Grievance Appeal Form (Exhibit B) 840.09.

E. The Chief of Programs must respond to appeals within twenty-five (25) calendar days of receipt of the appeal. The findings of the Chief of Programs will be final.

F. The Medical Administrator must respond to Medical Grievances appeals within twenty-five (25) calendar days of receipt of the appeal. The findings of the Medical Administrator are final.

840.14 INMATE / DETAINEES GRIEVANCE PROCESS TIMELINES

A. 48 Hours

The Captain or designee has 48 hours to respond to Emergency Grievances.

B. 5 Calendar Days

Time period after receipt of a grievance in which supervisors or Unit Managers must provide Grievance Coordinators with written response and documentation regarding a Line Grievance.

C. 7 Calendar Days

Time period in which inmates/detainees may appeal matters outlined in Section 840.12 of this policy.

D. 25 Calendar Days

Time period in which Chief of Programs and Medical Administrator have to respond to inmate/detainee appeals.

E. 14 Calendar Days

Time period in which the Chief of Programs must respond to Confidential Grievances.

F. 10 Calendar Days

Time period in which a grievance response must be made to the inmate/detainee that submitted the grievance.

G. 30 Calendar Days

The time period after the occurrence in which an inmate/detainee may file a Line, Emergency or Medical Grievance.

H. 31 Calendar Days

The time period after an occurrence that an inmate/detainee may not file a Line, Emergency or Medical Grievance.

I. 6 Months

The period that the Grievance system will accept only two (2) more grievances once the inmate/detainee goes over the acceptable limit for filing grievances.

840.15 REPRISALS

A. Reprisals Against Staff

Staff members, who participated in the resolution of a grievance, will not suffer negative consequences from other staff members/supervisor for participating in the solution of an inmate's/detainee's grievance.

B. Reprisals Against Inmates/Detainees

Inmates/Detainees will not suffer negative consequences, such as denial or limitation of access to any privilege, service or program offered by the SCJ, Jail East and Juvenile Detention Services (JDS) formally or informally, for good faith use or participation in the Inmate/Detainee Grievance Procedure.

840.16 PROCEDURAL GUIDELINES SANCTIONS VIOLATION

Any employee who violates or permits the violation of this policy, or fails to report any violation of this policy by another staff member, will be subject to disciplinary action, up to and including termination.

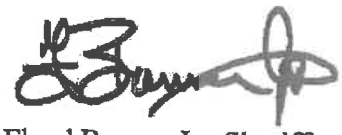
840.17 FORMS

840.08 Inmate/Detainee Grievance Form (Exhibit A)

840. 09 Inmate/Detainee Grievance Appeal Form (Exhibit B)

Shelby County Sheriff's Office

Authority of



Floyd Bonner Jr., Sheriff

RE: INMATES MEDICAL RIGHTS	
STANDARD OPERATING PROCEDURE: 652	EFFECTIVE DATE: 04-01-04
SUPERCEDES:	NEXT ANNUAL REVIEW DATE: 10-25-2020
DISTRIBUTION: JAIL DIVISION	REVISION DATE: 05-04-2011, 06-04-13, 05-12-14, 04-30-15,07-12-16, 10-27-17, 08-21-18, 10-25-19
REFERENCES: ACA 4-ALDF—4-C-01, 19, 21, 35, 4-D-15, 18,19	Cross Reference CCS Policy J-A-01, J-G-10, J-I-04, J-I-5 & 6

652.00 PURPOSE

The purpose of this procedure is to ensure that inmates/detainees are informed of their medical rights and know when and how to exercise them. Further this procedural purpose is to ensure that:

1. Inmates/Detainees even those with special needs, have the sufficient information presented to them that would permit them to make an informed decision regarding treatment, procedures and examinations.

2. Inmates/Detainee retains the right to refuse healthcare in writing.

3. Medical and dental prosthesis are provided when the health of the inmate/detainee would otherwise be adversely affected.

4. Health care encounters, including medical and mental health interviews, examinations, and procedures are conducted in a setting that respects the inmates/detainees' privacy. Female inmates/detainees are provided a female escort for encounters with a male health care provider. **(4-ALDF-4-D-19)**

652.01 APPLICABILITY

This procedure applies to all SCSO Jail personnel and inmates/detainees.

652.02 DISTRIBUTIONS

This procedure will be distributed to each department head and on the SCSO intranet Learning Management System (LMS).

652.03 PROCEDURAL GUIDELINES

A. All inmates/detainees are informed how to access health services and the grievance system during the admission/Intake process. The information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate/detainee. This information is translated into those languages spoken by significant numbers of inmates/detainee. When a literacy or language problems prevents an inmate/detainee from understanding written information, a staff member or translator assists the inmate/detainee. **(4-ALDF-4-C-01)**

B. Health Education and Wellness

1. Health education and wellness information is provided to all inmates/detainees.

(4-ALDF-4-C-21)
Verbal instructions will be provided to the inmate/detainee; written instructions may supplement verbal instructions.

2. There is a plan for the treatment of offenders with chronic care conditions such as hypertension, diabetes and other disease that require periodic care treatment. The plan must address the following:

   a. The monitoring of medications.
   b. Laboratory testing.
   c. The use of chronic care clinics.
   d. Health record forms
   e. The frequency of specialist consultation and review.
   (4-ALDF-4-C-19)

3. Inmates/Detainees have the medical right for health care services comparable in quality to those available to the general public including those outlined in Policy 836.05 Inmates/Detainees Rights.

4. Inmates/Detainees will not be subject to denial of medical services because of their inability to pay, race, religion, national origin, gender, sexual orientation, political views or disabilities.

5. The use of inmates/detainees for medical, pharmaceutical, or cosmetic experiments is prohibited.

a. Inmates/Detainees are not precluded from individual treatment based on his or her need for a specific medical procedure that is not generally available. Facilities electing to perform research will comply with all state and federal guidelines. An individual's treatment with a new medical procedure by his or her physician is undertaken only after the inmate/detainee has received a full explanation of the positive and negative features of the treatment and only with informed consent. **(4-ALDF-4-D-18)**

652.04 INFORMED CONSENT

A. Informed consent standards of the jurisdiction are observed and documented for inmate/detainee care in a language understood by the inmate. In the care of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate/detainee may refuse, in writing, medical, dental, and mental health care. If the inmate/detainee declines to sign the refusal form, it must be signed by at least two (2) witnesses. The form must be sent to medical and reviewed by a qualified health care professional. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care. **(4-ALDF-4-D-15)**

B. Informed consent is assumed if an inmate/detainee request healthcare in writing and does not verbally refuse routine, recommended care such as examinations or routine testing.

C. Exceptions to obtaining informed consent must be in accordance with State and Federal laws and regulations. Examples of such exceptions are:

1. An emergency which requires immediate medical intervention for the safety of the inmate/detainee.
2. Emergency care involving inmates/detainees who do not have the capacity to understand the information given.
3. Public health matters, such as communicable disease treatment.

D. Written informed consent will be obtained for the following:

1. Intravenous (IV's)
2. Psychotropic Medications
3. Extractions of Teeth.
4. Any other invasive procedures
5. Surgical Procedures including suturing.

E. Information given to the inmate/detainee will cover the material facts regarding the side effects and alternatives concerning the proposed treatment, examination or procedure.

F. Consent Procedure:

1. Inmate/Detainee will be thoroughly informed concerning the proposed medical procedure and asked if they have any questions.
2. Informed Consent form will be completed with signature of inmate or mark.
3. Inmates'/Detainees' signature or mark with consent on the Informed Consent will be witnessed by two (2) staff members.
4. If the inmate/detainee is unable to give consent, the physician will document in detail the circumstances of the emergency in the Medical Record precluding Informed Consent.

652.05 RIGHT TO REFUSE TREATMENT

A. All inmates/detainee, at the time of being offered medical evaluation or treatment, and have the right to refuse.

B. Inmates/detainee will not be allowed to give a blank refusal for treatment upon admission or at any time during their incarceration.

C. Inmates/Detainee who refuses medical treatment will be counseled by the Medical Director, or designee.

D. Counseling will be documented in the Medical Record.

E. Inmate's/Detainee's refusal of treatment will be in writing.

F The Chief Jailer, or designee, will be notified if an inmate's/detainee's condition deteriorates or is life threatening and refusal of treatment continues. The following procedure applies when inmates/detainees refuse treatment:

1. Health care staff will ensure the inmate/detainee is aware of the importance of the recommended treatment and risks involved.

2. If the inmate/detainee refuses to sign the Refusal form, the signature of a security officer will be obtained and documented as a second witness of the inmate/detainee verbal refusing treatment.

3. The Refusal form will be filed in the inmate's/detainee's Medical Record.

4. The Medical Director will be notified of need for counseling.

5. Mental health referral, assistance from the Clergy or legal assistance, may be initiated if needed.

652.06 MEDICAL RESEARCH

A. Inmates/Detainees will not be used as subjects for invasive biomedical or chemical research or forced to participate in human research. Behavioral research must pass a recognized Institutional Review Board (IRB) and the facility health care provider may not be involved.

B. Collection of combined data and reporting of information will be permitted with prior written approval of the Chief Jailer or designee and the facility health care director.

C. Access to compassionate use medications for treatment of medical conditions will be made available according to community standards.

652.07 ACCESS TO PROSTHESES AND ORTHODONTIC DEVICES

Inmates/Detainees have the medical right to have prosthesis or orthodontic devices under these conditions:

A. When the health of the inmate/detainee would otherwise be adversely affected, as determined by the responsible physician or dentist, medical or dental adaptive devices are provided. **(4-ALDF-4-C-35)**

B. A medical prosthesis will not be replaced unless defective or currently inadequate to fulfill its purpose.

C. Medical prosthesis will not be prescribed for the primary purpose of cosmetics.

D. Prosthesis will be obtained following review and approval by the Physician.

E. When a prosthesis is received, the inmate/detainee will sign a receipt for medical product assuming responsibility for care of the item.

F. The receipt for medical product will be retained in the Medical Record.

Authority of

Kirk Fields

Kirk Fields, Chief Jailer

Shelby County Sheriff's Office

RE: INMATES/DETAINEES RIGHTS	
POLICY # 836	EFFECTIVE DATE: 05-04-04
SUPERSEDES:	NEXT ANNUAL REVIEW DUE: 01-2021
DISTRIBUTION: ALL PERSONNEL	REVISED: 09-07-10, 07-25-11, 07-12-12, 04-06-15 03-18-16, 04-29-16, 03-05-18, 02-14-19, 09-18-19, 01-30-20
REFERENCES:	CROSS REFERENCES:
ACA: 4-ALDF- 2A-28, 6A-01, 02, 03, 04, 06, 07, 09, 6-B-02, 05, 06, 07 ACA: 3-JDF-3A-08, 3-JDF-5-B-01-1 3-JDF-3D-01,02,03,04,05,06,07	
CALEA: 72.7.1, b, c, f	

836.00 POLICY AND PURPOSE

It is the policy of the Shelby County Sheriff's Office (SCSO) that the rights of the inmates/detainees or residents, in its custody, will be protected, defined and enforced.

