

ADDENDUM NO. 2
to
COUNTY OF VENTURA REQUEST FOR PROPOSAL #5764
FOR Inmate Medical Services

March 30, 2015

This addendum is intended to answer questions that were posed to the County during or before the Pre-Proposal Conference on March 25, 2015. Prospective Offerors are hereby notified of the following:

- I. Add the following to section 1.5 Action Dates:
Last day for questions Friday April 3, 2015.
- II. Answers to Questions posed to the County prior to the Pre-Proposal conference are as follows: Questions are in black text and [Answers are in blue text](#)
 1. How many full/part time psychiatrist are currently providing services through CFMG? [54 hours= 1.35 FTE See page 42 of the RFP.](#)
 2. Will the County please detail the budget provided (pg. 1, Section 1.2 Background)? Please break budget down into personnel, off-site costs, pharmacy costs, etc. [The County is billed in lumped payments and does not have records that would allow us to break down the cost to this extent.](#)
 3. Please provide the dollar amount spent on all offsite expenditures by the county for the last three (3) fiscal years. Also, if possible, please provide a breakdown of each individual hospitalization case by inmate over the past 3 fiscal years. [The County does not have records that would allow us to answer this question to the extent asked. Our records do show that in 2013 - 8 patients exceeded the \\$15,000 cap for a total dollar amount of \\$15,883.67. In 2014 3 \(total of \\$98,758.19\). Outpatient services not included in the answer above totaled \\$105,000 in 2014.](#)
 4. Please provide the dollar amount spent on total pharmaceuticals for the last 12 months. Please detail the dollar amount for psychotropic meds and HIV meds. [The counties records are not kept in a manner that can provide this report.](#)
 5. What is the average number of inmates receiving pharmaceutical treatment for Hepatitis-C each month over the past 12 months? [Zero, unless they come in already on treatment - then we coordinate with Public Health Immunology Clinic.](#)

6. What is the average number of inmates receiving pharmaceutical treatment for HIV meds each month over the past 12 months?
[Approximately 10](#)
7. Please provide the percentage of inmates on prescription drugs for the past 12 months. [46.4%](#)
8. Please provide the percentage of inmates on psychotropic drugs for the past 12 months. [54.8%](#)
9. Does the county or current contractor currently receive funding for HIV medications through any special program? [No.](#)
10. What medical or mental health services, if any, are currently being provided by the County's Health Department or other agency (for example, HIV testing, STD testing, counseling, or treatment)?
[Medical/Mental Health services are performed by the contractor when testing is considered medically necessary \(Quest Diagnostic\) and contractor handles required counselling.
The County Health Dept. handles Medical/Mental Health services when done at request of inmate and not medically necessary.](#)
11. What specialty services are currently being provided on-site? Please provide how often each specialist comes on-site. [Orthopedic, Endocrinology, Cardiac clinics are held in the facility.](#)

[Specialists do not come on-site, inmates are sent out for specialty consults & procedures.](#)

12. The RFP indicates on page 4 that proposers should submit a "MASTER and seven [7] identical copies". The RFP also indicates on page 6 that proposers should "submit 1 (one) original and 4 (four) copies" of our proposal. Which is correct? [The correct amount is found on page 4. The County would like one \(1\) Master and seven \(7\) identical copies of the proposal.](#)

Page 1

13. How many of the Hospital stays were in excess of the \$17,500 cap in 2013 & 2014?
 - a. 2013 - 8 (total of \$15,883.67) - The cap was \$15,000 in 2013
 - b. 2014 - 3 (total of \$98,758.19) - The cap was \$15,000 in 2014
14. How many of the Outpatient Surgeries were in excess of the \$17,500 cap in 2013 & 2014? [Unknown - outside services not included in the hospital answer above totaled \\$105,000 in 2014](#)
15. Where are Ob-Gyn patients treated? How many pregnant inmates currently? How many pregnant inmate patients does the jail average per month? [VCMC- clinic services, currently 4, average is 4-5](#)
16. How many intakes does the jail average per day or per month? [+/- 74 day, +/- 2,220 per month at the Pre-Trial Detention Facility \(PTDF\), Todd Road Jail \(TRJ\) does not have an intake \(booking\) facility. PTDF books/receives inmates from all the local agencies including Sheriff \(which includes contract cities of Camarillo, Ojai, Thousand Oaks, Fillmore,](#)

and Moorpark), Oxnard PD, Ventura (city) PD, Simi Valley, and Port Hueneme. There is also a booking facility in Thousand Oaks, this facility only accepts inmates who have no medical/psychological concerns. Medical staff are not assigned to this facility.

17. How many intakes does the juvenile probation department average per day or per month? 3-5 per day on average

Page 2

18. Are Scans (CT/MRI/Mammograms) provided on-site in the Jail or off-site? Who provides these services? Offsite, done at the Ventura County Medical Center (VCMC) - clinic services.

Page 15

19. Who is the current on-site x-ray provider? Local provider, exact name unknown at this time. This would be a contractor choice/preference.

Page 16

20. Methadone maintenance is excluded in the Sheriff department as stated. Does the juvenile probation department utilize any methadone maintenance program? Methadone maintenance is only required for pregnant females in the juvenile probation facility who are addicted to heroin.
21. Is Optometry provided onsite or off-site? Who provides these services? Case-by-case basis.
22. Who currently provides eyeglasses to the Jail? Reading glasses to 3.0 from Inmate Services / Other serious sight issues sent out to a local optometrist
23. How many Optometry visits have there been in the past 12 months? 5
24. Are there any current patients on dialysis? If so, how many in the past 12 months? 0 currently / 2 a month average
25. Where is dialysis provided? Depends on where the inmate went prior to custody.
26. Are EKGs provided onsite? How many provided per month, in the last 12 months? yes - 5 per month
27. What Specialty Clinics are currently being provided onsite in the Jail? What is the frequency of these clinics? How many hours per week for each clinic? See above Q #11 Orthopedic, Endocrinology, Cardiac clinics are held in the facility. Specialists do not come on-site, inmates are sent out for specialty consults & procedures.
28. Who are the physicians providing the Specialty clinics? Current contract holder, CFMG contracted physician(s).
29. Please provide a list of off-site health care providers contracted with the County to provide services to inmates, or if this is not available, those utilized by the County in the past 12 months. We utilize the Ventura County Medical Center and its specialists extensively.
30. Who is the County's current JMS (Jail Management System) vendor? The County uses an in-house JMS.
31. Are medical areas equipped with computer equipment? The primary medical services areas (Medical Housing & the Nurses Station in Booking

@ PTDF and Medical Services @ TRJ) are equipped with computers. Treatment areas in the housing units are not.

32. Is there a current inventory of existing computer equipment for the medical area? Yes, see #31 above

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33. Does the County have a contract/discounted rate agreement w/Ventura County Medical Center? If so, will that rate be passed on to the new Contractor? The Sheriff's Office has an agreed upon billing method and rate scale with VCMC. The successful bidder will continue to use this methodology/agreement.
34. What other Hospitals have the patients been sent to for treatment besides Ventura County Medical Center? Inmates are sometimes sent to Community Memorial Hospital when VCMC is on diversion.

Page 19

35. Does the county anticipate expanding the Todd Road Jail to include adding an Outpatient Housing Unit? If so, when is the unit anticipated to come online and how many beds are anticipated? Yes, up to 67 medical/psych beds are planned along with administrative and program areas. This is a competitive grant process and the county is preparing documentation now, thus there is no guarantee of additional beds.
36. How many hours per week will the contractor be responsible for providing health education and disease prevention programming for minors? The contractor does not provide formalized classes to the youth in the facility. Patient health education and disease prevention varies on a case by case basis. Medical offers testing and treatment for sexually transmitted diseases to all youth at the time of their booking. They also provide education information on safe sex. Medical also provides education and treatment for youth who are experiencing drug/alcohol withdrawals. The average time on this treatment/education is 10-15 hours/week.

Page 20

37. What are the current requirements for the contractor in relation to the SAMHSA grant in hours per week, specific levels of programming, etc.? None.

Page 21

38. Will the County also have to approve in writing all off-site provider contracts that Contractor enters into? To the extent that safety and security of inmates is affected, yes. Any off-site provider that will enter a facility will require pre-approval.

Page 22-23

39. What medical equipment is county-owned and available for use by the contractor at both the Sheriff's department and Juvenile Probation facilities? Is it possible to obtain a list of equipment and the general condition of the equipment? An inventory of medical equipment is provided in Exhibit A.
40. Are any of the current vendor's employees covered by a collective bargaining agreement? If so, please provide a copy of the union

agreement(s). [Q 42-51 The County does not have the requested information. These records are kept by the contractor and not kept by the County.](#)

41. Please provide a current listing of employees by job title and site, including their current base rate of pay and FTE status. If this is not available, can we get a listing of the average rate of pay by position by site? [See above.](#)
42. Date of last pay increase? What was the standard percentage? [See above.](#)
43. Hire date/tenure for each employee or average tenure by position by site. [See above.](#)
44. Please provide a listing of vacancies by position by site. [See above.](#)
45. Are there any current employees enrolled in a defined benefit plan? If so, can you please provide it? [See above.](#)
46. Please provide turnover by position by site for the last 12 months. [See above.](#)
47. Please provide the current employee Benefit participation levels by plan. [See above.](#)
48. Please provide a plan description detailing the current time off (vacation, Personal Time off, sick leave) benefits. [See above.](#)
49. Please provide the shift differential rates by job by site. [See above.](#)
50. Please provide copies of job descriptions for positions included in bid. [See Exhibit B](#)
51. What are the credential / educational requirements for the following positions: Program Manager, RN Health Educator, Facility Coordinator, Psych RN/LCSW, Psych Technician. [See Exhibit B](#)

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52. Would the County be willing to extend to the Contractor the right to terminate for convenience upon 120 days' notice to the County? [Offerors may submit alternative.](#)

Page 32

53. Would the County please confirm that liability will be apportioned should claims, actions, lawsuits, damages, judgments, and/or liabilities of any kind result from the partial negligence of the County? [Offerors may submit alternative.](#)

Page 33

54. The County is requiring Professional Liability limits of \$5,000,000 each occurrence and \$5,000,000 aggregate. Would the County consider lowering the requirement to the industry standard of \$1,000,000/\$3,000,000? [Offerors may submit alternative.](#)

Page 34

55. The County has asked for a 60 day notice of cancellation endorsement to be included on policies. Insurers no longer want to be responsible for notifying 3rd parties or additional insureds. Would the County consider shifting this responsibility to the Contractor? [Offerors may submit alternative.](#)

Page 42

56. Staffing Pattern

- a. Physician Assistant/Nurse Practitioner states 8 hours per day/five days a week which is 40 hours/ 1 FTE; HRS column says 80 and FTE column says 2.0. Does the County intend Proposer to bid 40 HRS/WK or 80 HRS/WK? [80 hours/week total. See page 42 of the RFP. To clarify the requirement is to have 1 FTE at PTDF and 1 FTE at Todd Road Jail.](#)
- b. Dentist (JJC Only) says 8 hours per month which is .05 FTE; HRS column says 8 and FTE column says 0.2 Does the County intend Proposer to bid to 8HRS/WK or 8HRS/MTH? [8 hours/week. The County also utilizes volunteer dentists that average about 10-25 hours/month, and is coordinated by the contractor.](#)

