ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction	Index #: 113.02	Page 1 of 7
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Approved by: Tony Parker		
Subject: HEALTH CARE FACILITIES, EQUIPMENT, AND SUPPLIES		

I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To ensure that adequate resources are available for the delivery of health services, including but not limited to facilities, equipment, and supplies.

III. APPLICATION: TDOC Chief Medical Officer, Assistant Commissioner of Operational Support, Wardens/Superintendents, Associate Warden of Treatment/Deputy Superintendent, Director of Facilities, Planning & Construction, health administrators, medical contractors, and privately managed institutions.

IV. DEFINITIONS: None.

V. POLICY: Health care facilities, equipment, and supplies shall be adequate to provide a quality level of clinical services appropriate for inmates assigned to any institution.

VI. PROCEDURES:

A. Health Care Facilities

1. Each institution shall have a dedicated, onsite primary health care clinic for the provision of primary care, chronic clinics, and emergency treatment. All health care delivery shall be provided in a setting deemed adequate and appropriate by the Chief Medical Officer/designee. This includes:

a. Examination and treatment rooms large enough to accommodate the necessary equipment and fixtures and to permit appropriate privacy for inmates and will have ready access to a sink for sanitation purposes

b. Office space that is adequate with secure storage for administrative files.

c. Inmates placed in waiting areas shall have access to seats, drinking water, and toilets.

d. Sufficient secure storage area for health records, pharmaceuticals, supplies, and equipment.

e. Facilities with an infirmary shall have dedicated rooms for physical examinations, emergency treatment, medical records, administrative files, medication, and appropriate office space. Facilities that do not have an onsite infirmary must have adequate space to conduct medical observation, when needed.

2. Renovation, Deletion, Expansion of TDOC Owned Facilities: All proposed major modifications to existing health care facilities shall first be reviewed by the Chief Medical Officer/designee in consultation with the Director of Facilities, Planning & Construction. Major modifications include adding space to or deleting space from the health service area; converting health service areas to non-health related functions; moving walls, counters, major items of health care equipment; and converting treatment areas to non-treatment areas; etc. Written plans and specifications shall be submitted to the Chief Medical Officer/designee and the Director of Facilities, Planning & Construction for approval prior to any physical modification action being undertaken.

B. Medical Equipment and Supplies:

1. Appropriate medical equipment and supplies shall be available in each treatment room in which inmates are treated. Each treatment room shall maintain a basic inventory of supplies and equipment, including personal protective equipment.

2. Access to the following items is considered to be essential for the appropriate examination and treatment of inmates:

   a. Hand washing facilities

   b. Examination table(s)

   c. Gooseneck lighting

   d. Scale(s)

   e. Thermometer(s)

   f. Blood pressure cuffs (Obese size and standard)

   g. Stethoscope(s)

   h. Ophthalmoscope(s)

   i. Otoscope(s)

   j. Transportation equipment: wheelchair(s) and portable stretcher(s)

   k. Equipment for pelvic examinations (for females)

   l. Peak flow meter(s)

   m. Pulse oximeter

   n. Telemedicine equipment and supplies as designated (excluding private facilities)

3. Access to the following emergency equipment and supplies shall be available:

   a. Automated External Defibrillator (AED): Each institution shall have a portable electronic device that automatically diagnoses the potentially life-threatening cardiac arrhythmias in a patient and is able to treat them through electrical defibrillation. The AED shall be stored in a designated location and available for use by trained staff.

   b. Jump Kits: Each institution shall maintain one or more portable storage kits containing essential emergency medication and supplies that can be carried to the location of an emergency. Additionally, there shall be emergency equipment and supplies maintained for the provision of more comprehensive emergency care in the clinic or infirmary. Jump kits should contain but not be limited to:

      1. Epi Pen
      2. Narcan
      3. Dust mask
      4. Gloves
      5. Aspirin
      6. Nitrostat
      7. Instant Glucose
      8. Gauze rolls
      9. Adherent bandages 3”
      10. Adherent bandages 1”
      11. Tape
      12. Scissors/hemostat
      13. Cold packs
      14. Eye wash
      15. CPR mask
      16. Burn dressing
      17. Stethoscope
      18. Blood pressure cuffs (regular and large)