A. The purpose of the policy is to describe the manner in which the rights of inmates/detainees will be administered by the SCSO Jail Division/Juvenile Detention Services.

B. Inmates/Detainees in the custody of the SCSO will be afforded all legally established rights consistent with their status and subjects to limitations set forth elsewhere in relevant policy and procedures.

C. The right of inmates/detainees to have access to courts will be ensured. Inmates/Detainees will be afforded the opportunity for program participation and work assignments consistent with their custody, status and classification. **(3-JDF-3D-01)**

D. There is no discrimination regarding administrative decisions or program access based on an inmate's/detainee's race, religion, national origin, gender, sexual orientation, disability or political views. **(3-JDF-3D-03)**

E. Inmates/Detainees are granted the right to communicate or correspond with persons or organizations, subject only to the limitations necessary to maintain order and security. However, inmates/detainees at the jail/detention may not correspond with other inmates/detainees housed either within or outside of the jail/detention without prior approval of the Chief Jailer.

F. Inmates access to health care, programs, services and activities are not precluded by their inability to pay. There is a clear definition of indigence in place and is practiced.

836.01 APPLICABILITY

This policy and procedure applies to all SCSO personnel and inmates/detainees. This policy will be reviewed annually and updated as needed.

836.02 DISTRIBUTION

This procedure will be distributed to each department head and on the SCSO intranet on the Learning Management System (LMS).

Shelby County Sheriff's Office

836.03 PROCEDURAL GUIDELINES

A. Inmates/Detainees or Residents will be supervised in all aspects of institutional life by Jail/Detention staff and not by other inmates/detainees or residents. **(3-JDF-3A-08)**

B. Orientation materials are provided through the use of an audio or video tape in the Intake processing area. Juvenile Detention Services staff will provide orientation materials and handbooks to the detainees or residents. Inmates have access to the inmate's handbooks through the Kiosk in which they are assigned. The inmates/detainees or residents are orientated daily by their pod/unit officer. For non-English speaking inmates/detainees or residents, interpretive services are provided. Special needs inmates'/detainees' or residents' orientation will be handled according to the need.

C. Housing units will comply with state, federal local fire and safety laws and regulations.

D. Three meals will be provided during each 24- hour period. Meals will be wholesome, properly prepared and nutritional.

E. Clothing will be clean, fitted and seasonable.

F. Inmates/Detainee or Residents will be addressed by their names, rather than by their booking, RNI number or social file number.

G. Inmates/Detainees or Residents will be permitted to make personal grooming choices, which may be limited because of safety, security, identification, or hygienic reasons. **(3-JDF-3D-07)**

H. Inmates/Detainees or Residents have the right to shower, perform bodily functions, and change clothing without non- medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

I. Inmates/Detainees or Residents will be afforded access to the courts, including assistance as necessary, in making confidential contact with attorneys and their legal representative; such contact includes, but is not limited to, telephone communications, uncensored correspondence and visits. **(3-JDF-3D-02)**

J. Inmates/Detainees or Residents will be afforded the opportunity to make bail if they have a bond amount posted.

K. Inmates have access to an electronic law library if there is not adequate free legal assistance to assist them with criminal, civil and administrative legal matters. Inmates have access to legal materials and/or legal assistance with criminal matters. Legal assistance to facilitate the preparation of documents, if available, will be without charge.

L. Foreign Nationals will be permitted access to a diplomatic representative of their country of citizenship via the following avenues:

1. Public telephone located within their living areas.
2. Written communication sent through the United States Postal Mail Service.
3. Requesting assistance from staff assigned to living area to which the inmate/detainee or resident has been classified. Staff will assist the inmate/detainee or residents in contacting his/her diplomatic representative.

M. There will be an inmate/detainee or residents grievance procedure, which will include at least one level of appeal. **(3-JDF-3D-08)**

N. Juvenile Detention Services will provide separate housing for male and female detainees housed in the same facility. They will have separate sleeping quarters but equal access to available services and programs. Neither sex will be denied opportunities solely on the basis of their smaller number in the population. **(3-JDF-3D-04)**

O. Juvenile Detention Services provide reasonable access to the general public through the communications media, subject only to the limitations necessary to maintain facility order and security the detainee's right. Media request for interviews and detainee parental/guardian consents are in writing. **(3-JDF-3D-05)**

836.04 OTHER PROGRAMS AND SERVICES

A. Other programs and services made available to inmates/detainees or residents will include the following:

1. Indoor and outdoor recreational opportunities and equipment;
2. Departmentally offered programs and services, i.e., G.E.D. classes (Hi Set), substance abuse and life skills;
3. Access to clergy, spiritual advisors, publications, and related materials that allow inmates who wish to practice their religious faith, an opportunity to do so.
4. Non-contact visitation with family members and friends. At Juvenile Detention Services all visitation are contact visit. Contact visiting will be available for confidential meetings between inmates/detainees or residents and the following professionals: attorney, parole officer, process server, court ordered Psych professional or law enforcement. Any other contact visits must be pre-approved by the Chief Jailer or designee.
5. Communication via the telephone and mail correspondence with their families, friends, public officials, attorney, officers of the court, and other persons or organizations.
6. Freedom from unreasonable searches of person or property, which include procedures that require investigating staff to obtain administrator/designee's authorization to secure evidence in the furtherance of a specific criminal investigation, unless to do so would jeopardize the investigation; in which case the facility administrator/designee shall be advised as soon as possible, in writing.

B. All programs, privileges and rights of the inmate/detainees or residents may be limited or suspended when necessary to preserve the safety, security and normalcy of the Jail/Detention operations, staff and other inmates/detainees or residents.

836.05 HEALTH CARE

A. Health care services for inmates/detainees or residents will be comparable in quality as those available to the general populace of the county. Services includes, but limited to, the following:

1. An assessment of health needs and the general conditions of the inmate/detainee or residents during the Intake Process;

2. A thorough follow-up physical examination conducted by or under the supervision of a licensed physician;

3. Ongoing medical, dental, and mental health services provided by person with appropriate training and under the supervision of a licensed practitioner in that specialty;

4. Availability of emergency medical and dental treatment on a twenty-four (24) hour bases; and

5. Access to a licensed medical facility.

836.06 PERSONAL TREATMENT

Inmates/Detainees or Residents will not be subject to personal abuse, corporal punishment, personal injury, disease, property damage or harassment. Inmate/Detainee or Resident property is protected. **(3-JDF-3D-06)**

836.07 INTERPRETATION OF REGULATION

Applicable regulations will be interpreted in the least restrictive manner appropriate to the security level of the inmate/detainee or residents and the facility.

836.08 RIGHTS OF JUVENILES

A. Juveniles will be provided suitable opportunities for behavioral, educational and leisure time activities which include social interaction.

1. The right to complete confidentiality of all information contained in the inmates file.

2. Govern by the Juvenile standard operating procedure *#334 Juvenile Housing Unit.*

836.09 INMATES WITH DISABILITIES

A. Appropriately trained individuals are assigned to assist disabled inmates/detainees or residents who cannot otherwise perform basic life functions. Staff and inmates/detainees or residents have access to an appropriately trained and qualified individual who is educated in the problems and challenges faced by inmates/detainees or residents with physical and/or mental impairments, programs designed to educate and assist disabled inmates/detainees or residents, and all legal requirements for the protection of inmates/detainees or residents with disabilities.

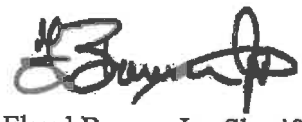
B Inmates/Detainees or Residents with disabilities are provided with the education, equipment, facilities and the support necessary to perform self-care and personal hygiene in a reasonably private environment.

C. Discrimination on the basis of disability is prohibited in the provision of services, programs and activities.

D. Detainees are not subjected to discrimination based on race, religion, national origin, sex, or physical handicap. **(3-JDF-3D-03)**

Shelby County Sheriff's Office

Authority of



Floyd Bonner Jr., Sheriff

Shelby County Sheriff's Office

RE: EXPOSURE CONTROL PLAN COMMUNICABLE DISEASE	
POLICY # 199	EFFECTIVE DATE: 10-10-06
SUPERSEDES: N/A	NEXT ANNUAL REVIEW DUE: 01-2021
DISTRIBUTION: ALL PERSONNEL	REVISED: 02-08-07, 09-01-10, 04-25-12, 10-29-14, 03-15-18, 03-20-19, 02-25-20
REFERENCES: CALEA:	Cross References: CCS Policy J-B-01, J-G-02,
ACA: 4-ALDF- 4C-14,15, 16, 17, 4-D-06, 07, 7E-01, ACA: 3-JDF-4-C-37, 38	

199.00 PURPOSE AND POLICY

A. The purpose of this policy is to:

1. Address the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated) and reporting requirements to applicable local, state and federal agencies. A multi disciplinary team that includes clinical, security and administrative representatives will meet at least quarterly to review and discuss communicable disease and infection control activities. Agencies work with the responsible public health authority to establish policy and procedures that include the following: an ongoing education program for staff and inmates/detainees; control, treatment and prevention strategies, which may include screening and testing, special supervision or housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

2. Address the management of tuberculosis. This policy includes procedures for initial and ongoing testing for infection, surveillance, treatment, including treatment of latent tuberculosis, follow-ups and isolation when indicated.

3. Address the management of hepatitis A, B and C. The plan includes procedures for the identification; surveillance; immunization, when applicable; treatment, (when indicated), follow-up and isolation (when indicated).

4. Address the management of HIV infection. The plan includes procedures for the identification; surveillance; immunization, (when applicable); treatment; follow –up and isolation, (when indicated).

5. Identify the responsibilities of the Shelby County Sheriff's Office in conjunction with, Shelby County Administration, management personnel, and employees regarding exposure to HIV, HBV and TB in the work place;

6. Establish procedures for protecting employees and the public from the transmission of HIV, HBV and TB; and establish procedures for handling the claim of an employee who has been exposed to a named communicable disease while in the course of performing his/her duties. **(3-JDF-4C-38)**

7. All direct care staff will be offered the hepatitis B vaccine series and receive a test for tuberculosis prior to job assignment and periodic testing there after

B. This policy is not intended to define the SCSO policies with regard to the employment of individuals infected with HIV, HBV and/or TB. Such issues are addressed in a separate policy on "AIDS and other Communicable Diseases" which is part of the County's personnel management system.