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57. What is the Average Daily Population (ADP) to be used for Main Jail? What is the ADP to be used for Todd Road? The only number listed is the total of 1600. [To confirm, the Sheriff's contract will be based on ADP for all adult facilities. However, the ADP for PTDF is approximately 835 and TRJ is approximately 765. The approximate total of 1600 is on page 2 of the RFP.](#)

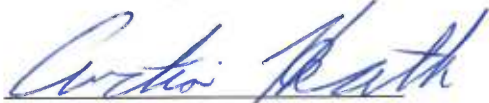
General

58. Please confirm the Contractor will not be financially responsible for the following:
- a. Elective procedures as determined by Contractor's Medical Director; [not responsible](#)
 - b. Gender reassignment procedures or treatment; [not responsible](#)
 - c. Experimental procedures; [not responsible](#)
 - d. Medical care of any fetus or infant born to an inmate; [not responsible](#)
 - e. Autopsies; [not responsible](#)
 - f. Medical testing or obtaining samples, which are forensic in nature; [Collection and testing of EVIDENCE samples is never the responsibility of the contractor. The county has other methods of collecting/testing such items.](#)
 - g. Organ transplants; [the \\$17,500 cap would apply.](#)
 - h. Offsite services directly resulting from an unusual widespread disturbance (e.g., inmate riot) beyond the Contractor's control within any of the detention facilities; [this facility is not a prison. Riots are extremely rare \(almost non-existent\) in our jails. The contractor will be responsible for health related issues arising from in-custody events.](#)
 - i. Any care provided without Contractor's prior knowledge; [Yes, It is important to note that knowledge is defined by the county as an employee of the contractor knowing that an action is being taken. And;](#)
 - j. Exceptional blood factor products (e.g., Factor 8). [Not responsible](#)

59. Given the recent changes in the Hepatitis C treatment protocol have created significant unpredictability in the cost of this treatment, would the County be willing to either:
- Apply an annual limit to Contractor's financial responsibility for the cost of Hepatitis C treatment, similar to the \$30,000 limit on HIV medications included in the current CFMG contract; or
 - Permit the Contractor to directly pass through to the County the actual costs associated with Hepatitis C treatment.
- The County will choose option A: Apply an annual limit to Contractor's financial responsibility for the cost of Hepatitis C treatment, similar to the \$30,000 limit on HIV medications included in the current CFMG contract.
60. Is the County willing to apply the same \$30,000 annual limit to the Contractor's responsibility for the cost of HIV/AIDS medications, consistent with the current CFMG contract? **Yes**
61. What types of prosthetics have been issued in the past six (6) months? Please specifically list amount and type. **0 last 6 mos. (1 in last 2 years - approx.)**
62. Is Medication Pass conducted in the housing units, or is it provided in a common area? **In the housing units**
63. How many medication passes occur daily? **2200/day average**
64. How long does it take to complete each medication pass? **4 full time employees + 2 order nurses for all sheriff facilities. JJC - 6 hrs total (1 employee)**
65. Is there currently a Keep on Person (KOP) medication list? **Antibiotics, Antimicrobials, anticonvulsant (Dilantin only), Any other drugs approved in writing by physician (after consultation with facility manager) with the exception of: Anti-Anxiety, Antidepressants, Animatec, Antipsychotics, Hypnotics, TB Meds, DOT Medications, Antiemetic's, Narcotics, Narcotic combos, muscle relaxants, Antiparkinsonian agents, Directly Observed Therapy.**
66. Are Mental Health Services provided at the housing units or cell to cell? **Cell to cell, or in the housing area interview rooms.**
67. Where are dental exams being performed? **In the Medical Services area.**
68. What is the current gender mix (M/F)? **87% M / 13% F. All females are housed at the Todd Road facility. The current ADP of females at Todd Road is about 200.**
69. Are there any ICE, Federal, other holds as part of the daily ADP given? If so, please give the average number of each. **No**
70. Who is currently providing diagnostic services? **Need more information from the requestor to answer.**
71. Attached you will find the intake health screening forms for both Sheriff (Exhibit C) and Probation (Exhibit D).
72. During the pre-proposal conference the following question was asked: what percentage of the current population is due to CA AB109? **About 15-20%**

73. At the bottom of page 18 of the RFP, it states "5150 designation (danger to themselves or others)". To clarify, the requirement here is the contracting health provider is to make the determination if an inmate is deemed 5150 status. At that time the inmate will be transported to a County of Ventura Mental Health Facility. Once the inmate is transferred out of the jail facility the inmate does not incur further costs to the vendor.
74. Section 2.13 Proposal Validation/Evaluation/Award, Will assigned weights add up to 100%. All RFPs will be scored based on the 5 categories to section 2.13.b. Those categories are Proven Performance, Compliance with Contract Terms and Conditions, References, Requirements/Specifications, and Cost. The weights add up to 100% but are not necessarily proportionate (ex. 20% x 5 categories= 100%).
75. There is a typo on page 8, section 2.7.e References. The semicolon should be removed and the numbering following should follow 3 (ex. 4. Dollar value, 5. Staff assignment..., etc.) There should be a total of 6 items in section 2.7.e.

SUPPLIERS signed addendum is due on or before due date & time.



Curtis Heath, Buyer

SUPPLIERS ACKNOWLEDGMENT:

I hereby acknowledge this Addendum No. 5764

Company Name

Authorized Signature

Date

Title

RFP 5764 Inmate Medical Services
Addendum 2 Exhibit A
Inventory of County Owned Supplies

PTDF MEDICAL SUPPLY LISTING

Second Floor Treatment Room - Medical Housing

1. Exam table
2. 4 cabinets (6 foot)
3. Wall mounted blood pressure cuff
4. Welch Allen Eye and Ear Diagnostic Wall mounted set
5. Small refrigerator
6. Clina-seal centrifuge
7. IV stand
8. Instrument tray elevated
9. Desk
10. Computer
11. Phone
12. Wall Mounted Medical Cabinets

Quad Treatment rooms (4 treatment rooms on Level 3, 4 treatment rooms on Level 4)

1. Exam table
2. Wall mounted blood pressure cuff
3. Welch Allen Eye and Ear Diagnostic Wall mounted set
4. Instrument tray elevated
5. Desk
6. Phone
7. Wall Mounted Medical Cabinets

PTDF MEDICAL SUPPLY LISTING

Third Floor Dental office

1. Dental patient chair. Auto lift and tilt with chair light and equipment holders. "Marcus" model.
2. X-ray machine. Gender model Gy770. Wall mounted with swing arm.
3. Radiograph lead line 3.MM apron. Densply Rinn model.
4. Dentist chair.
5. Dental Assistant chair.
6. Scan X Digital Imaging machine with inline erase. All pro Image model.
7. Ultra Clave automatic Sterilizer M11. Ritter model.
8. Ultra sonic machine. EFFICA E1 L&R model.

Level One X-ray room

1. X-Ray machine. Summit model Linear.
2. Large X-Ray table. Summit Model adjustable. Right side film feed.
3. Wall mounted adjustable cassette holder. Summit model.
4. Wall mounted double X-ray viewing light cabinet.
5. Developing machine. Mini Medical series. "AFP" Image.
6. 1950 Duplicator Aide. Techno-Aide model.
7. Power board. Summit Nova.
8. X-ray Cassette film. Econosette green 400. Size 14"x17". 3 ea.
9. X-ray Cassette film. Econosette green 400. Size 10"x12". 3 ea.
10. X-ray Cassette film. Econosette green 400. Size 8"x12". 5 ea.
11. Cassette film developing Box.

Medical Inventory January 12, 2015

[illegible]

DATE _____

RFP 5764 Inmate Medical Services
Addendum 2 Exhibit B
Job Descriptions and Qualifications

SUBJECT: CREDENTIALING AND PRIVILEGING OF MEDICAL PROVIDERS

POLICY:

The program manager, CFMG Vice President of Operations & Personnel, and the CFMG medical director will be responsible for initially and periodically verifying the credentials and privileges of CFMG physicians and mid-level medical providers who provide diagnostic and treatment services at the Ventura County Facilities.

AUTHORITY REFERENCE: CCR Title 15, Section 1203
IMQ Standard #201 (E)

PROCEDURE:

A. Credentialing

1. Physicians

a. The CFMG Medical Director or designee will verify the following credentials for physicians providing services in the adult or juvenile facilities:

- Education and training
- Current California license*
- Current Drug Enforcement Administration registration*
- Determine through the California Medical Board if there are any formal disciplinary actions or restrictions*
- Current registration or eligibility to supervise physician assistant*
- Special training and experience required for specific clinical services*
- Two peer references or evidence of membership on another outside accredited facility's organized medical staff.

** Initially upon hire/contract, and biennially.*

2. Physician Assistant and Nurse Practitioner

a. The program manager and the CFMG Vice President of Operations and Personnel will verify the following credentials for mid-level providers providing services in the adult and juvenile facilities:

- Education and training
- Current California license/certificate*
- Disciplinary action/practice restrictions through California Medical Board (PA) or California Board of Registered Nursing (FNP)*

- Verification of any special training and experience required for specific clinical services*
- Two peer references

** Initially upon hire/contract, and biennially.*

B. Privileging

1. Physician

- a. The CFMG Medical Director will be responsible for developing a list of specific clinical services that the physician is allowed to perform based on a determination of training, competence and ongoing education and experience.
- b. The privileging list will be reviewed and renewed biennially based on observed clinical performance and, information from peer review and continuing quality improvement activities.

2. Physician Assistant and Nurse Practitioner

- a. The CFMG Medical Director and the on-site Medical Director will be responsible for developing a list of specific clinical services that the mid-level provider is allowed to perform based on training, competence, ongoing education and experience, and approved protocols.
- b. The privileging list will be reviewed and renewed biennially based on observed clinical performance and, information from peers and continuing quality improvement activities.

C. Records

1. Credentials and privilege files are confidential. The files will be maintained by the CFMG Medical Director (for physician files), and the Vice President of Operations and Personnel for mid-level practitioner files at the corporate office.

SUBJECT: LICENSURE

POLICY:

State and/or local licensure and/or certification requirements and restrictions apply to all health services personnel providing services to the Ventura County Jail Facility. Verification of current licensure credentials will be kept on file in the Corporate Office of CFMG and in the program manager's office.

AUTHORITY REFERENCE: CCR Title 15, Section 1203
IMQ Standard #201 (E)

1. Verification of current credentials by the program manager or designee will be on file. Verification will consist of license numbers, drug informance number when appropriate; expiration date, proof of specialty board eligibility and/or certification when appropriate; proof of intravenous, venipuncture and CPR certification when appropriate.
2. Credentialing files shall be reviewed on a regular basis and persons with imminent expiration dates notified.
3. It is the responsibility of the employee to update any educational requirements for renewal.
4. All professional health services staff shall function within the parameters of practice of their specific California licensure/certification category.

