



SCDC POLICY/PROCEDURE

NUMBER: HS-18.13

TITLE: HEALTH SCREENING AND EXAMS

ISSUE DATE: May 1, 2008

RESPONSIBLE AUTHORITY: DIVISION DIRECTOR FOR HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.13 (FEBRUARY 1, 2005)

RELEVANT SCDC FORMS/SUPPLIES: M-7A/B, M-14, M-19A/B, M-32, M-38, M-42, M-62, M-65, M-148, 19-29A

ACA/CAC STANDARDS: 4-ACRS-2C-05, 4-ACRS-4C-06, 4-ACRS-4C-11, 3-4185, 3-4272, 3-4338, 3-4343, 3-4344, 3-4345, 3-4347, 3-4349, 3-4358, 3-4336, 3-4367, 3-4368, 3-4370

STATE/FEDERAL STATUTES:

SCDC MEDICAL DIRECTIVES: 100.3, 300.15, 300.26, 300.27, 300.A-2b, 300.A-15, 700.2

PURPOSE: To outline procedures for medical exams of inmates when they arrive at SCDC and for dental care; eye care; intoxicated/under the influence inmates; body cavity searches; and referral for inpatient psychiatric care.

POLICY STATEMENT: To promote the health and well-being of all inmates, the Agency will ensure that each inmate receives a complete physical and mental health screening upon entry into the South Carolina Department of Corrections. Other exams will be conducted as deemed appropriate and necessary during the inmate's incarceration. All inmate health screening and exams will be conducted in compliance with all applicable Agency policies/procedures, American Correctional Association Standards, and state and federal statutes. (4-ACRS-4C-06, 4-ACRS-4C-11, 3-4272, 3-4343, 3-4344, 3-4345, 3-4347, 3-4349)

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SPECIFIC PROCEDURES:

1. RECEPTION AND EVALUATION HEALTH APPRAISAL:

1.1 Immediately upon an inmate's arrival at an SCDC Reception and Evaluation Center, and upon transfer to any SCDC facility, preliminary medical screening will be completed to include:

1.1.1 Inquiry into the inmate's health history and observation of his/her current appearance, behavior, and condition. SCDC Supply M-14, "Medical Screen," will be completed by the medical staff or a health-trained staff member. **(3-4338)**

1.1.2 Medical disposition of the inmate. **(4-ACRS-4C-06, 3-4272, 3-4343, 3-4344)**

1.2 The nurse screening the inmate initially should give special attention to whether or not a complete physical is warranted. If a new admission has documented evidence of an SCDC Health Appraisal within the previous 90 days, a full R&E Physical Exam will not be required (e.g., a former inmate who has been sentenced for another crime or is returning from a designated facility or work release).

1.2.1 Documentation of the following, however, will always be required:

- Preliminary screening, as outlined in Procedure 1.1.1 and 1.1.2, above;
- Admission entry on the Sick Call clinic note, noting any appropriate health information;
- Current screening for communicable diseases (for all inmates, an RPR for Syphilis, HIV, Tuberculin Skin Test, a Gonorrhea Culture, and Chlamydia testing); (**NOTE:** Negative reports must be obtained or treatment initiated [when appropriate] and the documentation must be filed in the medical record before an inmate may be housed with the general population.) and
- Medical and mental health referrals, as appropriate.

1.2.2 Returned escapees will always have a full R&E Health Appraisal.

1.3 Within 14 days, qualified health personnel will:

1.3.1 Complete the R&E health assessment, including medical history, physical exam, vital signs, dental screening, laboratory and other testing, and referral as necessary;

1.3.2 Develop and implement a treatment plan, including recommendations concerning housing, job assignment, and program participation; and

1.3.3 Enter non-confidential information from SCDC Supply M-123, "Health Summary for Classification," into the CRT MEDCLASS for the Division of Classification and Inmate Records personnel's use.

(NOTE: Procedures 1.3.2 and 1.3.3 above, might not be completed within the 14 day time period if there are pending test results, consultations, or other information needed to determine the treatment plan.)

1.4 Within 14 days, qualified mental health staff (under the supervision of the Director for Mental Health) will be responsible for completing the R&E Mental Health Evaluation, including mental health history. (See SCDC policies and procedures relating to mental health for additional information.) **(3-4345, 3-4336, 3-4349)**

1.5 Refer to Medical Directives 300.27, "R&E Health Appraisal" for further details.

1.6 If *after the R&E assessment it is determined the inmate has no communicable disease and* during the inmate's incarceration, s/he is diagnosed with syphilis, gonorrhea, HIV, and/or chlamydia, the HCA/designee will report (using the CRT) these findings to the Warden/designee and to the ***Infections Control Coordinator***.