NOTE: EMPLOYEE(S) WITH TUBERCULOSIS IN AN INFECTIOUS STATE SHALL NOT REPORT FOR WORK FOR SHELBY COUNTY GOVERNMENT IN ANY CAPACITY.

199.01 APPLICABILITY

This policy and procedure applies to all SCSO employees, volunteers and contract staff. This policy will be reviewed annually and updated as needed.

199.02 DISTRIBUTION

This policy will be maintained on the PowerDMS System for access by all SCSO employees.

199.03 DEFINITIONS

A. **AIDS-** Acquired immune deficiency syndrome; used to describe the general AIDS phenomenon, or an illness characterized by one or more opportunistic diseases and absence of all other causes of reduced resistance, except HIV infection

B. **At risk-** An employee who may possibly be exposed to one or more communicable diseases while performing his/her duties.

C. **Baseline testing-** Testing done within seven (7) days of the possible on-the-job exposure.

D. **Body fluids-** Blood, semen, vaginal secretions

E. **HBV-** Hepatitis B virus

F. **Hepatitis B-** A disease caused by the Hepatitis B virus, which damages the liver.

G. **HIV-** Human immunodeficiency virus; the laboratory name of the virus that causes AIDS.

H. **Tuberculosis (TB) –** is a disease that is caused by a bacterium, the tubercle bacillus. It can occur in any part of the body, but most often in the lungs. Infection is acquired by inhaling germs sprayed into the air by a person with active TB disease of the throat or lungs.

Shelby County Sheriff's Office

199.04 AIDS AND HEPATITIS B VIRUS (Bloodborne Pathogens)

A. HIV infection and HBV infection are spread through sexual contact where there is an exchange of body fluids, contaminated needles shared by intravenous (IV) drug users, an infected mother to her unborn child, and infected blood or blood products. There is no evidence that HIV infection and HBV infection are transmitted by the kind of casual employee-to-employee or employee-to-customer/ client contact, which generally occurs in the work place. While some employees may have exposure to blood and other body fluids in the course of their jobs, use of the appropriate protective procedures described later in this policy may virtually eliminate the chance of infection to these diseases while performing their job.

B. Responsibilities

1. It is the responsibility of the Shelby County Administration and Management personnel (of all Elected Officials) to provide the supplies and equipment necessary for those at-risk employees to adequately protect themselves and develop policies and procedures:

a. Educating employees regarding the transmission and prevention of HIV and HBV in the work place.

b. Handling claims of employees who may have been exposed to blood or other body fluids while in the course of performing their duties.

c. Providing general training on how to avoid exposure to HIV, HBV and other blood borne pathogens for all employees, documented by a signed statement indicating that the employee intends to comply fully with the recommendations for protecting himself/herself.

d. Report immediately to Corvel and the Risk Management Department any situation or incident in which an employee may have been exposed to blood or other body fluids, and complete the proper injury report, in order that the Risk Management Department may monitor the claim as appropriate.

2. It is the responsibility of Shelby County employees to:

a. Complete the annual specialized training course offered by the County.

b. Comply with all recommendations and use all precautions, including protective clothing and equipment, for avoiding exposure to HIV, HBV or other pathogens in the work place, and sign a statement to that effect.

c. Report immediately to the supervisor any situation or incident in which he/she may have been exposed to blood or other body fluids, in order that the proper injury report can be completed.

d. Make every effort to identify the source of the exposure, ensuring that information is communicated to the supervisor in order that it may be included on the injury report.

e. Report to Employee Health Services for counseling. The employee will be offered baseline testing within seven (7) days of a documented exposure to blood or other body fluids. The employee may be offered vaccination based on circumstances and/or immunity level.

f. Make decisions regarding the desire for testing or vaccination and sign the appropriate forms.

g. Use the Employee Health Services for all necessary testing and vaccinations.

h. Understand that if recommended testing and/or vaccinations are refused, the employee shall sign a statement releasing Shelby County Government from any further responsibility for a claim of work-related exposure to HIV and/or HBV for the incident in question.

i. Cooperate fully in providing information to the staff of Employee Health Services and the staff of the Risk Management Department.

3. It is the responsibility of Employee Health Services to:

a. Provide counseling for any employee who may have been exposed to blood or body fluids while in the course of performing their duties.

b. Offer appropriate testing and vaccination to any employee who may have been exposed to blood or body fluids while in the course of performing their duties.

c. Make sure the employee signs the "Employee Statement Regarding Testing for Possible Exposure to Communicable Disease" within the first seven (7) days after exposure to blood or body fluids.

d. Only release test results and other pertinent information to the Risk Management Department with the signed consent of the employee.

C. Exposure Determination

1. Job classifications in which all employees have occupational exposure:

a. Corrections Officer
b. Dental Assistant
c. Dental Hygienist
d. Dentist
e. Deputy Jailer/Corrections Deputy
f. Deputy Sheriff
g. Facility Deputy

h. Fire Fighter
i. Head Nurse
j. Health Aide
k. Health Investigator
l. Jail Processing Assistants
m. Juvenile Court Detention Monitor
n. License Practical Nurse
o. Laboratory Assistant
p. Laboratory Helper
q. Medical Corpsman
r. Medical Lab Assistant
s. Medical Lab Supervisor
t. Medical Lab Technician
u. Medical Lab Technologist
v. Medical Technologist
w. Medical Assistant
x. Nurse Practitioner
y. Nursing Assistant
z. Nursing Supervisor
aa. PHN
bb. Physician
cc. Register Nurse
dd. Sheriff Lieutenant
ee. Sheriff Patrol Officer
ff. Sheriff Sergeant
gg. Senior Nursing Assistant

2. Job classifications in which some employees have occupational exposure:
   a. Administrative Tech
   b. Building Security Officer
   c. Counselor
   d. Clerical Specialist
   e. Custodial Worker
   f. Director of Nursing
   g. Fingerprint Tech
   h. Housekeeper
   i. Maintenance Helper
   j. Maintenance Mechanic
   k. Maintenance Utility Worker
   l. Plumber
   m. Security Officer
   n. Supervisor 4
   o. Watchperson
   p. Other classification not listed where exposure is possible.

3. Tasks and procedures in which occupational exposure occurs:

   a. Guarding and moving prisoners

b. Transporting prisoners
c. Supervising prisoners
d. Guarding and moving juvenile detainees
e. Providing medical treatment to prisoners
f. Providing dental care to prisoners
g. Cleaning prisoner areas
h. Providing plumbing services in prisoner areas
i. Making arrests
j. Responding to vehicle and other accidents with injuries
k. Providing emergency medical response
l. Providing medical treatment to patients
m. Providing dental care to patients
n. Providing nursing care to patients
o. Cleaning patient areas
p. Providing plumbing services in patient areas
q. Performing laboratory procedures
r. Passing an infected inmate in the hallway who coughs
s. Other job performance encounters that may not be listed above.

D. Procedures For Protecting Employees On The Job

1. It is the intention of Shelby County Government to provide for its employees a work place in which the chances of transmitting HIV and HBV are virtually nonexistent. To that end, the following procedures are to be used at all times by all employees who may have contact with the blood and other body fluids of other individuals in the course of their employment.

2. Open wounds must be covered at all times while at work. Employees must also cover areas where skin is "chapped" or there is a rash. Bandages must be changed if they become wet or soiled. Employees must pay special attention to hands and make sure small openings such as paper cuts, torn cuticles, and hangnails are adequately protected.

3. All body fluids and contaminated instruments must be handled as if they are infectious. The "Universal Blood and Body Fluid Precautions" (hereafter known as the universal precautions) as identified by the Centers for Disease Control must be used in all situations where it is possible that an employee may come into contact with the body fluid of another individual. Employees are to treat all contact with someone else's body fluid as if it is contaminated. The universal precautions are as follows:

   a. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Do not recap used needles by hand; do not remove used needles from disposable syringes by hand; and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers for disposal.

b. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.

c. In the following situations, gloves must be worn at all times:

(1) When handling specimens of blood or body fluids.
(2) When coming into contact with blood or body fluids of another individual.
(3) When there are open wounds or other skin problems on the hands.
(4) When wiping blood or body fluid spills from work areas.
(5) When handling clothing, instruments, or other items which may have been contaminated by blood or body fluid.

d. Gloves must be discarded after contact with each person, and hands must be washed thoroughly with soap and water or using hand sanitizers before putting on the next pair of gloves.

e. Gowns, eye wear, and masks must be worn when performing any examination or procedure where blood or body fluids are likely to soil clothing, skin or splash in the face.

f. If skin does come in contact with blood or body fluids, the area must be washed thoroughly with soap and water as soon as possible.

g. Avoid touching eyes or mouth with hands or gloves that have been contaminated by blood or body fluids.

h. Soiled clothing should be changed and laundered as soon as practical.

i. Take special care to avoid being bitten by an uncooperative person. If a bite occurs, the area must be washed thoroughly with soap and water as soon as possible.

j. Work areas which have been contaminated with blood or other body fluids must be cleaned with a 1:10 solution of household bleach and water (1 part bleach and 10 parts water).

4. Employees in the Health Department and the Health Care Centers, which have established protocols for dealing with blood, other body fluids, and contaminated supplies and equipment, are expected to comply fully with those protocols.

E. Procedures For Handling Claims

1. Report immediately to the supervisor any situation or incident in which the employee received a puncture wound from a contaminated needle, a human bite, or was exposed to the blood or body fluid of another individual. IMMEDIATELY MEANS BEFORE

THE EMPLOYEE LEAVES WORK ON THE SHIFT DURING WHICH THE INCIDENT OCCURRED.

2. Take appropriate first aid precautions as described in the section of this policy entitled "Procedures For Protecting Employees On The Job."

3. Make every effort to identify the person with whom the employee has had contact. Every effort should be made to obtain the full name, address, age, and telephone number of the individual.

4. The supervisor must contact Corvel 24/7 nurse immediately and complete the "Shelby County Injury Accident Investigation Report," taking care to include all the information about the contact person, as well as a complete description of the incident. The report must indicate whether the employee was actually in skin or mucous membrane contact with body fluids, whether there are open wounds in the contact area, and whether the employee used the universal precautions.

5. **The injury report and any attachments must be delivered to the OJI Coordinator no later than the next business day after the incident, in a sealed envelope marked "confidential."**

6. If the employee requires emergency medical attention as the result of the incident, he or she should be treated at the SCSO Health Department during business hours and after hours the employee should be treated at Baptist East, Methodist Hospital or St. Francis Hospital as soon as possible after the incident. If the employee does not require emergency medical attention, he or she must be seen at Employee Health Services immediately after the incident, or if the incident occurred after normal business hours, on the next business day after the incident.

7. Shelby County Government will not be responsible for the payment of medical bills for HIV or HBV testing done by a medical facility other than Employee Health Services. The screening test for HIV is not considered emergency medical care, since the test may be done at any time within seven (7) days after the suspected exposure.