SUBJECT: JOB DESCRIPTIONS

POLICY:

Written Job descriptions will define the specific duties and responsibilities of personnel who provide health care within the Ventura County Correctional Facilities.

AUTHORITY REFERENCE: IMQ Standard #202 (E)

PROCEDURE:

1. The program manager and each Facility Coordinator are responsible for the annual review of all job descriptions to insure completeness and accurate reflection of job expectations and practice.
2. All job descriptions are approved by the health authority.
3. All personnel will review their job description at least annually.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the On-site Medical Director, CFMG:

The Medical Director has overall responsibility for the medical program at the Ventura County Correctional Facilities. This includes responsibility for:

1. Assuring that the program meets applicable state and local regulations as well as any voluntary requirements such as those for IMQ accreditation.
2. Assisting in designing, implementing and evaluating the medical program.
3. Monitoring weekly services provided by non-physician providers within the jail, to include:
 - A. Quality of medical records.
 - B. Pharmaceutical practices.
 - C. Implementation of and adherence to protocols.
4. Providing primary on-call services 24 hours per day, 7 days per week.
5. Providing ongoing training and supervision for all RN's working under standardized procedures.
6. Consulting with PA/FNP on all conditions falling outside protocol parameters.
7. Daily rounds in special housing unit.
8. Reviewing and co-signing records of patients seen and treated by PA/FNP's and RN's.
9. Co-signing all verbal and telephone orders.
10. Participate in Quality Management and Peer Review meetings.
11. Monitoring hospitalized patients to assure timely return back to the jail facilities.
12. Monitoring/QM audits of chronic care clinics, special housing unit inmates, and general chart audits.
13. Implementing and reviewing RN Standardized Procedures
14. Provide In-Service Training to health services staff and custody staff as scheduled.
15. Other duties as assigned.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Program Manager:

Under the general direction of CFMG Medical Director, Corporate and Financial Officers, and in accordance with established CFMG policy and procedures the program manager will:

1. Have overall administrative responsibility for all on and off-site health care services for Ventura County Jail and Juvenile facilities including; day to day coordination of services, accountability for financial aspects of the program, appropriateness and quality of clinical services, continuity of care/services, compliance with applicable state and local health services regulations and statutes and maintenance of Institute of Medical Quality accreditation.
2. Liaison with Sheriff's and Probation Department staff regarding operation of the medical unit, delivery of on and off-site inmate health services; development, implementation and revision of policies and procedures; and, provision of health services related training for officer staff.
3. Make recommendation to the CFMG medical director and corporate officer for the development of agreements with independent contractors and off-site providers.
4. Recruit, hire, orient, and supervise medical records personnel.
5. Be responsible for the procurement, control and maintenance of all pharmaceutical, medical and administrative supplies and equipment.
6. Liaison with off-site service providers and suppliers.
7. Verify and approve all charges from off-site medical providers and vendors.
8. Monitor all on and off-site services to insure quality, appropriateness and timeliness of services.
9. Insure complete, current and accurate health services program documentation to include; policies and procedures; memoranda of understanding/contracts; monthly, quarterly and annual narrative and statistical reporting; medical records; job and shift descriptions; credentials of clinical staff.
10. Provide supervision of health services delivery programs at all jail and juvenile sites on a regular basis.
11. Responsibility for all personnel management including performance evaluations, promotions and disciplinary action.
12. Conduct sick call and physicals as required.
13. Cover nursing shifts when all other alternatives are exhausted.

14. Participate in Quality Management/Peer Review Committee meetings.
15. Perform Quality Improvement audits as outlined in CFMG's Quality Management Plan.
16. Be responsible for implementing CFMG's Safety & Illness prevention Program and Employee Orientation Program.
17. Other duties as assigned by CFMG Corporate management staff.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Administrative Assistant:

Under the general direction of the program manager and facility coordinators, the Administrative Assistant will work a minimum of 40 hours per week and have the following responsibilities:

1. Maintain current personnel records.
2. Maintain current and accurate payroll data
3. Gather and input statistical data as directed
4. The overall responsibility of scheduling outside appointments as ordered and communicate to custody the schedule for escort and transport of inmates.
5. Coordinate the acquiring and maintaining of office supplies and equipment.
6. Assist in orientating of new personnel to use of computer system(s)
7. All other duties as assigned by program manager.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Facility Coordinator:

Under the general direction of the program manager, the facility nurse coordinator will be responsible for the supervision of nursing and clerical personnel at the adult correctional facilities. The coordinator will support CFMG philosophy and commitment to provide quality care to inmates and maintain IMQ accreditation.

A. Principle Function:

Patient care: Provide routine nursing function and observations, reporting and recording findings as appropriate within the RN scope of practice.

Standard:

1. All inmates have an appropriate fourteen day history completed in a timely manner.
2. All inmates have a six month physical completed within a timely manner.
3. Routine sick call is completed within a timely manner.
4. Medications are administered according to policy.
5. Standardized Procedures are followed.
6. Vital signs, observations and findings are accurately recorded.
7. Physician is assisted with general physical exams, treatments, and procedures.
8. TB skin test applied, documented and interpreted according to policy.
9. Abnormal or unusual data and observational findings are reported to the physician for follow-up.
10. Inmates response to treatment and procedures is accurately and legally recorded.

B. Supervision of Staff:

Under the direct supervision of the program manager, the coordinator will take an active part in the employee evaluation process both formally and informally.

Standard:

1. Assists the program manager in evaluating nursing care by monitoring nursing documentation, (TB results, medication administration, treatments, medical pre-booking assessments, vital signs).
2. Communicates areas of improvement to individual staff. Counsels staff regarding performance issues both formally and informally.
3. Files appropriate and timely notification reports and communicates incidents of consequence to program manager.
4. Completes yearly performance evaluations and makes recommendations.
5. Monitors for compliance of policy:
 - a. Attends work as scheduled, arrives on time.
 - b. Takes meals and breaks for the length of time allowed.
 - c. Wears appropriate apparel and maintains professional appearance.
 - d. Wears ID badge.
 - e. Staff fill out time cards accurately and on the day worked. Time cards are signed by staff.
 - f. Verify time cards for accuracy.
 - g. Monitors related policies, procedures, and practices, including the disposal of sharps, and the appropriate notification of suspected drug unaccountabilities.
 - h. Posts and maintains minutes and attendance of monthly staff meetings.
 - i. Assures keys and narcotics and syringes are properly accounted for.
 - j. Completes monthly schedule and posts it.
 - k. Relief call for program manager.
 - l. Cover nursing shifts when all other alternatives are exhausted.

C. Orientation and training of staff:

Coordinates orientation for new staff and supervises and evaluates their performance. Acts as professional role model and clinical resource person.

Standard:

1. Assists in interview process of new employees.
2. Assists in hiring and orientation.
3. Evaluates personnel at end of their probationary period.
4. Participates in clinical in-services.

D. Environmental safety:

Ensures adequate levels of approved supplies and equipment are maintained for effective operation of their facility.

1. Reports defective equipment to program manager in a timely manner.
2. Ensures unused equipment is stored safely and battery operated equipment is recharged.
3. Identifies safety problems and addresses at monthly staff meetings.
4. Works with medical officers and custody to provide a clean and organized work environment.
5. Support and complies with safety and security measures.
6. Behavior indicates sound principles of asepsis and infection control:
 - a. Good hand washing techniques.
 - b. Reports CDC.
 - c. Maintains universal precautions at all times.
7. Ensures that personal protective equipment is used appropriately to prevent exposure to infection.
8. OSHA requirements maintained.

E. Patients' rights and safety:

Supports and demonstrates an understanding of the rights of inmates.

1. Ensures medical record confidentiality.
2. Ensures informed consents and release of information are maintained.
3. Notifies program manager of any subpoena for medical records.
4. Refers all outside support persons to program manager.
5. Ensures safety and sobering cell checks during shift and monitors logs of other shifts.

F. Continuous quality performance improvement:

Provides input regarding the effectiveness of processes to measure, assess, and improve inmate care.

1. Unusual occurrences are reported to the program manager. (May be requested to document facts of occurrence.)
2. Participates in on-site quality assurance activities.
3. Implements changes resulting from monthly QM chart review and any outside audit recommendations.
4. Ensure that essential IMQ standards are being met.
5. Answers grievances, as appropriate, within three days and sends copy of response to program manager in a timely manner.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Evening Charge Nurse:

Under the general direction of the medical director, program manager, and facility coordinator, the evening charge nurse will work a minimum of 40 hours per week, with a flexible schedule and have the following responsibilities:

1. The overall responsibility of supervising health services staff during the scheduled work hours at all CFMG facilities in Ventura County.
2. Primarily responsible for completing the monthly schedules for PTDF and post it in a timely manner.
3. Responsible for scheduling/assisting with coverage for work shifts that are vacant due to sick calls, etc.
4. Orientating, training, and supervision of all health services personnel on duty during his/her working hours as directed by the program manager or facility coordinator.
5. Serve as a clinical resource for staff at all facilities; travel to the other facilities seen as needed.
6. Coordinate and schedule personnel to facilitate completion of all assigned duties within the shift.
7. Participate in performance evaluation of all health personnel on duty during his/her working hours, as directed by the program manager or facility coordinator.
8. Monitor healthcare services provided to ensure quality of care.
9. Perform quality assurance audits as requested by the program manager or facility coordinator.
10. Be the liaison with custody staff and assist in resolving any custody-medical issue that may arise. Contact program manager regarding any issues that fall outside the charge nurse's responsibility.
11. Assist with medical emergencies and notify the program manager of any transfers, death, etc.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the On-site Psychiatrist:

Under the direction of CFMG Medical Director, the psychiatrist has overall responsibility for the Mental Health Program at the Ventura County Adult Correctional Facilities. This includes responsibility for:

1. Assuring that the Mental Health Program meets applicable state and local regulations as well as any voluntary requirements such as those for Institute for Medical Quality accreditation.
2. Designing, implementing, and evaluating the Mental Health Program.
3. Monitoring of services provided by the LCSW and Psychiatric staff for quality of medical records and continuity of care.
4. Providing primary on-call services to the MD, PA/FNP, RN, LCSW and psychiatric staff 24 hours a day, 7 days per week.
5. Consulting with the MD, PA/FNP, RN, LCSW, and psychiatric staff when requested.
6. Reviewing and co-signing all records of patients seen within 7 days.
7. Co-signing all verbal and telephone orders.
8. Medication evaluations as requested by the MD, PA/FNP, RN, LCSW and psychiatric staff.
9. Evaluation and documentation for patients admitted into the special housing unit.
10. Provide on-going crisis intervention.
11. Respond to psychiatric emergencies as identified.
12. Attend Quality Management Meetings.
13. Case review meetings with the LCSW and psychiatric staff on a regular basis.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Physician Assistant (PA) & Nurse Practitioner (FNP/NP):

Under the general direction of the Jail Physician and the CFMG Medical Director; and in accordance with standardized procedures and protocols, the PA/FNP will:

1. Hold daily sick call (Monday-Friday), examine patients and carry out treatment according to standardized procedures and protocols. Consult with physician about non-emergency conditions falling outside protocol parameters.
2. Identify medical emergency conditions and provide appropriate emergency care and arrange for transfer to Ventura County Medical Center or the nearest appropriate facility.
3. Perform health appraisal on inmates as scheduled. Order appropriate laboratory studies and recommend to classification appropriateness for worker status.
4. Carry out physician's orders.
5. Repair simple lacerations and remove sutures.
6. Contact psychiatrist, LCSW or psychiatric staff for inmate mental health evaluation and care.
7. Document all findings using the S.O.A.P. method.
8. Ensure confidentiality for inmate health issues.
9. Administer and control medications in collaboration with nursing staff.
10. Perform Quality Management audits as assigned.
11. Participate in Quality Management and Peer Review meetings.
12. Conduct chronic care clinics.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Psychiatric RN:

Under the direction of the medical director/psychiatrist, the psychiatric RN will:

1. Provide on-going crisis intervention and counseling.
2. Provide individual counseling as required.
3. Respond to psychiatric emergencies as identified.
4. Refer inmates requiring psychotropic medications to psychiatrist for evaluation and monitoring.
5. Refer inmates requiring follow-up to discharge planner.
6. Contact inmate's outside psychiatric provider as necessary for continuity of care.
7. Chart all findings in inmate's medical record.
8. Case review meetings with psychiatric technician, psychiatrist, and discharge planner on a regular basis.
9. Participate in Quality Management program.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Psychiatric Technician:

Under the direction of the psychiatrist and the program manager, the psychiatric technician will:

1. Provide on-going crisis intervention and counseling.
2. Respond to psychiatric emergencies as needed.
3. Refer inmates requiring psychotropic medications to the psychiatrist for evaluation and monitoring.
4. Chart all findings in the inmate's medical record.
5. Case review meetings with the psychiatric RN, psychiatrist, and discharge planner on a regular basis.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Health Educator:

Under the direction of the medical director/psychiatrist/program manager, the Health Educator:

1. Participates as a team member in coordination of services between the psychiatric, medical team and Sheriff's Department
2. Provides individual education to inmates who request services or are referred by other health care staff
3. Provides on-going crisis intervention and counseling.
4. Designs, develops and provides group education/counseling/socialization to inmates
5. Performs routine checks of inmates' well-being housed in segregation/isolation or on discipline diets
6. Refers clients to alternative programs when appropriate.
7. Assists in identifying, developing and implementing appropriate after care for inmates with medical or/and psychiatric needs
8. Assist mental health staff gather the necessary information needed to develop and carry out the treatment plan
9. Document all findings and encounters in inmates' medical records
10. Communicates with CFMG staff, Sheriff's Department; notifies Sheriff's Department staff *immediately* when any safety issues arise which might impact inmates or staff.
11. Participate in Quality Management program.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of Discharge Planner:

Under the direction of the medical director/psychiatrist and the program manager, the discharge planner will:

1. Meet with those inmates referred by other medical/mental health staff and gather necessary information to develop an aftercare plan.
2. Assist mental health staff gather the necessary information needed to develop and carry out the treatment plan, when the inmates are known patients within the county system.
3. Formulate/develop aftercare plan for the referred inmates.
4. Arrange appointments for follow-up care as indicated.
5. Provide inmates with information needed for their individualized after care.
6. Document all interventions and patients response in the inmate's medical record.
7. Attend Quality Management meetings.
8. Case review meetings with mental health providers on a regular basis.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Medication (Pill Call) Nurse:

Facility: Ventura County Pre-Trial Detention Facility

Allocation Requirements: Morning and evening 8-hour shift

Job Requirements: Licensed LVN/ Psych Tech/ or RN

Basic Knowledge - Must understand:

1. Purpose and common side effects of medications used in this facility for the treatment of physical and mental disorders.
2. Use of Physician's Desk Reference and/or current Nursing Drug Handbook.
3. Purpose and techniques for medical treatments to reduce the potential of medication errors.
4. Proper methods of administering medication to reduce the potential of medication errors.
5. Appropriate reporting in the event of medication errors.
6. Documentation format in use at this facility.
7. Procedures for transcribing.
8. Management of medical records at this facility as it relates to nursing' role in maintaining and retrieving active or inactive charts.

Competencies:

1. Medication administration: PO, Sub Q, IM, SL, PR and Topical.
2. Retrieval of information from computers at this facility.
3. Accurately and thoroughly transcribing medication and medical treatment orders.
4. Accurately document medications administered.
5. Perform other duties identified in writing or verbally by the supervisor or designee as being pertinent to this position at any given time.

Responsibilities:

Administer medications to inmates housed in the PTDF areas. Report significant assessments or findings to the MD, PA/FNP, RN, or psychiatrist. This position requires:

1. Basic knowledge of all medications being dispensed.
2. Accurately prepare medications to be administered per current P/P.
3. Dispense all ordered medications to PTDF inmates including but not limited to all inmates in court holding cells, booking and kitchen.
4. Identify each inmate by name and booking number prior to dispensing medication.
5. Observe that each inmate consumes all medication.
6. Observe inmate's right to refuse medication.
7. Obtain *Refusal* form for refusal of any essential medication or any consistently refused non-essential medication.
8. Ensure *Refusal* form is placed with chart for MD review. Notify MD if appropriate.
9. Document all medications from cassette labels to MAR as given or not given.
10. Legibly sign each MAR with name and licensure.
11. Give STAT medications in a timely manner when ordered.
12. Give sound judgment in observing for and reporting any possible medication side effects.
13. Run *send list* of any no-show inmates during pill call. Re-housed inmates must receive ordered medications; essential medications must be given to all no-show inmates.
14. Count narcotics at the start and end of each shift with Special Housing nurse. Know process and report any error in count.
15. Pass out, collect and appropriately triage kites.
16. Maintain all cassettes and MAR's in proper housing location.
17. Remove cassette and MAR of any released inmate.

18. Maintain all “own” inmate medications in labeled containers. Check for released inmates and label and place these medications in the proper bin in pharmacy.
19. Be aware of procedures for “own” medications. (Do not use all of inmate’s supply of chronic medications; obtain alternative orders as needed. Place any “own” medications not being used into inmate property. Make notation in chart that medication placed into property.)
20. Be aware of any narcotic “own” medications; these medications must be counted and placed into lock box.
21. Know all current procedures for noting orders.
22. Know all current procedures for Self-Medication program.
23. Keep pharmacy and medication carts neat, clean and stocked at all times.
24. Assist in transcribing orders remaining in pharmacy.
25. Assist in noting orders transcribed by non-licensed staff.
26. Appropriately document all inmate interventions in the medical record.
27. File paperwork and medical records.
28. Be aware of the kitchen clearance process.
29. Know all computer functions necessary to complete job requirements.
30. Triage kites as necessary.
31. Know procedure for calling on-call MD or Program Manager.
32. Know location of all lab supplies and procedure for calling on-call lab tech.
33. Know location and use of *all* current medical equipment.
34. Know location and use of Trauma Bag/ AED’s.
35. Know location and use of oxygen tanks in the facility.
36. Assist in making calls to fill employee sick calls.
37. Any other tasks requested by supervisor or Program Manager.

AM PILL CALL SPECIFIC RESPONSIBILITIES:

DAILY:

1. Complete *Refrigerator Log* daily.
2. Complete *Isolation Log* each Monday, Wednesday, and Friday.
3. Ensure Self Medication renewal list is run each day (in the absence of aide).
4. Ensure all renewed Self Medications are prepared to be dispensed per current practice (in the absence of aide).
5. **SATURDAY & SUNDAY** – Note any orders in pharmacy.

PM PILL CALL SPECIFIC RESPONSIBILITIES:

DAILY:

1. After pill call, pull cassette and MAR for all inmates on medications for early AM prison runs. Place for booking nurse.
2. **FRIDAY & SATURDAY** – Pull cassette and MAR for any inmate on medication for AM Todd Road run. Place for booking nurse.
3. **SATURDAY & SUNDAY** – Note any orders in pharmacy.
4. **WEEKLY** – Check in and put away all medications received from ANB. Give invoice to secretary.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the weekend 0500/1300 Treatment Nurse:

Area of responsibility: Special Housing Unit, Booking, Medical

Allocation Requirement: Saturday & Sunday 0500/1300

Specific Duties:

1. Do all morning accu-checks and morning insulins on inmates in quads.
2. Follow-up on accu-checks per current policy and procedure.
3. Special housing unit nurse and/or booking nurse in completing their shift.
4. Run send list for all daily treatments.
5. Do treatments in housing units as possible.
6. Give list of inmates needing treatments done in medical to deputy to call down.
7. Complete treatments with appropriate documentation and follow-up.
8. Restock treatment rooms as needed.
9. Leave rooms clean and neat.
10. Indicate any needed supplies on order list.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the special housing unit Nurse:

Facility: Pre-Trial Detention Facility (PTDF)

Allocation Requirements: 24 hours per day/ 7 days per week

Job Requirements:

- a. Background clearance by custody
- b. Current, valid nursing license
- c. 2 years med/surgical nursing suggested
- d. Current CPR certification
- e. Orientation as determined by supervisor to the special housing unit nurse position at the Ventura County Pre-Trial Detention Facility.

Knowledge Base - Must understand:

1. Body systems, to include the normal functioning and purposes of human body systems; Gastrointestinal, Cardiovascular, Genitourinary, Endocrine, Musculo-skeletal and Nervous systems.
2. Body system dysfunctions to include physical signs and symptoms of dysfunction, inadequacies and impairment of body systems and capabilities.
3. Pathologies associated with common medical and surgical conditions, diseases and diagnoses.
4. Purpose and common side effects of medications used in the facility for the treatment of physical and mental disorders.
5. Scope of nursing practice as determined by your current licensure and the Nursing Practice Act.
6. Purpose and use of the "Physician's Desk Reference" and Nursing Drug Handbook.
7. Techniques and procedures for medical treatments used by this facility to reduce discomfort and physical impairments.
8. Proper methods for administering medication to reduce the potential of medication errors. (See policy Administration of Medication).
9. Appropriate means of reporting medication errors when they occur.

10. Documentation format in use at this facility.
11. Procedure for transcribing physician and physician extender (PA's and FNP's) orders.
12. Medical records management system at this facility as it relates to the special housing unit nurse's role in maintaining, controlling, and retrieving active or inactive charts.
13. Significance of UNIVERSAL PRECAUTIONS.
14. Routes of transmittal for communicable/infectious diseases.
15. Safety precautions used by this facility and the nurse's role for observations, documentation, and reporting.
16. Required contents of medical records.

Competencies - Must be able to:

1. Assess body systems to determine degree of functioning, severity of illness and/or degree of impairment.
2. Report assessments and intervening to appropriate health care provider(s) in a timely fashion based on sound judgment about your findings and the inmate's needs.
3. Use the drug formulary effectively.
4. Administer PO, SubQ, IM, sublingual, rectal, and topical medications properly.
5. Monitor fluid balance and provide intervention as needed.
6. Administer intravenous therapy to the fullest extent of your licensure to practice nursing.
7. Accurately and thoroughly transcribe medication, medical and psychiatric treatment orders.
8. Accurately document medications administered.
9. Accurately document inmate activities such as: transports, admissions and discharges.
10. Safely administer and accurately read Tuberculin Skin tests and order CXR per policy.
11. Maintain, control, retrieve, and submit medical records information to all pertinent professional disciplines and departments for transferred or discharged inmates.