19. Glucometer

20. Ace wraps

21. Tourniquet

22. Intrasorb gauze

23. Trauma dressing

24. 4 x 4 gauze

c. Autoclave: Each institution shall maintain a steam sterilizer (autoclave) in their health care unit for use in sterilizing medical and surgical equipment, unless the medical vendor utilizes disposable medical and surgical equipment. The institution shall perform and maintain documentation of weekly spore testing for each sterilizer. A written procedure shall be developed by the health administrator at affected institutions which designates responsibility for performing the spore tests and gives instructions on how to perform the test, incubate the indicators, and record the results.

d. First Aid Kits: First aid kits shall be made available at designated locations within each institution, and all vehicles assigned to transport inmates. Contents of first aid kits shall be determined and approved by the institutional physician in consultation with the health administrator. First aid kits shall be easily identifiable and contents shall be arranged so that the desired item can be found quickly without having to unpack the entire kit. Contents shall be wrapped so that unused portions do not become contaminated through handling.

1. The specific number, locations, and procedures for monthly inspection of the kits shall be determined by the Warden/Superintendent based on the recommendation of the health administrator and facility safety officer. The kits shall be checked by the area supervisor and replenished as needed by health services staff at least monthly. If first aid kits are sealed, the seal will be broken during the quarterly check and the contents checked for expiration dates. Documentation of these monthly checks shall be retained by the health administrator.

2. First aid kits shall be stored in every institutional vehicle used to transport inmates between institutions and work assignments, including vehicles driven by inmates.

4. Facilities whose primary function is to provide sub-acute care must have at a minimum, the following items:

a. Laceration repair kits

b. IV infusion pumps

5. Sharps and tools shall be accounted for in accordance with Policies #506.03 and #113.72.

6. Current TDOC approved medical and nursing reference materials shall be available for health care personnel.

7. Inspections and Inventory Control: The health administrator or designee shall be responsible for instituting systems to ensure that policies identified within this policy are being followed. These systems include:

   a. Establishment of a monthly inventory control procedure for all equipment and medical/dental supplies.

   b. Procurement and appropriate storage of equipment and supplies.

8. Preventive Maintenance: A system shall be established by the health administrator or designee for the maintenance of and servicing of the medical equipment to maintain good working order.

   a. All emergency equipment and supplies shall be tested/checked quarterly (unless otherwise specified) and after each use as necessary to verify working order as indicated by the manufacturer's directions and secured from inmate access.

   b. Emergency equipment may consist of but is not limited to suction machines, scope lights, AEDs, IV pumps, oxygen concentrators, oxygen tanks, and pulse oximeters.

   c. Test results shall be documented and maintained by the Health Administrator.

9. Emergency Medications contained in crash carts shall be checked in accordance with Policy #113.70.

10. The health administrator/designee shall ensure all areas are cleaned and decontaminated as directed by the current TDOC Exposure Control Plan and documented on the Cleaning and Decontamination Schedule, CR-3505.

11. Acquisition of Equipment for TDOC Operated Facilities: Health administrators shall submit a memorandum requesting and justifying the purchase of major health care equipment (either as part of the normal budgeting process or for unplanned replacements) to the Chief Medical Officer/designee. Major health care equipment includes items such as radiology equipment, fixed dental equipment, or other diagnostic or treatment equipment with a cost of five thousand dollars or more.

12. The TDOC Chief Medical Officer/designee shall note approval on the memorandum and return it to the institution for inclusion with the budget proposal or the procurement request. When ordering such equipment the Warden/Superintendent and the facility fiscal director should be included in this notification of need for replacement or to be purchased as new.

13. The medical contractor shall be responsible for maintaining a medical equipment inventory list that records at a minimum:

    a. Equipment description

    b. Name of supplier and purchase order or other acquisition document number.

    c. Acquisition cost and date.

    d. Physical location of item (Facility code + Room Number or Name)

    e. Serial number, if any

    f. State tag number, if any

    g. Equipment Condition

VII. ACA STANDARDS: 4-4427 and 4-4390.

VIII. EXPIRATION DATE: June 15, 2022.

TENNESSEE DEPARTMENT OF CORRECTION

EXPOSURE CONTROL

CLEANING AND DECONTAMINATION SCHEDULE

____
INSTITUTION

MONTH: ____________________________ YEAR: ______________________

LOCATION WITHIN INSTITUTION: ____

SURFACE / ITEM	DATE	TIME	COMMENTS	VERIFIED BY INITIALS

Duplicate as Needed