8. Shelby County Government will not be responsible for the payment of medical bills for vaccinations done by a medical facility other than Employee Health Services. Vaccinations for HBV are not considered emergency medical care, since the test may be done at any time within seven (7) days after the suspected exposure.

9. The injury report and all information regarding the incident will be reviewed by that time. If it is determined that follow up is necessary, the employee will be seen at Employee Health Services for counseling and appropriate testing, to be done at intervals specified by the AIDS Unit of the Health Department. If the employee feels that he/she has a legitimate medical reason for refusing testing and/or vaccine, the employee must so inform the nurse who shall review the new information, request any necessary verification, and make further recommendations regarding appropriate testing and/or preventive medications. If the employee refuses recommended testing and/or vaccine, he or she will be required to sign a statement releasing Shelby County

Government from any further responsibility for a claim of work-related exposure to HIV or HBV infection due to the incident in question.

10. If Employee Health Services determines that the employee should receive vaccinations to protect against further exposures to HBV, and the employee chooses to receive the vaccinations, the employee will be required to have the vaccinations done by Employee Health Services at the specified intervals. If the employee feels that he/she has a legitimate medical reason for refusing HBV vaccinations, the employee must so inform the nurse who shall review the new information, request any necessary verification and make further recommendations regarding receipt of HBV vaccinations. If the employee refuses recommended testing and/or vaccine, he or she will be required to sign a statement releasing Shelby County Government from further responsibility for a claim of work-related exposure to HIV or HBV infection due to the incident in question.

11. All employees who believe that they may have been exposed to HIV or HBV in the work place will be provided with the opportunity to receive appropriate counseling from professionals skilled in this area.

12. The employee's right to privacy will be protected at all times. Release of information without the employee's written consent is STRICTLY PROHIBITED.

199.05 TUBERCULOSIS (Airborne Pathogen)

A. Tuberculosis infection is spread by germs floating in the air, spread usually by a person coughing who has disease in the lungs. These people are known by a "positive" tuberculin skin test. The infection may lie dormant in 90% of people and never cause disease. The remaining 10% may develop disease if they do not take preventive medication for tuberculosis. Tuberculosis can kill, it can be cured, and it can be prevented.

B. Responsibilities

1. It is the responsibility of the Shelby County Administration to:

   a. Develop policies and procedures for educating employees regarding the transmission and prevention of TB in the work place.

   b. Develop policies and procedures for handling claims of employees who may have been exposed to TB fluids while in the course of performing their duties.

   c. Provide environmental safeguards, supplies and equipment necessary for those at-risk employees to adequately protect themselves from exposure to TB.

2. It is the responsibility of Shelby County management personnel (of all Elected Officials) to:

   a. Identify those employees who are at risk of being exposed to TB while in the course of performing their duties.

b. Report immediately to the Risk Management Department any situation or incident in which an employee may have been exposed to TB, and complete the proper injury report, in order that the Risk Management Department may monitor the claim as appropriate.

c. Assure that appropriate supplies and protective equipment are readily available to the staff and that these are used properly.

3. It is the responsibility of Shelby County employees to:

a. Comply with all recommendations and use all precautions (which may include protective equipment) for avoiding exposure to TB in the work place.

b. Report immediately to the supervisor any situation or incident in which he/she may have been exposed to TB, in order that the proper injury report can be completed.

c. Make every effort to identify the source of the exposure, and make sure that information is communicated to the supervisor in order that it may be included on the injury report.

d. Report to Employee Health Services for consultation. Comply with Health Department recommendations for follow-up and preventive therapy.

e. Use the Employee Health Services and the Health Department TB Clinic for all necessary testing and follow-up.

f. Understand that if recommended testing and/or preventive medications are refused, the employee shall sign a statement releasing Shelby County Government from any further responsibility for a claim of work-related exposure to TB for the incident in question.

g. Cooperate fully in providing information to the staff of Health Department TB Clinic and the staff of the Risk Management Department.

4. It is the responsibility of Employee Health Services and/or the Health Department TB Clinic to:

a. Provide annual TB screening for all new Shelby County employees, for all employees in high-risk areas, and for all other employees who desire it.

b. Provide appropriate follow-up of any positive test results.

C. Procedures for Protecting Employees on the Job

Employees attending suspected contagious tuberculosis patients must comply with recommended CDC regulations to prevent airborne transmission of infection. This may include using masks and/or operating protective airflow equipment.

D. Policies and Procedures for Handling Claims

1. Report immediately to the supervisor any situation or incident in which the employee was exposed to someone with TB. **Immediately means before the employee leaves work on the shift during which the incident occurred or the employee became aware of the possibility of exposure, whichever occurred first.**

2. Make every effort to identify the person with whom the employee has had contact. Every effort should be made to obtain the full name, address, age, and telephone number of the individual.

3. The supervisor must immediately complete the "Shelby County Injury Accident Investigation Report," taking care to include all the information about the contact person, if known.

4. **The injury report and any attachments must be hand-delivered to the Risk Management department no later than the next business day after the incident, in a sealed envelope marked "confidential."**

5. Shelby County Government will not be responsible for the payment of medical bills for TB testing done by a medical facility other than Employee Health Services or the Health Department TB Clinic.

6. Shelby County Government will not be responsible for the payment of medical bills for TB surveillance and/or preventive medications from a medical facility other than Employee Health Services or the Health Department TB Clinic.

7. The injury report and all information regarding the incident will be reviewed by Employee Health Services or the Health Department TB Clinic, and recommendation regarding medical follow up will be made at that time. If it is determined that follow up is necessary, the employee will be seen for counseling, appropriate testing and/or preventive medication, to be done at intervals specified by the Health Department. If the employee feels that he/she has a legitimate medical reason for refusing testing and/or preventive medications, the employee must inform the nurse who shall review the new information, request any necessary verification, and make necessary recommendations. If the employee refuses the recommendation he or she will be required to sign a statement releasing Shelby County Government from any further responsibility.

8. All employees who believe that they may have been exposed to TB in the work place will be given the opportunity to receive appropriate counseling from professionals skilled in this area.

9. **The employee's right to privacy will be protected at all times. Release of information without the employee's written consent is strictly prohibited.**

E. Tuberculosis Testing and Surveillance

1. Special surveillance for employees of the Shelby County Correction Center, Criminal Justice Center, Health Department and Health Care Centers.

2. Initial screening of new employees.

   a. All new employees, including temporary, part-time, contracted and volunteers shall be screened for tuberculosis.

   b. All new employees will be provided with educational materials regarding tuberculosis, transmission of disease, and methods to minimize the spread of disease in the work place.

   c. All new employees except those who had TB in the past, those on current drug therapy, and those who are previously documented "positive" (significant tuberculin reactors) are required to present results of 5 TU PPD Mantoux tuberculin skin testing. The results of one or more tuberculin tests may be required depending on the circumstances.

   d. Positive reactors must have chest x-rays according to the recommendation of the Health Department.

3. Annual TB screening of employees.
   a. All employees with routine patient/client contact, except those who have been documented as significant reactors (10mm or more induration) or those who have had TB in the past, are required to present results of a single 5 TU PPD Mantoux tuberculin skin test annually so long as the skin test remains non-significant (negative).

   b. Employees whose tuberculin skin test converts from non-significant to significant during employment shall receive a chest x-ray, be evaluated by the TB physician, and be considered for preventive therapy.

   c. Employees who develop unexplained pulmonary symptoms that persist, and/or other unexplained symptoms (fatigue, low-grade fever, night sweats, loss of weight, etc.), regardless of prior therapy or screening results, shall be evaluated by a physician as soon as possible to rule out infectious tuberculosis.

199.06 COMPLIANCE

A. The Shelby County Government will comply with all applicable local, state, and federal laws as it applies to CDC policies and procedures for recognizing, prevention and treating any disease that may cause an epidemic in its facilities or communities.

B. Shelby County Government will thoroughly investigate any claim by a county employee that he/she has been infected with HIV, HBV or TB in the work place. Shelby County Government will not accept responsibility for such a claim if the employee refuses the appropriate testing, or if the employee refuses to release test results and other pertinent

medical information to the Risk Management Department. Any employee who develops AIDS, Hepatitis B or Tuberculosis will not be provided with automatic OJI coverage for the illness simply because he/she has reported a possible exposure to HIV, HBV and/or TB while in the course of performing his/her duties. The County will not assume liability for any employee exposure through improper, illegal, and/or otherwise unauthorized activities at the work place, nor will the County assume liability for any work place exposure if the exposed employee has failed to completely follow required procedures for prevention of exposure.

Authority of

Floyd Bonner Jr., Sheriff

RE: COMMUNICABLE DISEASE RESPONSE	
STANDARD OPERATING PROCEDURE: 355	EFFECTIVE DATE: 07-27-09
SUPERCEDES: NEW	NEXT ANNUAL REVIEW DATE: 11-05-2019
DISTRIBUTION: JAIL DIVISION	REVISION DATE:
REFERENCES:ACA4-ALDF-D4-01	
	Cross Reference: Jail SOP 650 Infection Control Program

355.00 PURPOSE

A. The purpose of this procedure is to establish a process for quarantining, isolating and/or evacuating inmates in response to an infectious disease outbreak. It is the purpose of the Shelby County Sheriff's Office (SCSO) Jail Division to take into consideration federal, state and municipal medical procedures and standards when dealing with Communicable Disease incidents.

B. It is the goal of the Jail Division to minimize risk to the staff and inmates during an outbreak, while at the same time making every effort to provide a safe and secure environment to all persons who may be confined within a contaminated area of the facility.

355.01 APPLICABILITY

This procedure applies to all SCSO personnel and inmates.

355.02 DISTRIBUTION

This procedure will be distributed to each department head on the SCSO Learning Management System (LMS).

This procedure will be reviewed annually.

355.03 DEFINITIONS

A. **Communicable Disease** – a specific infectious agent or its toxic product, that is able to be transmitted from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly.

B. **Contagious/Quarantinable Diseases** – diseases that are easily transmitted to others i.e. Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Acture Respiratory Syndrome (SARS). Persons suffering with these types of contagions must be quarantine from general population to prevent spreading.

C. **Epidemic** – a widespread disease that affects many individuals in a population. Cases of such illness or condition, communicable or non-communicable, may be caused by bioterrorism, pandemic influenza, highly fatal infectious agents or biological toxins.

D. **Pandemic** – An epidemic occurring over a wide geographical area and affecting a large proportion of the population.

E **Pandemic Influenza** – A widespread epidemic of influenza caused by a highly virulent strain of the influenza virus.

F. **Isolation** – Isolation refers to the separation and restriction of movement of persons who have a specific infectious disease from those who are healthy, to stop the spread of the disease.