12. Organize work based on the needs, availability and time constraints of inmates/custody.
13. Appropriately utilize non-nursing resources (medical deputy, classification authority) to determine the best plan for meeting the nursing and medical needs of the inmates.
14. Maintain adequate stock levels for all supplies and equipment allocated for special housing unit use.
15. Serve as a primary source of medical information for specific special housing unit inmates and serve as a primary resource of medical knowledge/information of a referral nature.
16. Assess, thoroughly report, treat and/or monitor diagnosed or suspected communicable diseases.
17. Utilize Universal Precautions.
18. Initiate and maintain isolation techniques and precautions based on sources and routes of disease transmittal.
19. Use all functions and capabilities of the PTDF communications system to include the call light, paging, radio, and telephone systems.
20. Conduct visual inspections of all inmates, as indicated, to determine safety and comfort needs.
21. Audit the physician and PA/FNP orders for accuracy and timeliness of transcriptions.
22. Assess dietary habits and patterns for all special housing unit inmates. Use sound judgment to report findings and address dietary needs in the medical record.
23. Maintain nursing role in the safety cell and restraints, and promote safety and strict control.
24. Comply with all duties identified as being pertinent to a particular shift at any given time.
25. All other duties as assigned by supervisor.

Responsibilities:

1. Documentation of nursing observations, intervention, and plans in the patient medical record.
2. Assure continuity of care for inmates discharged from special housing unit by insuring continuation of meds, treatments, and follow-ups.
3. Communication with MD of significant observations and patient response to care.

4. Perform nursing procedures according to standards of care such as:
 - a. Aseptic and sterile dressing changes
 - b. Isolation precautions
 - c. Administration of O₂ therapy, nebulizer treatments and O₂ sat. monitor.
 - d. Preparation and dispensing of prescribed oral medication, injections and IV therapy
 - e. Perform prescribed or routine skin testing
 - f. Collection of specimens for laboratory studies such as clean catch urine, venipuncture, straight catheterization for urine collection, throat culture, sputum specimens, stool specimens
 - g. Laboratory testing: Blood glucose with visual or meter interpretation, interpretation of skin test results, dipstick urine guaiac studies
 - h. Collect patient database: Vital signs, vision screening, height/weight, abdominal girth
 - i. Recognize and respond appropriately to emergency situations assessing and effectively intervening with emergency equipment, supplies and materials
 - j. Participate in patient education as deemed necessary by health care providers.
5. Maintains open lines of communication as it relates to the inmate's health needs with the health services and facility staff while maintaining confidentiality.
6. Reviews new admissions for immediate and on-going health care needs with appropriate consultation with supervising health services staff including evaluation and documentation of inmates placed in safety cells in accordance with current policy and procedure.
7. Transcribes MD/PA/FNP/RN orders. Knows all medical computer functions.
8. Preparation and administering of medication:
 - a. Oral prescribed
 - b. Prescribed injections
 - c. Sets up medications according to protocols, policies and procedures
 - d. Accurately records medication on medication administration record
 - e. Restocks and cleans medication cart
 - f. Evaluates inmate response to medication and communicates to Provider as needed.
 - g. Participates in management of controlled substances and supplies according to procedures and protocols.
 1. Change of shift controlled substance count
 2. Report error in end-of-shift narcotic count to supervising RN
 3. Syringe and needle count on each shift
9. Qualified RN's may initiate approved standardized procedures when presenting symptoms are within the parameters/guidelines of the procedure.

10. LVN's may identify and report symptoms and assessments to the MD and receive an order to initiate approved protocols.
11. LVN's with current IV Therapy certification may start IV's in the special housing unit and Booking areas.
12. Maintain a clean, safe and secure working environment.
13. May serve as a resource for calls received from outlying facilities.
14. Making calls to nurses to cover vacant shifts as assigned by the facility coordinator or program manager.
15. Perform audits as requested by facility coordinator.

SPECIAL HOUSING UNIT DUTIES - DAY SHIFT:

- Receive taped report from night shift.
- Count controlled substances, needles and syringes at beginning and end of shifts.
- Walking rounds.
- Set up and dispense meds.
- Check any IV's.
- Record prescription meds given on MAR.
- Physician and Psychiatrist visit daily. Times vary.
- Pull charts for Psychiatrist.
- After rounds, note orders per established format and implement as required.
- Do treatments/vital signs.
- Admit and discharge inmates as ordered.
- Make frequent rounds.
- Answer call lights.
- Pass routine medications at routine pill call times or as ordered.
- Chart on each medical or psych special housing unit patient.
- Maintain a neat, clean and safe environment in the nurse's station.
- Keep census board current.
- Restock supplies for special housing unit as needed. Be aware of meds to be ordered.

SPECIAL HOUSING UNIT DUTIES - NIGHT SHIFT:

- Receive taped report from day nurse.
- Count controlled drugs, needles and syringes at beginning and end of shift.
- Walking rounds.
- Check call lights for workability.
- Set up and pass medications.

- Document all medications on MAR.
- Make a list for physician of medications that need renewing.
- Do treatments and vital signs.
- Chart on all special housing unit patients.
- Stuff all charts. Make labels (name, booking number, DOB, and allergy).
- Draw fasting blood work as needed.
- Run special housing unit list
- Update census sheet.
- Medicate inmates going to court.
- Note and implement any doctor's orders.
- Triage sick call kites as per policy and procedure.
- Make frequent rounds.
- Answer call lights.
- Maintain a clean, neat, safe environment in the nurse's station.
- Admit and discharge inmates as ordered.
- Restock supplies for special housing unit as needed.
- Check 02 tank nightly and complete log.
- Remove outdated products from refrigerator.
- Remove outdated drugs.
- Audit charts daily.
- Perform appropriate audits.
- Assist in filling out Confidential Transfer of Information sheets on upcoming prison runs.
- Triage sick call kites per policy

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Booking Nurse:

Area(s) of Responsibility: Booking, PTDF jail

Allocation Requirements: 24 hours per day/ 7 days per week

Job Requirements:

- a. Background clearance by custody
- b. Current, valid nursing license
- c. CPR certification
- d. Medical/surgical nursing or military medical duty

Knowledge Base - Must understand:

1. Body systems, to include the normal functioning and purposes of human body systems; Gastrointestinal, Cardiovascular, Genitourinary, Endocrine, Musculo-skeletal, Integumentary Respiratory and Reproductive systems.
2. Body system dysfunctions to include physical signs and symptoms of dysfunction, inadequacies and impairment of body systems and capabilities.
3. Pathologies associated with common medical and surgical conditions, diseases and diagnoses.
4. Purpose and common side effects of medications used in the facility for the treatment of physical and mental disorders.
5. Scope of nursing practice as determined by your current licensure and the Nursing Practice Act.
6. Purpose and use of the Physician's Desk Reference" and Nursing Drug Handbook.
7. Proper methods for administering medication to reduce the potential of medication errors. (See policy "Administration of Medication").
8. Appropriate means of reporting medication errors when they occur.
9. Documentation format in use at this facility.
10. Procedure for transcribing Physician and Physician Extender (PA's and FNP's) orders.
11. Medical records management system at this facility as it relates to the special housing unit nurse's role in maintaining, controlling, and retrieving active or inactive charts.

12. Routes of transmittal for communicable/infectious diseases.
13. Safety Precautions used by this facility and the nurse's role for observations, documentation, and reporting.
14. Required contents of medical records.
15. Nursing process: proficiently recognize and assess physical, medical, and post-surgical conditions of inmates.

Competencies - Must be able to:

1. Assess body systems to determine degree of functioning, severity of illness and/or degree of impairment.
2. Report assessments and interventions to appropriate health care provider(s) in a timely fashion based on sound judgment about your findings and the inmate's needs.
3. Use the drug formulary effectively.
4. Administer PO, SubQ, IM, sublingual, and topical medications properly.
5. Administer intravenous therapy to the fullest extent of your licensure to practice nursing.
6. Accurately and thoroughly transcribe medication, medical and psychiatric treatment orders.
7. Accurately take verbal and telephone orders.
8. Accurately document medications administered.
9. Provide special housing unit nurse with concise, accurate and pertinent data about admissions from the booking area.
10. Provide other facilities pertinent information on inmates. Fax information as necessary.
11. Follow-up on inmate activities such as; off-grounds transport or intra-facility transfer and document.
12. Organize work based on the needs of custody, nursing services and health services. Things to consider:
 - a. The booking nurse is called to all medical emergencies in the PTDF.
 - b. The booking nurse services as a resource to the special housing unit nurse on a request basis.

- c. The booking nurse serves as the charge nurse when other supervisory staff are not present.
 - d. The night booking nurse relieves the special housing unit nurse for breaks and lunch as needed.
13. Appropriately utilizes non-nursing resources (custody, MD, PA/FNP) to determine the best plan for meeting the nursing and medical needs of the inmates.
 14. Maintain adequate stock levels for all supplies and equipment allocated for booking nurse use.
 15. Assess, thoroughly report, treat (within scope of practice) and/or monitor diagnosed or suspected communicable diseases.
 16. Utilize Universal Precautions.
 17. Use all functions and capabilities of the PTDF communications system to include the call light, paging, radio, and telephone systems.
 18. Evaluate inmates returning from emergency or medical treatment at community base facilities. Provide input to custody regarding the appropriate housing assignments based on services rendered by community based facilities, after care orders, subjective and objective data indicative of inmate's present condition.
 19. Perform duties identified in writing or verbally by the supervisor or designee as being pertinent to this position or area of responsibility at any given time.
 20. Check inmates in sobering cells a minimum of every 4 hours and document on inmate monitoring log. Document the inmate's condition or any pertinent information on the sobering evaluation form according to CFMG P&P.
 21. Evaluate inmates placed in restraints at time of placement, and as often as indicated by CFMG P&P. Make recommendations to custody for removal from restraints as indicated. Report adverse findings to provider.

Responsibilities:

The booking nurse's primary responsibility is in the booking area of the Ventura County Jail. They assist in the intake health screening process at the request of custody. They evaluate and clear inmates for incarceration. They evaluate, consult, and clear inmates from safety cells per guidelines. The booking nurse also assists with other aspects of nursing care at the PTDF including initiating standardized procedures as appropriate, and consultation with physician and psychiatrist on-site as well as off-site for continuity of medical care.