G. **Quarantine** – Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious.

H. **Health Authority** – Inmate Medical Service Provider, Shelby County Health Department, and Center for Disease Control (CDC).

I. **Patient** – Any person identified as being infected or possibly infected until cleared by medical staff.

355.04 COMMUNICATION AND EDUCATION

A. When an epidemic or pandemic has been confirmed in the Memphis and Shelby County Metro area by a health authority, the Chief Jailer will consult with the Sheriff or designee and the department's medical providers. They will determine if additional medical screening methods may be needed in an effort to identify persons being processed into custody, who may be displaying signs or symptoms consistent with the declared crisis.

B. The facility's health care provider will meet with command staff and those selected by the Chief Jailer or designee, to determine a proposed course of action for the evaluation, diagnosis and treatment of both inmates and personnel.

C. The medical providers will assimilate material for staff and inmates that includes basic information about the contagion, transmission, routes, precautions to take in order to limit transmission, signs and symptoms to look for (self screening) and other necessary information.

D. Administrative staff will identify, aquire and ensure that personal protective equipment are issued to staff and inmates.

E. Educational material should be read in briefings for staff and posted in housing areas in English and Spanish for inmates.

NOTE: During cold and flu season, staff should be encouraged to obtain flu shots or take advantage of other means shown to reduce the likelihood of infection from seasonal cold/flu.

355.05 INTAKE AND IN CUSTODY SCREENING AND TRACKING

A. Arrestees displaying symptoms during an epidemic/pandemic will not be allowed entry or will not be admitted into the facility consistent with *Policy 847.05 (D) Intake Processing* regarding sick or injured inmates. Those persons will be redirected to Regional One Health.

B. Inmates already in our custody displaying any signs or symptoms of a contagious disease will be screened by the department's medical staff. Inmates with flu-like symptoms, such as coughing, sneezing, fever, nausea etc., will be referred to medical staff by the inmate's pod officer.

C. Medical staff will call Regional One Health immediately for inmates showing signs of exposure to the epidemic in progress. The inmate may be sent out for further evaluation.

D. Jail Medical personnel will implement a tracking system of inmates that have the virus or are displaying symptons and tracked them until they are released.

355.06 FACILITY ISOLATION AND QUARANTINE AREAS

Area (s) established by the Medical Professionals for 'Medical Isolation' will be the only housing units utilized for isolation and quarantine within our facility. If the population of patients that needs to be isolated or quarantined exceeds the designated areas' capacity, the following actions may be considered:

- Infected or possibly infected inmates will be confined to their cells. The 5th & 6th Floor inmates will be placed in an enclosed pod with other quarantined inmates.
- One or more pods in the facility may be converted to a quarantine and isolation housing area where the building has a separate air handling system apart from the jail.
- An alternative isolation area may be opened, i.e. a tent, the 5th floor gym or both.
- Housing areas with a large number of symptomatic inmates will be closed off to new inmates and used for isolation and quarantine only.
- Female inmates who are infected will be kept at Jail East. F- pod may be emptied and utilized as a back-up isolation area.
- When pre-determined areas are **nearing** capacity, a meeting will be held between the facility's health care provider, Chief Jailer or designee, Captain or designee, Maintenance Supervisor, and Processing Manager to determine additional area to be used for isolation or quarantining. Areas of consideration and action taken may include relocation of Intake processing area, using the 5th Floor gym or re-routing courts for the use of the Tunnel (depending on where the disease first strikes).
- If the situation warrants, the Chief Jailer or designee may order closing the jail to new arrestees and moving the Intaking Processing area to an alternate location(s) outside of the facility. This may involve meeting with other agencies persuant to Mutual Aid Agreements established by the Emergency Preparedness Contingency Plan.
- New arrestees displaying identifying symptoms may be staged in another location for Booking to assure that they do not have the disease.

355.07 INMATE MOVEMENT

A. Movement of inmates quarantined or isolated will be restricted to their housing units.

B. Appropriate safety precautions should be taken by staff whenever inmates are being moved from their housing area to medical isolation.

C. Pod officers will inform the Tunnel staff of all medically identified infectious or possibly infectious inmates in their pod. The Tunnel officer will inform the court's deputy. The Judge may reschedule any pending court appearances until the inmate has been medically cleared.

D. In cases of a local epidemic/pandemic, a policy and procedure for release of ill inmates will be discussed with local health authorities and their procedures will be followed.

E. This facility may restrict the relocation of inmates from another facility to here, if they are experiencing an epidemic/pandemic in their county or facility. Inter-agency cooperation is paramount in the task to avoid the spread of the disease

F. Social distancing, taking proper safety measures and being informed, are valuable keys to surviving any pandemic episode. All other issues that may arise concerning these procedures and precautionary measures will be handled by the Chief Jailer or designee.

G. The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract, or job description. **(4-D-01)**

Authority of

Kirk Fields

Kirk Fields, Chief Jailer

RE: INFECTION CONTROL PROGRAM	
STANDARD OPERATING PROCEDURE: 650	EFFECTIVE DATE: 04-01-04
SUPERCEDES: NEW	NEXT ANNUAL REVIEW DATE: 10-25-2020
DISTRIBUTION: JAIL DIVISION/JDS	REVISION DATE: 08-29-05, 05-04-2011, 04-18-12, 07-19-13,05-07-14, 07-07-16, 10-04-17, 01-31-19
REFERENCES: ACA 4-ALDF-7-B-09, 3-JDF-4-C-36	Cross Reference: CCS Policy J-B-01

650.00 PURPOSE

A. The purpose of this procedure is to provide guidelines that will help the healthcare provider maintain an environment that reduces unnecessary exposure to infectious and communicable diseases for inmate/detainee, security and healthcare staff.

B. The Infection Control Program will follow guidelines and recommendation set by The Centers for Disease and Control (CDC), Occupational Safety and Health Administation (OSHA), and other pertinent entities or documents related to infection control.

650.01 APPLICABILITY

This procedure applies to all Shelby County Sheriff's Office (SCSO) Jail Division, Jail East and Juvenile Detention Services personnel and inmates/detainees.

650.02 DISTRIBUTIONS

This procedure will be distributed to each department head and on the SCSO Learning Mangement System (LMS).

This procedure will be reviewed annually

650.03 DEFINITIONS

A. **Bloodborne Pathogens Expsoure** – (BBP) **Blood** means human **blood**, its components, and products made from it. **Bloodborne Pathogens** means **pathogenic** microorganisms that are present in human **blood** and can cause disease in humans. These **pathogens** include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

B. **Infection** - An infection is the detrimental colonization of a host organism by a foreign species. In an infection, the infecting organism seeks to utilize the host's (human body) resources to multiply.

C. **Prophylaxis** - Prevention of or protective treatment for disease.

650.04 PROCEDURAL GUIDELINES

A. The Infection Control Program is designed:

1. To establish guidelines for assisting HIV (Human Immunodeficiency Virus) infected inmates/detainees that complies with Centers for Disease and Control (CDC standards of care.

2. To make personal protective equipment required for respiratory isolation or universal blood and body fluid precautions readily available for healthcare staff.
3. To provide guidelines for the care of inmates/detainee with exposures to BBP.

B. All new full-time health care employees "must" complete a formalized, forty (40) hour orientation program "before" undertaking their assignments. At a minimum, the orientation program includes instruction in the following:

1. The purpose, goals, policies and procedures for the facility and parent agency.
2. Security and contraband regulations.
3. Key control.
4. Appropriate conduct with inmates/detainees.
5. Responsibilities and rights of employees.
6. Universal precautions.
7. Occupational Exposure.
8. Personal protective equipment.
9. Bio-hazardous waste disposal.
10. An overview of the correctional field. **(4-ALDF-7-B-09)**

C. Safety and Sanitation Program

1. The Safety and Sanitation Program of the institution will be reviewed by the Medical Director to ensure health environmental issues are adequately addressed.
2. The Health Services Administrator, or designee, will inspect the safety and sanitation of the Health Services Unit on a monthly basis using the Safety Inspection Checklist.
3. The Health Services Administrator, or designee, will review the institution Safety and Sanitation Inspection Reports when pertinent to health care issues.
4. The Health Services Administrator, or designee, will participate in inspections as requested by the Environmental Manager or environmental staff.

D. Infection Control Program

1. Infection control recommendations for surveillance, containment, testing, decontamination, sterilization and proper disposal of sharps and bio-hazardous waste are found in the facility Health Service Infection Control Manual.
2. Exposure Control Program is outlined in the facility Health Service Exposure Control Manual.
3. Infectious disease issues are discussed at the Quality Improvement meeting. Written reports will identify reportable diseases, outbreaks or occurrences of special infectious diseases and problem-solving opportunities.

4. Health Services Administrator, or designee, will complete and file all reports consistent with local, state and federal laws and regulations. Annual statistics will be maintained by monthly completion of Infectious Disease Report.

5. The Quality Improvement meeting will monitor employee knowledge of Infection Control and Exposure Control annually on a formal basis and more often if problems are identified.

6. The Medical Director and Health Services Administrator will implement the pertinent sections of the facility Health Service Infection Control Manual regarding employee safety.

650.05 COMMUNICABLE DISEASE ISOLATION

A. Policies and procedures for isolation of communicable diseases are outlined in the Health Service Infection Control Manual as well as the Standard Operating Procedure 355 Communicable Disease Response.

B. Inmate/detainee requiring respiratory isolation will be housed in a single room with a sanitizing face mask or may be transferred to Regional One Health for proper isolation.

C. Universal blood and body fluid precautions outlined in the facility Health service Infection Control Manual will be practiced by health care providers and correctional staff.

D. Required court appearances for inmates/detainees housed at the jail with a communicable disease will be done only after evaluation of the severity of the disease and safety of transfer can be established by the physician. All escorting staff will be instructed to exercise all safety precautions.

E. Communicable disease isolation issues and/or problems will be discussed at the Medical Audit Committee meeting.

650.06 HUMAN IMMUNODEFIENCY VIRUS (HIV) TESTING

A. All inmates/detainees are provided the opportunity for voluntary HIV testing during the Intake process or upon their request anytime thereafter.

B. Written consent will be obtained from the inmate/detainee prior to obtaining a blood sample for HIV testing.* For JDS this same process will take place but at the Shelby County Health Department.

C. All HIV testing will be conducted by trained healthcare staff with documented pre and post test counseling and informed consent.

D. Usual laboratory determinations will be utilized to reduce the incidence of false positive reports.

E. Inmates/detainee who is diagnosed as HIV positive will be reviewed by the facility health service physician for referral to the Adult Special Care Clinic. **(3-JDF-4-C-36)**

F. In accordance with The Health Insurance Portability and Accountability ACT (HIPPA), confidentiality regarding the HIV/AIDS status of an inmate/detainee will be maintained within the control of the health services, the health department and as part of their medical record **only**.

G. Medical Records will not be marked to distinguish HIV status.

H. Correctional staff receives training in infection control practices inclusive of HIV. Inmate/Detainee education is provided through the Health Department staff and health promotion programs.

I. Universal precautions will be utilized for infection control practices.

J. Inmate/Detainee classification will be determined on an individual basis. Generally, only those unable to comply within universal precautions or whose immunosuppressant renders them susceptible to infection if not isolated, will be classified away from general population.

650.07 PERSONAL PROTECTION EQUIPMENT

A. The appropriate personal protective equipment is available and accessible for all healthcare staff. This includes disposable gloves, disposable gowns, goggles and face masks.

B. The protective equipment will be at the following locations:

1. Treatment rooms.
2. Dental office.
3. Some Special Management Housing Units.

C. Emergency Response Bags will contain a Cardio Pulmonary Resuscitation (CPR) mask with one-way valve or Artificial Manual Breathing Unit (AMBU) bag.

D. Medical service personnel may request other items that may be required for personal protection for universal blood and body fluid precautions through the Health Services Administrator.

650.08 BLOODBORNE PATHOGENS (BBP)

A. Inmates/Detainee with exposure to BBP will have assessment, treatment and follow-up according to current CDC guidelines.

1. First aid is provided as indicated.

2. The primary care provider (physician) assesses the inmate/detainee-patient

   a. If HIV prophylaxis is indicated the sooner it is initiated, (within a few hours after the exposure) the more likely it is to be effective.

   b. HBV prophylaxis is initiated as soon as possible.

   c. In case of sexual assault, consideration is given to timing of forensic evidence collection in the Emergency Department and the need to initiate HIV/HBV prophylaxis.

3. If it is necessary to continue a regimen, inmate/detainee specific medications may be obtained through the medical department.

4. Inmate/Detainee Post Exposure to Blood and/or Body Fluids form will be completed when health care staff is informed of an inmate/detainee exposure to a blood borne pathogen. The information provides guidance in Post Exposure Chemoprophylaxis for HIV and Hepatitis B prophylaxis. This completed form becomes part of the inmate's/detainee's medical record.

5. The Exposed Inmate/Detainee Laboratory Testing form is used to document initial and follow up laboratory testing for both the exposed inmate/detainee and the inmate/detainee-source. Recommended HIV prophylaxis blood test monitoring included on the form is to be used if HIV chemoprophylaxis is ordered. This completed form becomes part of the inmate's/detainee's medical record. A copy should be placed in the inmate/detainee-source medical record.

6. Inmate/Detainee Post Exposure Information and Consent for HIV Medications form is reviewed with the inmate/detainee, no PEP (Post Exposure Prophylaxis) is indicated or consent or refusal for medication is obtained, the original signed form is placed in the inmate's/detainee's medical record and a copy is given to the inmate/detainee.

7. A Refusal Form is obtained by medical if at any time the exposed inmate/detainee declines follow up. Progress notes should reflect the circumstances and counseling that was attempted prior to the rejection of follow-up treatment.

8. The source inmate/detainee is counseled and their medical record is reviewed. Mental Health referral will be ordered if indicated. Inmate/Detainee exposures are reported in the monthly Infection Control Report.

Authority of

Kirk Fields

Kirk Fields, Chief Jailer

RE: INMATE MEDICAL SCREENING	
STANDARD OPERATING PROCEDURE: 660	EFFECTIVE DATE: 04-01-04
SUPERCEDES: NEW	NEXT ANNUAL REVIEW DATE: 11-05-2019
DISTRIBUTION: JAIL DIVISION	REVISION DATE: 05-04-11, 08-04-13, 06-26-14
REFERENCES: ACC 4-ALDF-4-C-04, 13, 19, 22, 23, 24, 25, 26, 29	CROSS REFERENCE:CCS Policy J-E-02, 03, 04, 05, 12, J-G-02, 07
	Revised 02-24-05

660.00 PURPOSE

A. The purpose of this procedure is to ensure the health status of each inmate/detainee has been assessed appropriately.

B. Ensure newly arrived inmates/detainees, including intra-system transfers, are screened to provide continuity of care and to identify inmates/detainees who pose a threat to their own or others' health or safety and may require immediate intervention. Ensure continuity of care from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. **(4-C-04)**

C. Ensure that a review of the health record is performed by a qualified health care professional on all "intra-system transfers".

D. Ensure that proper Nursing Protocols are followed.

E. Ensure that inmates/detainees receive proper discharge planning.

F. Ensure that female inmates/detainees housed at the Shelby County Sheriff's Office (SCSO) Jail East Facility and Juvenile Detention Services have access to pregnancy management services. Provisions of pregnancy management include the following:

1. pregnancy testing
2. routine and high-risk prenatal care
3. management of chemically addicted pregnant inmates/detainees
4. comprehensive counseling and assistance
5. appropriate nutrition
6. postpartum follow up **(4-C-13)**

G. To review, comprehend and move forward with medical isolation policy/practices as Revised by Shelby County Sheriff's Office (SCSO)

660.01 APPLICABILITY

This procedure applies to all SCSO Main Jail, Jail East and Juvenile Detention Services personnel and inmates/detainees.

660.02 DISTRIBUTIONS

This procedure will be distributed to each department head on the SCSO intranet Learning Management System (LMS).

This procedure will be reviewed annually.

660.03 PROCEDURAL GUIDELINES

A. All inmates/detainees booked into the Shelby County Jail Facilities will be processed by the Medical Department.

B. A health assessment of each inmate will be completed according to the receiving/screening information obtained and approved by the Medical Director or designee.

C. The health history and vital signs will be completed by qualified and trained healthcare staff members. If indicated a physical examination will be performed by an appropriately trained Registered Nurse, Physician Assistant, Nurse Practitioner or Physician.

D. Contracted medical provider will provide brief education and single-page educational Material for Security regarding prompt notification to medical of any detainees displaying Signs of TB regardless to housing location.

E. The health assessment includes:

1. Review or completion of information on Medical History and Screening forms. Health appraisal data collection and recording includes the following:

   a. a uniform process as determined by the health authority

   b. health history and vital signs collected by health-trained or qualified health care personnel

   c. collection of all other health appraisal data performed only by qualified health personnel

   d. review of the results of the medical examination, tests and identification of problems is performed by a physician or mid-level practitioner, as allowed by law. **(4-C-25)**

2. Collection of additional data to complete the medical, dental, mental health and immunization histories.

F A comprehensive health appraisal for each inmate/detainee is completed within fourteen (14) days after arrival at the facility for adults and within seven (7) days for youth regardless of housing location. If there is documented evidence of a health appraisal within the previous ninety (90) days, a new health appraisal is not required except as determined by the designated health authority. Health appraisal includes the following:

1. review of the earlier receiving screening
2. collection of additional data to complete the medical, dental, mental health, and immunization histories
3. laboratory and/or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
4. recording of height, weight, pulse, blood pressure, and temperature

5. other tests and examinations as appropriate
6. medical examination, including review of mental and dental status
7. review of the results of the medical examination, tests, and identification of problems by a physician or other qualified health care personnel, if such is authorized in the medical practice act
8. initiation of therapy when appropriate
9. development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation

(4-C-24)

660.04 RECEIVING SCREENING

A. Inmates/detainees will be screened for suicidal tendencies, chronic medical problems, unresolved acute medical problems, and communicable diseases during the receiving screening process.

B. Inmates/detainees who are unconscious, semi-conscious, bleeding or otherwise obviously in need of immediate medical attention will be referred to the emergency room for care before being accepted into the facility. **(4-C-22)**

C. Intake medical screening for inmates/detainees who are determined by the medical provider to have signs of TB will immediately be referred to the emergency room for respiratory isolation and care before being accepted back into the facility.

D. Intake medical screening for inmates/detainees commences upon the inmate's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The receiving screening includes at least the following: **(4-C-22)**

Inquiry into:

1. Any past history of serious infectious or communicable illness, and any treatment or symptoms and medications
2. Current illness and health problems, including communicable diseases
3. Dental problems
4. Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after they stop using the drug.
5. The possibility of pregnancy
6. History of problem
7. Other health problems designated by the responsible physician

Observation of the following:

1. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
2. Body deformities and other physical abnormalities
3. Ease of movement
4. Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

Medical disposition of the inmate (See Section 660.05 H):

1. Refusal of admission until inmate/detainee is medically cleared
2. Cleared for general population. No anticipated problems.
3. Cleared for general population with prompt referral to appropriate health care service
4. Referral to appropriate health care service for emergency treatment

660.05 INMATE SCREENING

A. All receiving screening on all inmates/detainees will be conducted in the diagnostic units or a holding room on their arrival at the facility as part of the admission procedures. **(4-C-22)**

B. Inmate/Detainee screening will be conducted by a licensed health care staff. A subsequent review of positive findings by the licensed health care staff is required. The responsible physician, in cooperation with the facility manager, establishes protocols. **(4-C-22)**

C. Receiving Screening will be initiated by healthcare staff using the Medical History and Screening form.

D. The Intake Mental Health Screening will also be completed by staff completing Receiving-Screening.

E. If inmate's/detainee's medical or mental health condition precludes placement in the designated area, the Institutional Authority will be notified.

F. Information obtained in the receiving screening and the mental health screening is entered into the Electronic Medical Records (NextGen) computer system. Information for medical processing will continue to be documented in the Offender Management System.

G. If indicated, the inmate/detainee will be further assessed or scheduled for physician/psychiatrist assessment.

H. Healthcare personnel will make disposition recommendations to institutional Authority, or designee, based on assessment or review of screenings: **(4-C-22)**

1. Immediate referral to Emergency Room.
2. General population: no anticipated problems.
3. Close observation: inmates/detainees who are at risk for self-harm or medical problems due to alcohol intoxication or possible drug withdrawal.
4. Medical housing: inmates/detainees with medical problems such as seizures, insulin-dependent diabetes, active cardiac-respiration conditions, and physical limitations.
5. Contact the physician/psychiatrist on-call for intervention, when indicated.
6. Healthcare staff will verify medications and make indicated referrals to the Medical/Mental Health Director.
7. If inmate/detainee requires intervention or further assessment for mental health problems, mental health staff and/or psychiatrist will be advised by completing

Referral to Mental Health by tasking in the referral through the Electronic Medical Records (EMR).

8. The Medical History and Screening information become a part of the inmate's/detainee's medical record when a permanent medical record is initiated or reactivated.

I. Housing of Inmates/Detainees Refusing TB Screening

A. Inmates/Detainees in general population refusing to comply with medical by submitting to the TB screening will be advised that they will receive a disciplinary write-up and moved to 1st Floor Administrative Segregation.