1. Assist in intake health screenings.

2. Evaluate/triage inmates prior to booking and request a medical clearance if inmate is not stable for booking.
3. Consult with psychiatrist, physician, or PA/FNP on medical problems.
4. Evaluate inmates in safety cell and document as per current policy and procedure.
5. Set up, retrieve, and complete medical records as needed.
6. Advise on admission to the special housing unit as required.
7. Booking nurse will evaluate inmates at the time he/she is placed in a safety cell or sobering cell in the booking area and initiate an evaluation form. Inmates are to be checked and documented on in accordance with the current policy and procedure.
8. Check on medical supplies and equipment in the medical office in the booking area. Re-supply as necessary.
9. Booking nurse will be responsible for ordering supplies and medication for the booking area. Order list is located on the door in the med room on level 2.
10. Booking nurse at the end of every shift will assure that medical records he/she has opened or developed are completed and given to medical records for appropriate disposition.
11. Booking nurses shall give a change of shift report to assure continuity of care.
12. Booking nurses are expected to assist in other areas of the facility when time or necessity dictate. i.e., assist in SH, transcribe orders, help with treatments, file.
13. Booking nurses respond to medical calls on quads in the absence of a Resource Nurse.
14. Check emergency box every month and after each use. Keep bag locked and supplied per the current list of items.
15. May serve as a resource for outside advice calls.

SHIFT DUTIES:

Beginning and end of shift

- Receive report from previous shift.
- Count narcotics, needles, syringes and keys.

**Specific:
Day Shift**

- Ensure all medications and treatments are completed in booking.
- Communicate with SH nurse concerning any pending transfers to SH.
- Prepare any charts for inmates needing to be seen by psych staff.
- Complete any orders needing to be transcribed from night shift.
- Ensure all out of facility transfers are completed and given to property deputy.
- Assist SH or provide meal relief if needed as possible.
- Check AED each Monday AM. Ensure logs are faxed as indicated.
- Ensure that refrigerator log and accu-check log are completed per current practice on daily and weekly basis.

**Specific:
Night Shift**

- Ensure all medications are passed and treatments are completed in booking.
- Communicate with SH nurse concerning any pending transfers to SH.
- Complete any orders needing transcribing from day shift.
- Assist SH or provide meal relief if needed as possible.
- Ensure all out of facility transfers are completed and given to property deputy.
- Medications given as needed.
- Ensure that refrigerator log, accu-check log, and oxygen log are completed per current practice on a daily and weekly basis.
- Ensure all medications are given to TR transfers on Saturday & Sunday mornings. Ensure all paperwork is transferred to TR.

**Ongoing for
all Shifts**

- Check frequently for completed Intake Health Screening forms.
- If meds are started, paperwork to the Pharmacy after inmate is housed.
- If a chart is started, it needs to go in the medical records office in the appropriate box.
- Answer all calls from quads appropriately in the absence of a Resource Nurse.
- Screen new arrests as requested by custody for acceptance into the jail.
- Fill out an Emergency Response record if responding to a true emergency.
- The on-call provider must be notified prior to sending anyone to the E.R. (with the exception of life-threatening emergencies).
- If the inmate goes to the E.R., a referral form is made out and sent with the officer with the exception of refusals to jail (clearances). The pink copy remains and is given to the secretary.
- Keep medical office supplied with meds, forms and supplies.
- See everyone in sobering and safety cells and document per Policy and Procedure Manual.
- Assist other staff members in jail as time permits.
- Handle advice calls from outlying areas. (East Valley Substation, etc.).
- Assist classification officer with appropriate housing assignments for inmates who have medical problems.

- Make calls to nurses to cover vacant shifts as assigned by facility coordinator or program manager.
- Perform audits as requested by supervisor.
- Assist in filling out transfer forms on upcoming prison runs.
- Inform program manager of all inmates with communicable disease history via CD Report.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibilities of the Resource Nurse

Facility: Pre-Trial Detention Facility

Allocation Requirements: Morning and Afternoon 8- hour shift

Job Requirements: Licensed LVN or RN

Responsibilities:

1. Basic knowledge of all medications dispensed.
2. Identify each inmate by name and booking number prior to dispensing medication or doing treatment.
3. Observe inmate's right to refuse any medication or treatment.
4. Obtain *Refusal* form for consistent refusal of any treatment. Ensure Refusal form is placed with chart for MD review.
5. Know all current procedures for noting orders.
6. Know all current procedures for Self-Medication program.
7. Assist in transcribing orders in pharmacy.
8. Assist in noting orders transcribed by non-licensed staff.
9. Be aware of all supplies in the Trauma Bag. Check, log and lock after *any* use.
10. Know location and use of AED's in facility.
11. Know location and use of oxygen tanks in facility.
12. Complete (Progress Note & JIR) any 15 or 30-day isolation evaluations as requested by custody.
13. File paperwork and medical records.
14. Be aware of the kitchen clearance process.
15. Know all computer functions necessary to complete job requirements.
16. Triage kites as necessary.
17. Know procedure for calling on-call MD or Program Manager.
18. Know location of all lab supplies and procedure for calling on-call tech.
19. Know location and use of all current medical equipment.
20. Appropriately document on all inmate interventions in the medical record.
21. Assist in ensuring that any consumable supplies are not expired.
22. Assist in making calls to fill employee sick calls.
23. Any other tasks requested by supervisor or Program Manager.

AM RESOURCE NURSE SPECIFIC RESPONSIBILITIES:

DAILY:

1. Prepare diabetic list from book in pharmacy. Complete all accu-checks and administer Insulin as ordered; follow all current diabetic guidelines.
2. Ensure accu-check copies are placed with chart for MD review as ordered or per current guidelines or nursing judgment.
3. Generate computer treatment list to check all current treatments.

4. Complete all daily treatments as ordered. Place treatments not completed due to court in tray for PM nurse.
5. Read all PPD's. Follow all CFMG P/P for CXR and repeat PPD.
6. Check and log Level 3 and Level 4 oxygen tanks. Replace and supply as necessary.
7. Distribute any Self-Medications left from previous day. Assure SM Agreement form is explained and signed by inmate as required.
8. Accurately chart all self-medications passed on the MAR as given or not given.
9. Carry "Resource" radio at all times.
10. Respond to all Code 3 calls with Trauma Bag.
11. Respond immediately to all quad calls either in person or via telephone. May triage call as appropriate, immediately and in person evaluating all possibly emergent issues or any issue custody deems as emergent.
12. Keep Treatment Room neat, clean and stocked. Ensure all needed supplies are placed on order list.
13. Assist booking nurse as able to do so.

AM WEEKLY:

1. Put away all supplies received from ANB in proper place. Assure Invoice is given to secretary.
2. Do weekly accu-check machine check and log.

AM MONTHLY:

1. Check, log, stock and lock the Trauma Bag on the **first day on each month.**

PM RESOURCE NURSE SPECIFIC RESPONSIBILITIES:

DAILY:

1. Prepare diabetic list from book in pharmacy. Complete all accu-checks and administer Insulin as ordered; follow all current diabetic guidelines.
2. Ensure all accu-check copies are placed with chart for MD review as per ordered or per current guidelines or per nursing judgment.
3. Complete all treatments remaining from days. Complete computer generated treatment list to ensure all treatments are done.
4. Complete all PPD's remaining from days. Follow all CFMG P/P for CXR or repeat PPD.
5. Dispense all self-medications. Assure SM Agreement form is explained and signed by inmate as required.
6. Accurately and completely chart all self-medications on MAR as given or not given.
7. Prepare and do self-medication audits as directed by supervisor. Follow current procedures for DC'ing non-compliant self-medication inmates.
8. Carry "Resource" radio at all times.
9. Respond to all CODE 3 calls with Trauma Bag.
10. Respond to all quad calls either in person or via telephone. May triage call as appropriate, immediately and in person evaluating all possibly emergent issues or any issue custody deems emergent.
11. Complete *Transfer of Information* forms for prison, INS or other runs. Place completed forms in labeled envelope and take to Property Deputy.

12. Give copy of list of prison, INS or other runs indicating inmates on medication to the PM pill call nurse.
13. Review and clear daily Todd Road run. Post list in pharmacy indicating any inmate on medications.
14. Inform classification of any inmate NOT cleared for Todd Road.
15. Assist booking nurse and/or SH nurse as able to do so.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Facility Nurse and Resource Nurse:

Area(s) of Responsibility: Todd Road Facility

Allocation Requirements:

Facility Nurse: 0700-1500 Seven days per week
1500-2300 Seven days per week
2300-0700 Seven days per week

See Job Requirements, Knowledge Base and Competencies for Pill Call, booking and special housing unit positions.

Facility Nurse - Shift Responsibilities:

Seven days a week 0700-1500:

1. Transcribe orders.
2. Respond to housing unit calls as requested by custody.
3. Receives MARs in AM from intake.
4. Complete health inventory screenings per policy and do a send list to PTDF indicating completed health inventory screenings.
5. Complete kitchen clearances as time permits.
6. Replace staff sick calls as necessary.
7. Stock medication cart and order supplies as needed.
8. CQI as requested.
9. Triage medical kits.
10. Review pill call job description at the PTDF and follow general guidelines for administration and documentation of medication.
11. Do medication renewals as indicated.
12. Discontinue medications daily as indicated.
13. Initiate treatments to include dressing changes, vital signs, specimen collection, etc.
14. Complete weekly self-medication audits.
15. Any other duties as assigned by supervisor.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Facility Nurse and Resource Nurse:

Area(s) of Responsibility: Todd Road Facility

Allocation Requirements:

Facility Nurse: 0700-1500 Seven days per week
1500-2300 Seven days per week
2300-0700 Seven days per week

See Job Requirements, Knowledge Base and Competencies for Pill Call, booking and special housing unit positions.

Facility Nurse - Shift Responsibilities:

Seven days a week 1500-2300:

1. Transcribe orders as needed.
2. Administer insulins and complete blood sugar tests as ordered by the medical provider.
3. Respond to housing unit calls as requested by custody.
4. Filing as time permits.
5. Complete health inventory screenings per policy and do a send list to PTDF indicating completed health inventory screenings as needed.
6. Complete kitchen clearances as time permits.
7. Replace staff sick calls as necessary.
8. Stock medication cart and order supplies as needed.
9. CQI as requested.
10. Triage medical kites.
11. Review pill call job description at the PTDF and follow general guidelines for administration and documentation of medication.
12. Do medication renewals as indicated.
13. Order medication for facility and check expiration dates on stocked medications.

14. Discontinue medications daily as indicated.
15. Treatments to include dressing changes, vital signs, specimen collection, etc.
16. Perform wellness checks of inmates on discipline or housed in isolation.
17. Any other duties as assigned by supervisor.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Facility Nurse and Resource Nurse:

Area(s) of Responsibility: Todd Road Facility

Allocation Requirements:

Facility Nurse: 0700-1500 Seven days per week
1500-2300 Seven days per week
2300-0700 Seven days per week

See Job Requirements, Knowledge Base and Competencies for Pill Call, booking and special housing unit positions.

Facility Nurse - Shift Responsibilities:

Seven days a week 2300-0700:

1. Respond to housing unit calls as requested by custody.
2. Complete treatments as ordered.
3. Assist with health inventory screenings as needed.
4. Complete Transfer of Information forms for inmates scheduled to be transported to prison.
5. Set up the sick call and MD line including send list to all housing units.
6. Filing and/or purging as time permits.
7. Check oxygen tanks and refrigerator temperature daily and change logs as needed.
8. Stock medical rooms in housing units with medical supplies and forms.
9. Order medical supplies for facility.
10. CQI as requested.
11. Prepare health inventory screenings for AM shift per policy.
12. Make new charts as time permits.
13. Complete kitchen clearances as time permits.