B. If attempts are unsuccessful, and the inmate/detainee has no symptoms of tuberculosis, the medical staff will notify the security staff supervisor, who will notify the Captain or designee. The Captain or designee may call for the Crisis Intervention Team (CIT) or Detention Response Team (DRT) to give the inmate additional time to comply. After all attempts are exhausted and the inmate/detainee still refuses to comply, the medical staff will submit a disciplinary report for "Refusing Staff Orders" and check the "Y" box.

C. The inmate/detainee will be reassigned to the First Floor Administrative Segregation (Ad/Seg) in for "Pre-detention", escorted by DRT. The Captain or designee (where the inmate was housed) will generate, complete and submit the Administrative Segregation Disciplinary Detention Administrative Segregation Max Form for admission to Ad/Seg.

D. The inmate/detainee will be visited daily by medical staff to encourage compliance with the TB screening procedure. Medical staff will notify the Unit Manager of the result of their visit with the inmate. Once the inmate/detainee complies with the testing they will be reassigned to general population.

E. The contracted provider of medical services will adopt policy-specified practice of "daily assessment, re-education of inmate/detainees initially who refuse TB screening.

660.06 INTRA-TRANSFER INMATES/DETAINEES

A. All intra-system transfer inmates/detainees receive a health screening by health-trained or qualified health care personnel which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following:

Inquiry into:

1. Whether the inmate/detainee is being treated for a medical, mental health or dental problem.
2. Whether the inmate/detainee is presently on medication
3. Whether the inmate/detainee has a current medical, mental health or dental complaint.

Observation of:

1 General appearance and behavior
2. Physical deformities
3. Evidence of abuse or trauma.

Medical disposition of inmates/detainees:

1. Cleared for general population. No anticipated problems
2. Cleared for general population with appropriate referral to health care service.
3. Referral to appropriate health care service for service for emergency treatment. **(4-C-23)**

B. A licensed nurse will review each incoming inmate's/detainee's health record or summary within twelve (12) hours of arrival at the facility to ensure continuity of care.

C. Within twelve (12) hours of the transfer of an "intra-system" inmate (inmates/detainees transferred from other correctional facilities) into the jail, the health record or summary sheet will be reviewed by a licensed nurse to ensure continuity of care.

D. All prescription medications that have been ordered for a transferred inmate into the facilities, and are listed in the health record or summary, will be reviewed by the site Medical Director for orders for continuation.

E. All inmates/detainees will have a receiving screen completed by a qualified medical professional.

F. After verifying all medications with the former correctional facility, the Medical Director or designee will be contacted and notified regarding the pertinent information.

G. When clinically indicated, the Medical Director or designee will give medication orders to the nursing staff.

660.07 PERIODIC HEALTH ASSESSMENTS

A. The Medical Director determines conditions for periodic health examinations for inmates/detainees.
(4-C-26)

B. Inmates/detainees with chronic conditions such as hypertension, diabetes, and other diseases, receive periodic care and treatment that includes: monitoring of medications, laboratory testing and use of chronic care clinics. **(4-C-19)**

C. All inmates/detainees will receive an annual full health assessment.

D. Inmates/detainees will be scheduled for health assessment according to information obtained from the receiving/screening process.

E. The applicable Intake Screening Forms will be retrieved from the Health Services Unit.

F. A search for a Medical Record from a prior incarceration will be conducted.

G. If a health assessment is completed it will be documented on the Physical Assessment and scanned into the inmate's/detainee's Medical Record.

H. Additional testing, if indicated, will be ordered by the physician.

.I. Treatments will be initiated as ordered by the physician.

J. Referrals to dental and mental health will be initiated, based on the periodic health assessment.

660.08 MENTAL HEALTH SCREENING AND EVALUATION

A. All inmates/detainees will receive an initial mental health screening at the time of admission to the facility by mental health trained or qualified mental health care personnel. The mental health screening includes, but is not limited to: **(4-C-29)**

Inquiry into whether the inmate:

1. has present suicide ideation.
2. has a history of suicidal behavior or a change that puts him/her in a high risk category.
3. is presently prescribed psychotropic medication.
4. has a current mental health complaint.
5. is being treated for mental health problems.
6. has a history of inpatient and outpatient psychiatric treatment.
7. has a history of treatment for substance abuse.

Observation of:

1. General appearance and behavior
2. Evidence of abuse and/or trauma
3. Current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of inmate:

1. Cleared for general population. No anticipated problems
2. Cleared for general population with appropriate referral to mental health care service
3. Referral to appropriate mental health care service for emergency treatment

B. A list of inmates/detainees requiring psychiatric evaluations will be provided to mental health staff in a timely manner.

C. Mental Health Evaluation will be completed by:

1. Review of Intake Psychiatric Screening form and medical history in inmate's/detainee's Medical Record.
2. Interview of inmate.
3. Psychological testing if indicated.

D. Evaluation will be documented in the patient's electronic medical record.

E. Inmates/detainees requiring specialized placement or treatment related to mental disorders or limited cognitive functioning will be scheduled for follow-up.

F. Documentation of on-going monitoring will be maintained in the Medical Record.

660.09 STANDING ORDERS AND NURSE ASSESSMENT PROTOCOL

A. Nursing Protocols are guidelines approved by the Medical Director to assist nursing personnel in the assessment of common inmate/detainee health conditions and the implementation of health care.

B. The treatment may be the education of the inmate in self-care, the initiation of approved over-the-counter medications and the initiation of emergency first aid care. Medical Staff shall:

1. Have the current signed and dated copy of the Nursing Protocols available in each area where treatment is provided.

2. Retain the original signed copy of the Nursing Protocols in the Health Services Administrator's Office.

660.10 DISCHARGE PLANNING

A. Education regarding appropriate care and available resources will be initiated during the screening process for those with chronic conditions.

B. Education will also continue during Chronic Clinic each scheduled appointment.

C. Inmate/Detainee will sign and receive a copy of the Discharge Planning Information and the original will be kept in the medical record.

D. Information including medication reactions and side effects will be included during chronic care visits.

E. With advance notification, conditional release medications may be requested by security staff for an inmate who is being released to another custody program / jurisdiction (i.e. Fugitive Transportation Services). Medical services may provide a minimum amount of requested medications adequate to sustain the inmate/detainee during transportation.

660.11 DETERMINATION OF PREGNANCY

A. Pregnancy tests may be ordered by the physician or requested by a female inmate/detainee as medically indicated. The following procedure applies:

a. Menses and pregnancy history from Receiving Screening will be reviewed prior to first-time administration of medication or x-ray of female inmates/detainees.

b. Urine pregnancy test will be performed.

c. Results will be documented in Medical Record.

B. If pregnancy is confirmed, Pregnancy Information will be completed and inmate/detainee will be scheduled to see the physician.

C. Inmate/Detainee will be added to Pregnancy Inmate Log and placed on the pregnancy diet for required additional nutritional needs to be met.

D. If pregnant inmate is admitted with a history of opiate use (including partial agonist buprenorphine), a physician is contracted so that the opiate dependence can be assessed and treated appropriately.

660.12 COUNSELING FOR PREGNANT FEMALES

A. Comprehensive counseling and assistance will be provided to pregnant inmates/detainees in keeping with their expressed desire in planning for their unborn children.

B. Counseling and social services will be available either from the facility staff or community agencies. Counseling options will include abortion and continuance of pregnancy. Counseling on continuation of pregnancy will be provided by prenatal providers to include adoption and foster care. Documentation of counseling will be maintained in the inmate's/detainee' medical record.

C. If the inmate/detainee expresses the wish to receive an abortion, the healthcare staff will facilitate contact between the inmate/detainee and the appropriate referral service. As with all elective surgery, Health Care Department will not bear the cost of an elective abortion. All appointments and transportation will be arranged through the Medical Unit. The cost will be the responsibility of the inmate/detainee.

D. If the Medical Director, in consultation with the Regional Medical Director, judges that an abortion is therapeutically indicated, the medical care will be arranged following the procedure established at the institution for providing specialty care. The following procedures apply:

1. All facility prenatal care is directed to an off-site provider. This community agency is responsible to present all options to the pregnant inmate/detainee.
2. All arrangements will be made by the medical department as needed.

Authority of

Kirk Fields

Kirk Fields, Chief Jailer

Shelby County Sheriff's Office

RE: INMATE CLOTHING, BEDDING, LINEN SUPPLIES AND HAIR CARE	
POLICY # 851	EFFECTIVE DATE: 08-31-04
SUPERSEDES:	NEXT ANNUAL REVIEW DUE: 07-2020
DISTRIBUTION: ALL PERSONNEL	REVISED: 08-28-07, 09-07-10, 02-01-11, 09-11-12, 06-02-17, 04-08-19
REFERENCES: ACA 4-ALDF- 4B-01, 02, 05	CROSS REFERENCE:SOP #348

851.00 POLICY AND PURPOSE

A. It is the policy of the Shelby County Sheriff's Office (SCSO) that all inmates be provided adequate clothing, bedding, and linen supplies as well as special clothing and equipment when appropriate. SCSO will also provide inmates the opportunity for hair care service to allow for court or personal appearances.

B. Space will be provided in the facility to store and issue clothing, bedding, cleaning supplies and other items required for daily operations.

851.01 APPLICABILITY

This policy and procedure applies to all SCSO personnel.

This policy will be reviewed annually and updated as needed.

851.02 DISTRIBUTION

This policy will be distributed to each SCSO department head and on the SCSO intranet Learning Management System (LMS).

851.03 PROCEDURAL GUIDELINES

A. All clothing, bedding, and linen supplies issued to inmates will be recorded. During the Intake Process each inmate will sign for and be responsible for their issued items and held accountable for its return upon their release. The officer receiving the returned items will inspect the article to ensure that it is intact and not defaced. Inmates are not required to return underwear, T-shirts, or socks.

B. The inmate will reimburse SCSO for any required item that is not returned or is returned in an unusable condition resulting from abuse. If the inmate is not being released from the custody of the SCSO, he/she may also face disciplinary action.

C. Inmates will be issued clothing that is properly fitted and presentable. Inmates will wear issued clothing in a manner in which it is intended to be worn.

D. During certain times of the year, such as in cold weather, rain, etc., inmates who must be outside will be issued clothing appropriately. This clothing may include an overcoat, gloves, and hats. It

is the responsibility of the officer supervising the inmate to ensure that inmates are issued special clothing or equipment and that they are worn when required.

E. Inmates will be issued clean bedding and linen, including two (2) sheets, a pillow (unless the pillow is attached to the mattress), pillowcase, and sufficient blankets. Linen, including towels, will be exchanged at least weekly; blankets, quarterly.

F. Mattresses and pillows will be sanitized before and after each use. Officers will conduct a monthly sanitizing of mattresses and pillows and enter the information in the pod's logbook and the Offender Management System (OMS) in the Activity Log.

G. Upon admission inmates will be issued an initial "hygiene package" that will include all necessary articles for maintaining personal hygiene. Supplies received afterwards will be through commissary purchase or under provisions of indigent status.

851.04 INMATE HAIR CARE

A. Inmates will be allowed to receive at least one haircut a month or as needed for grooming for court appearances. The inmate will use only the equipment provided by the department or that was purchased from the commissary.

B. Inmates will have an opportunity to shave facial hairs as needed for court appearances.

851.05 INMATE MEDICAL ISOLATION

A. Inmates on medical isolation will be provided a clean set of clothing and bedding daily.

B. Isolation cell mattresses will be sanitized with Bio Vex daily and documented in the logbook.

C. Isolated areas and equipment used in the area will be cleaned thoroughly by floor trustees, using Bio Vex.

D. Personal protective equipment will be provided to the trustees to assisting with cleaning to prevent exposure.

E. Cleaning rags, blankets, clothing, or other items that have not been contaminated by blood may be placed in a clear water soluble bag. These items must be double bagged and taken to the laundry for immediate washing with hot water on the "whites" cycle. Disposable gloves must also be worn when handling contaminated personal protective equipment or garments.

Personal Protective Equipment Kit

Each kit contains a complete set of protective equipment, to include:

a) 1 Disposable Protective Coverall
b) 1 Disposable Mask and Shield
c) 1 Pairs disposable latex gloves
d) 1 Pair of disposable shoe covers

e) 2 Bio-Hazard red bags

f) 1 package absorbent

g) 1 scraper and small scoop

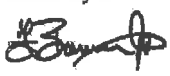
h) 1 germicidal wipe to sanitize affected area

i) 1 hand sanitize wipe

E. Hypoallergenic disposable gloves shall be provided for those persons unable to wear latex gloves.

F. Disposable gloves should be immediately replaced if torn or punctured. Anytime gloves are removed or replaced, they should be discarded and the individual should thoroughly wash their hands with warm water and soap.

Authority of



Floyd Bonner Jr., Sheriff

EXHIBIT "B"

Share Facts About COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT 2

For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age with underlying health conditions, such as diabetes, lung disease, or heart disease, are at greater risk of severe illness from COVID-19.

FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT 4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT 5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

For more information: **www.cdc.gov/COVID19**

CDC

CS 315446-A 03/13/2020

EXHIBIT "C"

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This document is intended to provide guiding principles for healthcare and non-healthcare administrators at Shelby CJC to assist in preparing for spread, and mitigation of COVID-19 in the facility. To properly ensure success all recommendations should fully be implemented (30 days) and re-assessed every 30 days. Failure to implement a single recommendation will greatly limit or eliminate the effectiveness of the other recommendations.

WellPath/Shelby CJC is currently adhering to the following recommendations:

- Operational and communications preparations for COVID-19 (Every Tuesday and Thursday with SCHD)
- Enhanced cleaning/disinfecting and hygiene practices
- Social distancing strategies to increase space between individuals in the facility
- Inmate visitation- Attorneys & other professional visits through video visitation
- Intake protocols (COVID-19 questionnaire, pre-intake Screen temperature/symptom check, 14 day cohorting)
- Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages
- Verbal screening and temperature check protocols for incoming incarcerated/detained individuals and staff of SCSO, Wellpath, and public health
- Mask requirement for all staff and detainees
- Medical isolation of confirmed and suspected cases and quarantine of contacts, including considerations for cohorting when individual spaces are limited (Q Building)
- Healthcare evaluation for suspected cases, including testing for COVID-19
- Clinical care for confirmed and suspected cases
- Considerations for persons at higher risk of severe disease from COVID-19
- Release notification and health assessment with proper education and PPE.
- Face shield requirement for staff providing clinical care outside of floor clinics (medication pass)
- Installation of plexiglass at all floor clinics (nursing sick call, TB skin tests)

OPERATIONAL PREPAREDNESS – Limit staff and patient exposure through decreased movement and contact

1. Housing Recommendations:
    a. Initially - Created cohort area at "Q" Building at SCDC to house all COVID-19 positive patients
    b. Restructured housing
        i. Full facility limited to no inmate movement
        ii. Unit to house COVID-19 "positive" patients
            1. 2A, 2K, and 6th Floor
        iii. Post Testing Management of "Positive " Patients
            1. In the perspective units, there will be an additional week added to the patient's 14-day post results quarantine. Total 21-day quarantine
            2. After the 21st day
                a. Re-test patient after quarantine is completed

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b. Upon receiving 2 "negative" test results (taken within 24 hrs. apart) patient will return back to General Population
c. Positive test patient will quarantine an additional 14 days
d. Process will repeat until patient receives 2 consecutive "negative" test results

2. Inmate Dietary Recommendations
   a. Meals delivered to patients on quarantine/isolation should be delivered with all disposable material and utensils and be disposed of in biohazard waste containers
   b. Individuals delivering meals to quarantine/isolation units should don an N-95 mask and gloves that are changed upon entering and exiting
3. PPE and supply recommendation
   a. All inmates should be wearing surgical masks; must be worn at all times when outside of individual cell
   b. All officers should be wearing surgical masks
      i. Officers stationed to quarantined units should wear N-95 mask and gloves at all times
   c. Health care staff with face-to-face patient care should wear N-95 mask, gloves, and a face shield
   d. All other individuals within the facility should be wearing surgical masks at all times
4. Chronic Care
   a. Telemedicine will be implemented for all providers – Alternating days with patient visits and administrative work (medication, scanned labs, orders, etc.)
   b. Medical Assistants will be used to support provider during Telemedicine visits.
   c. Dialysis patients will continue to receive treatment as scheduled.
   d. Scheduled visits for stable CCC client visits may be extended up to 105 days
5. Medical Sick Call
   a. Care will be provided for urgent matters as appropriate
   b. Telemedicine will be use to the degree possible
6. Mental Health
   a. Intake assessments, special needs visits, seg rounds, and discharge planning will continue **via social distancing, minimizing time spent in contact with patients, and using PPE**
   b. Use plexiglass stations whenever feasible on the floors for patient encounters and intake areas
7. Intake Recommendations
   a. Complete COVID-19 questionnaire and temperature check; issue mask prior to entering facility
   b. Cohort housing of new intakes for 14 days prior to release to General Population
   c. An inmate that leaves the building or receives a face to face visit for any reason (by any person not employed in the jails) should be placed in the daily intake cohort (LLK)
8. Infection Control Recommendations
   a. TB skin test/reads will be done at clinic floor window with barrier (Plexiglas)
   b. Defer annual assessments, as necessary, for up to 30 days during pandemic

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c. Temperature checks will be performed during initial assessment (intake), health assessment, provider visits, sick call for complaints with potentially infectious nature, upon return from ER, during quarantine and during medical monitoring.
d. HIV patient documentation from appointments at ASSC will be reviewed by provider in lieu of visit in CCC
    i. Face-to-face visit will be postponed (30 days); providers/ROH will renew medications
e. Labs will be maintained by medical assistants.

9. Segregation Rounds
    a. Clinical will reduce from daily to three times per week for the next 30 days
    b. Custody staff will continue general population rounds every 30 minutes and notify medical of any medical concerns and medical will respond immediately
10. Nursing Recommendations – reduce activity in clinic and exposure to nursing staff
    a. Sick calls will be continued at sick call room with a barrier (plexiglass)
    b. Wound care will continue to be serviced in the clinic.
    c. Medication pass will continue in the housing area with clinical staff wearing full PPE and a face shield
    d. Code whites will continue; if called to quarantined area, all nurses will don PPE
    e. BP checks will continue at sick call room with a barrier (plexiglass)
11. Dental Recommendations
    a. All non-emergent care can be rescheduled with a 30 day extension
    b. Dental emergencies (including swelling, redness, drainage) will be treated with analgesia and antibiotics, as appropriate, and followed up for resolution
    c. All extractions and invasive care postponed (30 days) unless a dental emergency (see above)
    d. Dental staff only addressing sick calls with a barrier (plexiglass) and dental emergencies while wearing a face shield
12. KOP Recommendations
    a. Motrin, Tylenol, commissary medications, asthma inhalers, and prescribed creams/lotions can be kept on person.
    b. NO diabetic, seizure, mental health, HIV, Cancer, experimental, or narcotic medications will be allowed on person. They will continue to be passed by a medical professionals.
13. Inmate Release Recommendations
    a. Wellpath Discharge Instructions for Suspected or confirmed COVID-19 Patients form completed
    b. SCHD COVID-19 Release Form completed and faxed to Dr. Martin to track the patient upon release to include telephone notification to SCHD of any pending release of "positive" patient with incomplete quarantine period for assistance with community care coordination IF there is no stable housing confirmed for the inmate. (MORE INFO TO FOLLOW)
    c. Any "positive" inmate will be released with a mask and quarantine information.

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REPEAT: Wellpath, An extreme amount of movement would be required for all inmates to move from Pod to clinic for med pass. Not sure if this can work. Can SECURITY provide this?

ANSWER: Medical Staff will DON PPE and push cart to pod/unit for pill pass, limiting movement of the inmate. The plexiglass barrier for sick call room was provided by custody.

Originally Presented: 04/16/2020
Revision: 05/02/2020
Revision: 05/08/2020
Sheriff Dept. Approved: 05/08/2020
Revision: 05/12/2020
Shelby County Approved: 05/12/2020

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The New CCS+CMGC.

Memo

To: **Wellpath's Shelby County Jail East Staff, Wellpath's Shelby County Juvenile Detention Staff, Chief Fields, Chief Bridgeforth, Chief Tuggle, Chief Ward, Chief Hubbard, Chief Sandalin, Chief Harrell, Lt. Kimberly Lee**

CC: **Dr. Donna Randolph, Dr. Patrick Randolph, Cathy Lesure**

From: **Tinishia Branch, RN, BSN**
Health Service Administrator

Subject: **COVID-19 Transportation Services**

The purpose of this memo is to inform all Wellpath team members and Custody Leadership of the transportation process and needs during this time of potential COVID-19 outbreak.

In respect to the possible spread of COVID-19, Wellpath's providers will attempt to limit as many outside appointments unless medically indicated. There are however certain clinics/appointments that will be maintained at the moment; keeping in mind that the following is not an all inclusive listing and transportation will be arranged for other clinics on a case by case basis to ensure medical needs are continuing to be met.

ASCC, Cancer Centers, Methadone, OB/GYN, Scheduled Surgeries, Wound Care Clinic, TB Clinic, Dialysis and Emergency Room visits following incidents when warranted for evaluation

At this time, all Juvenile appointments will be maintained due to the severity at which their health could easily decline. However, as with the adult population the medical providers will determine those that are medically indicated and those that have the ability to be treated on-site until such appointment can be kept.

Kind Regards,

Tinishia Branch, RN, BSN
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