14. Do diabetic and court list for AM shift.
15. Triage kites.
16. Transcribe orders as needed.
17. Do medication renewals as indicated.
18. Any other duties as assigned by supervisor.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Certified Nursing Assistant:

Area(s) of Responsibility: Pre-Trial Detention Facility and Todd Road Facility

Allocation Requirements: Day shift, flexible hours

Job Requirements:

- a. Background clearance by custody
- b. Currently certified
- c. Minimum of five days orientation
- d. CPR certification

Knowledge Base - Must understand:

1. Standards of Practice for CNA's.
2. Purpose and techniques for medical treatments used by the facility to reduce discomfort and impairments.
3. Documentation format in use at the facility.
4. Management of medical records at the facility as it relates to nursing's role in maintaining and retrieving active or inactive charts.

Competencies:

1. Retrieval of information from computers at the facility.
2. Perform other duties identified in writing or verbally by the supervisor as being pertinent to this position at any given time.

Responsibilities:

Assists licensed personnel with treatments and reports significant assessments or findings to supervisor.
This requires:

1. Performing medical treatments ordered by providers when requested by nursing.
2. Prepare and complete inventory health screening/TB screening and forward to facility coordinator.
3. Relieve for breaks, lunch, and dinner in the special housing unit when requested.

4. Clean and stock supplies in treatment room on quads and in medical.
5. Assist in medical records as time permits.
6. Assist in dental office when requested.
7. All other duties as assigned by supervisor.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibilities of the Medical Records Staff

Area of Responsibility: PTDF

Allocation Requirements: Sunday through Thursday – 8 hour shifts / 24 hours
Friday & Saturday – 8 hour shifts / 0600 to 2200

General Duties:

- 1- Receive verbal report from off going clerk.
 - a. Verbally inform next clerk of any pending items such as charts needing to be located; labs needing to be filed; any item pending.
- 2- Re-file medical records.
- 3- Assist in locating charts for staff.
- 4- Answer telephones.
- 5- Know and use correct method of making medical record.
 - a. Locate (archives if necessary) and obtain any previous chart
 - b. Locate current Intake.
 - c. If multiple *books*, all should be obtained and current year label placed on all.
 - d. Current *book* with active charts, previous *books* placed with old charts.
 - e. Chart is activated with current name (name inmate booked under)
 - f. All AKA's are listed on chart.
 - g. Only one (1) *allergy label* entered into computer.
 - h. All forms have label with name, DOB, booking #.
 - i. All forms are under correct tab.
 - j. All pregnant female charts are stamped *pregnant*.
- 6- Assist in filing. Current filing should be done each shift each day.
- 7- Know proper method of logging records in and out of facility.
- 8- Know process for releasing records to inactive files.
- 9- Know process for coping medical records, both routine records, court ordered records and SS information requested.
- 10- Know current process for logging in and out the x-ray films and reports. Know to call radiologist if any discrepancies.
- 11- Know process for x-ray reports.
 - a. Find Health Assess/TB Assess for all CXR's.
 - b. Send all TR reports/assess to TR.
 - c. Give all PTDF CXR's and released CXR with Health Assess /TB Assess and chart to supervisor.
 - d. Place all other x-rays on chart for MD.
- 12- Know process for sending out Release of Info forms.
- 13- Check lab printer each shift. Place all lab results on the chart for MD review.
- 14- Check wall folder each shift for info needing to be placed on chart.
- 15- Actively assist in yearly purging of records.
- 16- Other duties requested by supervisor.

Specific Duties Day Shift:

- 1- Currently 0600 to 1400.
- 2- Prepare and pull MD line.
 - a. Must make complete chart, including any previous chart.
 - b. Ensure all forms have name identifiers (name, DOB, Bk #, allergy).
- 3- Daily purge of Intakes.
 - a. *Saves* retained together in box (same as charts –7 years)
 - b. Released inmates intakes will be disposed of
- 4- Daily Fax any Release of Info requests.
- 5- Daily prepare bag for transport to TR.
- 6- Do any requests for SS information per current process.
- 7- Process Subpoenas as directed by Program Manager or Facility Coordinator

The subpoena's we generally receive are of two types:

- A. TO DELIVER THE RECORDS TO THE COURT: this is a court order to us to make a true copy of medical records and release it to the Judge (not to the Public Defender, Attorney or DA)
- B. TO MAKE RECORDS AVAILABLE FOR COPYING by a Copying Service: this is usually for Public Defender, Attorney or other party

Before you consider looking for the records, you must:

- a. Read it and ensure it is for CFMG
- b. Take note of the date when records must be delivered
- c. Read what records we must deliver (sometimes, we are asked only for specific record, specific date)
- d. Check the "PROOF OF SERVICE" (usually second page) to make sure it is filled out (it should specify "By Mail" or "Personal Service" and must be dated and signed by mailer/delivering person). If the "PROOF OF SERVICE" is not completed, we CAN NOT ACCEPT IT; you must call the requesting person/agency and let them know to send us an appropriate Proof of Service.

After copying the record, you must ensure that you bring the copy to Nicoleta to review and sign the subpoena to certify that is a true copy or no records are available.

Mailing:

A. TO DELIVER THE RECORDS TO THE COURT:

- a. You must follow the instructions that are always attached to this type of subpoena
- b. NEVER MAKE x-tra copy to deliver to the Public Defender/Attorney/DA; this would constitute a violation of the Patient's Confidentiality because we released records to someone without
- c. After copying the record, you must ensure that you bring the copy to Nicoleta to review and sign the subpoena to certify that is a true copy or no records are available.

B. TO MAKE RECORDS AVAILABLE FOR COPYING by a Copying Service:

- a. Call the Copying Service Company and set up a date & time when it is convenient to us
- b. While the service staff makes copies, you must stand by at all times and ensure all records are returned to us intact and entirely
- c. When finished, you must bring the copies and the subpoena to Program Manager to sign and date it.

- 8- Prepare x-ray line the day prior to scheduled x-ray line.
 - a. Run computer list to prepare accurate line; ensure TR list is received.
 - b. Make cards for tech.

- c. Make sendlist for tech.
- d. Post lists for tech.
- 9- Accurately maintain x-ray log book. **(Day and PM)**
 - a. Ensure that all films are accurately logged out on form and in book.
 - b. Ensure that all ordered x-rays were completed.
 - c. Reline any inmate in court.
 - d. Call TR for any TR inmate not done or needing reline
 - e. Ensure any *Refusal* is placed on chart and given to supervisor or MD.
 - f. FILM RETURN – Ensure all films are logged in book as returned. If discrepancy notify radiology.
 - g. REPORT RECEIVED
 - i. Ensure report received for each film sent, log in book. Notify radiologist if report missing.
 - ii. Find Health Assess/TB Assess for all CXR's.
 - iii. Send all TR reports/assess to TR.
 - iv. Give all PTDF CXR's and released CXR with Health Assess/TB Assess and chart to supervisor.
 - v. Place all other x-ray reports on chart for MD.
- 10- Check Lab printer. Place all reports on charts for MD.
- 11- Monthly order of medical records forms. Have supervisor approve order.

Saturday and Sunday DAY Clerk:

- 1. Prepare the Health/TB Assessments for Monday. Chart must be made for each assessment set up.
- 2. Ensure that charts are made for all paperwork in the “charts to be made” slot. This includes finding the previous chart, archives if necessary.
- 3. Complete any routine copying for requests of medical records.
- 4. Complete other daily functions of clerk.

Saturday Day Clerk:

- 1- Early AM, prepare TR bag and take to booking area.

Specific Duties of the PM Clerk:

- 1- Currently 1400-2200.
- 2- Daily checks for any re-faxing due for Release of Info forms.
- 3- Assist in locating “missing” charts.
- 4- Obtain and pull TR run. All Intakes and all previous charts (archives if necessary) must be located and sent to TR. Communicate both verbally and by means of the notebook provided to next clerk and to TR if a chart cannot be located. Log out all medically cleared charts.
- 5- Retrieve TR bag.
- 6- Log in all charts received from TR. Correctly process as active or inactive and file.
- 7- Accurately maintain x-ray log book. **(Day and PM)**
 - a. Ensure that all files are accurately logged out on form and in book.
 - b. Ensure that all ordered films were completed.
 - c. Reline any inmate in court.

- d. Call TR for any inmate from TR not done or needing reline
- e. Ensure any Refusal is placed on chart and given to supervisor or MD.
- f. FILM RETURN – Ensure all films are logged in book as returned. If discrepancy notify radiologist.
- g. REPORT RECEIVED
 - i. Ensure report received for each film sent, log in book. Notify radiologist if report missing.
 - v. Find Health Assess/TB Assess for all CXR's.
 - vi. Send all TR reports/assess to TR.
 - vii. Give all PTDF CXR's and released CXR with Health Assess /TB Assess and chart to supervisor.
 - viii. Place all other x-ray reports with chart for MD.
- 8- Obtain any Prison runs and pull all charts or Intakes for nurse.
- 9- Check lab printer. Place all reports on chart for MD.
- 10- Weekly purge active charts.
- 11- Complete all other daily functions of clerk.

Sunday PM Clerk:

- 1. Enter all kites.
- 2. Pull all sick call charts for Monday sick call. Begin to prepare (stuff) all charts appropriately.

Specific Duties of Night Clerk:

- 1. -Currently 2200 to 0600
- 2. Re-file medical records
- 3. Assist in locating “missing” charts.
- 4. Assist in current filing each day.
- 5. Assist in releasing charts to inactive files.
- 6. Check lab printer. Place all reports on chart for MD.
- 7. Prepare sick call line. Ensure all charts are complete and “stuffed”. Locate all previous charts.
- 8. Prepare Psych MD line (Sunday, Tuesday and Thursday night)
- 9. Prepare Psych nurse line.
- 10. Prepare Health / TB Assessments (Monday through Thursday night)
 - a. Ensure chart is made for each assessment set up.
- 11. Complete other daily functions of clerk.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Medical Records Clerk:

Area(s) of Responsibility: Todd Road Facility

Allocation Requirements: Monday - Friday

DUTIES:

1. Hours 0800-1600 or as directed.
2. Re-file medical records.
3. File loose papers in the appropriate medical records.
4. Locate records at the request of health services/nursing staff.
5. Answer telephones.
6. Pull medical records for inmates being transferred. Give the record and appropriate forms to nurse to complete.
7. Collect and transfer medical records to other facilities per procedure.
8. Use correct procedure for preparing medical records.
9. Prepare released medical records for inactive files.
10. Prepare medical/psychiatric/dental/x-ray lines when requested.
11. Update/stuff medical records as necessary.
12. Purge active medical records.
13. Receive records returned from other facilities and check them for accuracy and completeness.
14. Purge active files of records of inmates who have been released. Check them for accuracy and completeness, prepare for inactive files, and send to PTDF.
15. Maintain appropriate statistics.
16. Any other duties as assigned by supervisor.

SUBJECT: PERSONNEL RESPONSIBILITIES

Responsibility of the Dental Chair Assistant:

Facility: Ventura County PTDF/TR Jail

Job Requirements:

- a. Background clearance by custody
- b. CPR certification
- c. Current license as applicable
- d. Ability to vary hours according to need

Responsibilities:

1. Assistant will have primary responsibility for all dental treatment areas.
2. Dental assistant will report directly to the Facility Coordinator for all matters other than patient care.
3. Dental assistant will report to the Dentist on all patient care issues.
4. Dental assistant will have responsibility for assisting the dentist at the chair at all times during dental hours.
5. Responsibilities will include but not be limited to:
 - a. Preparation of dental line
 - b. Ensuring charts and appropriate paperwork is available for dentist
 - c. Passing and receiving instruments
 - d. Oral evacuation and retraction
 - e. Preparation of materials
 - f. Sterilizations of all instruments
 - g. Seating, preparing and dismissing the patient
 - h. Operatory preparation and cleanup
 - i. Maintaining adequate operatory supplies
 - j. Following all infection control guidelines
 - k. Routine care of equipment
 - l. Taking of x-rays if licensure permits and are requested to do so by the dentist
 - m. Assuring all dentists orders are taken to the medication room.
 - n. Other tasks requested by dentist
 - o. Maintain statistical data
6. Any other tasks assigned by Facility Coordinator or Program Manager.

RFP 5764 Inmate Medical Services Exhibit 2 Attachment C

VENTURA COUNTY SHERIFF'S OFFICE * DETENTION SERVICES DIVISION INTAKE HEALTH SCREENING

Inmate Name _____ DOB _____ Booking Number _____ ☐ MALE
☐ FEMALE

OBSERVATIONS (Check Box)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are there visible signs of trauma, wounds, illness, tremors and/or sweating? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe: _____ | | |
| 2. Does the inmate appear under the influence of drugs or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there visible signs of : <input type="checkbox"/> Jaundice ☹ <input type="checkbox"/> Needle Marks <input type="checkbox"/> Lice/Crabs/Scabies ☹ <input type="checkbox"/> Bruising | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does behavior suggest danger to self or others? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Level of orientation: <input type="checkbox"/> Alert <input type="checkbox"/> Oriented to time, place, person <input type="checkbox"/> Confused ☹ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does inmate appear to have any developmental disabilities, i.e.:
<input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does inmate have mobility restrictions or body deformities? | <input type="checkbox"/> | <input type="checkbox"/> |

QUESTIONS

- | | | |
|---|--------------------------|--------------------------|
| 1. Have you had a serious illness or injury within the past 24 hours? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been seen by a private doctor or in an emergency room in the past 24 hours? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Where & Why: _____ | | |
| 3. Have you refused medical treatment from anyone within the past 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you now under a doctor's care for a medical or psychiatric reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you taking any medications? If yes, what: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had a cough for 3 weeks or more? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been coughing up blood? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had unexpected weight loss, night sweats and/or fatigue? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you currently have <input type="checkbox"/> Body Aches <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Headache <input type="checkbox"/> Swollen neck glands <input type="checkbox"/> Stiff Neck ☹ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you now have or have you ever had any of the following (check box): | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Diabetes ☹ <input type="checkbox"/> Seizures <input type="checkbox"/> Tuberculosis ☹ <input type="checkbox"/> Venereal Disease | | |
| <input type="checkbox"/> Heart Disease <input type="checkbox"/> High Blood Pressure ☹ <input type="checkbox"/> Hepatitis <input type="checkbox"/> Asthma | | |
| <input type="checkbox"/> Emphysema <input type="checkbox"/> Cancer <input type="checkbox"/> AIDS <input type="checkbox"/> Psychiatric Problems | | |
| 11. Do you have a drug or alcohol habit which could cause withdrawal problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever thought of ending your life? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that way now? ☹..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you allergic to any food or medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes", what? _____ | | |
| 14. Are you pregnant or have you had an abortion or delivered a baby within the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes", refer to TITLE 15, Section 1207.5. | | |
| 15. Are you on birth control pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have any other medical problems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you have medical insurance? If yes, what _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☹ - Need to notify medical ASAP

Sick Call procedures explained (Officer's initial/ID) _____

Interpreter's Name _____

Interpreter's Signature _____

Inmate's Signature _____

Screening Deputy's Signature & ID / Date / Time _____

DISPOSITION (check box)

- | | |
|--|--|
| <input type="checkbox"/> Refer to VCMC ER for clearance | <input type="checkbox"/> House per Classification |
| <input type="checkbox"/> Sobering Cell (Notify Medical ASAP) | <input type="checkbox"/> Safety Cell (Notify Medical ASAP) |

Medical Staff notified? ☐ Yes ☐ No Date _____ Time _____ Officer's initials/ID _____

Medical Staff / Officer's Comments _____

Medical Staff's Signature / Date & Time _____

**VENTURA COUNTY PROBATION AGENCY-Juvenile Facilities
INTAKE HEALTH SCREENING**

Name _____ DOB _____ Age _____ Date Admitted _____ ☐ MALE ☐ FEMALE

YES NO

Medical Clearance Required: (explain) _____ ☐ ☐

OBSERVATIONS (Check Box)

1. Are there visible signs of trauma, wounds, illness, tremors and/or sweating? ☐ ☐
If yes, describe: _____
2. Does the minor appear under the influence of drugs or alcohol? ☐ ☐
4. Does behavior suggest danger to self or others? ☐ ☐
5. Level of orientation: ☐ Alert ☐ Oriented to time, place, person ☐ Confused
6. Does minor appear to have any developmental disabilities, i.e.:
☐ Hearing ☐ Sight ☐ Mental Retardation ☐ Other: _____ ☐ ☐
7. Does minor have mobility restrictions or body deformities? ☐ ☐

QUESTIONS (Check Box)

1. Have you had a serious illness or injury within the past 24 hours? ☐ ☐
2. Have you been seen by a private doctor or in an emergency room in the past 24 hours? ☐ ☐
Where & Why: _____
3. Have you refused medical treatment from anyone within the past 24 hours? ☐ ☐
4. Are you now under a doctor's care for a medical or psychiatric reason? ☐ ☐
5. Are you taking any medications? If yes, what: _____ ☐ ☐
6. Have you had a cough for 3 weeks or more? ☐ ☐
7. Have you been coughing up blood? ☐ ☐
8. Have you had unexpected weight loss, night sweats and/or fatigue? ☐ ☐
9. Do you currently have ☐ Body Aches ☐ Fever ☐ Fatigue ☐ Headache ☐ Swollen neck glands ☐ Stiff Neck ☐ ☐
10. Do you now have or have you ever had any of the following (check box):
☐ Diabetes ☐ Seizures ☐ Tuberculosis ☐ Sexually Transmitted Disease
☐ Heart Disease ☐ High Blood Pressure ☐ Hepatitis ☐ Asthma
☐ Emphysema ☐ Cancer ☐ AIDS ☐ Psychiatric Problems
11. Do you have a drug or alcohol habit which could cause withdrawal problems? ☐ ☐
12. Have you ever thought of ending your life? ☐ ☐
Do you feel that way now? ☐ ☐
13. Are you allergic to any food or medication? ☐ ☐
If "yes", what? ☐ Eggs ☐ Nuts ☐ Milk ☐ Dairy Products ☐ Medication ☐ Other: _____
14. Do you have any other medical problems? ☐ ☐

QUESTIONS-Females Only (Check Box)

- 15(a). Are you pregnant? ☐ ☐
- (b) Have you had an abortion or delivered a baby within the last year? ☐ ☐
16. Are you on birth control pills? ☐ ☐

Sick Call procedures explained (Officer's initial/ID) _____

Interpreter's Signature _____

Minor's Signature _____

Screening CSO's Signature & ID / Date / Time _____

DISPOSITION (check box)

- | | |
|---|---|
| <input type="checkbox"/> General Population | <input type="checkbox"/> Refer to VCMC ER for clearance |
| <input type="checkbox"/> Segregated Observation | <input type="checkbox"/> Refer to Mental Health |
| <input type="checkbox"/> Blue Band | <input type="checkbox"/> Refer to Medical |

Medical Staff notified? ☐ Yes ☐ No Date _____ Time _____ Officer's initials/ID _____

Medical Staff / Officer's Comments _____

Medical Staff's Signature / Date & Time _____

Ventura County Adults and Juvenile Detention Facilities

Intake Health Screening Addendum

Ebola Viral Disease

EVD is characterized by sudden onset of fever and physical weakness (malaise), accompanied by signs and symptoms such as muscle pain (myalgia), headache, vomiting, and diarrhea. Severe forms of EVD develop hemorrhagic symptoms and multi-organ dysfunction. The fatality rate varies from 40-90%.

The virus is spread person-to-person through direct contact with bodily fluids including blood, urine, sweat, and semen. The incubation period ranges from 2-21 days. Patients transmit the virus when they have a fever and through later stages of the disease. The virus is **not** believed to be transmitted during the incubation period. It is **not** believed to be spread by the airborne route.

1.) Clinical criteria:

- a) Do you have or had a Fever in the last 3 weeks ☹.....Yes _____ No _____
- b) Do you have
- a. headache Yes _____ No _____
- b. muscle pain (myalgia)..... Yes _____ No _____
- c. vomiting ☹..... Yes _____ No _____
- d. diarrhea ☹..... Yes _____ No _____
- e. abdominal pain ☹..... Yes _____ No _____
- f. unexplained bleeding ☹..... Yes _____ No _____

2.) In the last 3 weeks:

- a. Have you had contact with a known or suspected Ebola case ☹.....Yes _____ No _____
- b. Have traveled to Texas, Guinea, Liberia, Sierra Leone, or Nigeria ☹....Yes _____ No _____

Measles Disease

*Measles typically begins with a mild to moderate fever accompanied by cough, runny nose and red, swollen eyes (conjunctivitis).

Two to three days later, tiny red spots with bluish-white centers inside mouth on the lining of the cheek (Koplik's spots), which are a characteristic sign of measles, may appear. At this time the fever spikes, often as high as 104-105°F and red flat rash covered with small bumps appears, usually first on the face - along the hairline and behind the ears. This slightly itchy rash rapidly spreads downward to the chest and back and, finally, to the thighs and feet. In approximately one week, the rash fades in the same sequence that it appeared.

Criteria for suspecting Measles:

- 1.) Were you born after 1957 (ADULTS ONLY) Yes _____ No _____
- 2.) Were you vaccinated for Measles Yes _____ No _____
- 3.) Clinical criteria: Do you have and had recently:
- a. Fever ☹..... Yes _____ No _____
- b. Dry cough Yes _____ No _____
- c. Runny nose Yes _____ No _____
- d. Red swollen eyes (conjunctivitis) ☹..... Yes _____ No _____
- e. Sensitivity to light..... Yes _____ No _____
- f. Rash that began on your face ☹..... Yes _____ No _____

4.) In the last 3 weeks:

Have you had contact with a known or suspected Measles case ☹...Yes _____ No _____

****** Refer ALL marked ☹ "Yes" answers to the Booking Nurse**