2. DENTAL CARE: Dental care will be provided to SCDC inmates in institutional dental clinics operated under the direction and supervision of a licensed dentist. A photocopy of the dentist's current license must be displayed at the place of practice. **(4-ACRS-4C-11, 3-4347)**

2.1 Dental Screening and Exams:

2.1.1 An initial dental screening (unless completed within the last six [6] months) will be conducted by the R&E physician or dentist upon intake. Instruction on dental hygiene will be provided to the inmate. Any urgent dental problems will be referred for a dental appointment.

2.1.2 A dental exam will be completed within three (3) months. This exam will include X-rays (if necessary, based on information from intake screening). This dental examination will include a review of the inmate's dental history, a full examination and charting of hard and soft tissue of the oral cavity, and a prioritization of needed treatment.

2.1.3 The examination results will be recorded on SCDC Form M-19 A/B, "Dental Health Records," which will be filed in the medical record in accordance with Documentation Standards. **(4-ACRS-4C-06, 4-ACRS-4C-11, 3-4343, 3-4347)**

2.2 Scope of dental services provided: Essential dental care will be afforded for the following functions: to relieve pain and infection; to maintain the structures in the oral cavity in a healthy condition with cooperation from the inmate; to restore carious lesions in the teeth, using conventional filling materials; and to maintain or provide adequate mastication.

2.3 A dental exam and routine dental cleaning will be available to inmates once per year. The dental cleaning will not be completed if it is determined by the dentist that it will exacerbate a current dental problem. Once a problem is identified, it will be treated as appropriate in accordance with further guidelines in this procedure.

2.4 Replacement of missing teeth by dental prosthetic appliances will be as outlined in Procedure 2.10 through 2.10.2, below.

2.5 Periodontal treatment will be limited to preventive or maintenance treatment that consists of cleaning or deep scaling and curettage. No definitive periodontal surgery will be provided.

2.6 The following services will not be provided: cosmetic dentistry; orthodontic treatment; crowns and bridges; implant dentistry; definitive periodontal surgery; and endodontic therapy. Inmates wishing to obtain these services may apply for elective outside care at their own expense. (See SCDC Policy/Procedure HS-18.15, "Levels of Care," for more information.)

2.7 Any specialty treatment which is deemed necessary by an institutional dentist, but is beyond the resources available in the SCDC, will be referred to an appropriate specialist on the SCDC approved community provider list. However, conditions existing prior to incarceration will not be referred unless the condition is life/health-threatening.

2.8 Inmates anticipating release from the SCDC: During the last three (3) months of sentence (before maxout date), dental care will be limited to urgent or emergency care only.

2.8.1 Inmates in Pre-Release Status: Inmates who are in pre-release status (last 30 days, provisional parole, etc) will be afforded emergency dental care only.

2.9 Dental Sick Call and Appointments: Each dental clinic will establish a regular, routine dental clinic and dental sick call procedure that provides a means for inmates to receive essential dental care. Refer to SCDC Policy/Procedure HS-18.05, "Sick Call and Dental Health," for further details.

2.10 Dental Prostheses: Dental prostheses will be provided as determined by the responsible dentist to correct functional deficits which would cause a deterioration of health if not corrected. The loss of a tooth or teeth while an inmate is in the custody of the SCDC will not guarantee replacement of those teeth. The institutional

dentist may approve a dental prostheses for an inmate under his/her care based on the following criteria: (See Medical Directive **900.1** "Dental Prostheses," for specific guidelines.)(**3-4358**).

2.10.1 All teeth must be missing or sufficient number of posterior teeth must be missing so that an inmate has less than a bicuspid occlusion or fewer than eight (8) occluding posterior teeth (molars and bicuspid); and

2.10.2 The inmate must have at least one (1) year before projected release date (max-out) at the time the prosthetic work is begun, or at least six (6) months prior to next parole eligibility date.

2.11 The SCDC will make a dental prosthetic appliance only once in a five (5) year period of time. After five (5) years, a new appliance will be made if the original one was accidentally broken or is no longer usable. Poorly fitting appliances or those appliances that are broken or lost by SCDC personnel will be adjusted/repaired/replaced as deemed appropriate by the institutional dentist. (**NOTE:** If an inmate disagrees with the decision, s/he may appeal the same through the inmate grievance system pursuant to SCDC Policy/Procedure GA-01.12, "Inmate Grievance System.")

2.12 The care of the prosthetic appliance will be solely the inmate's responsibility. The following will apply:

2.12.1 At the time of insertion of the prosthetic appliance, the inmate will sign SCDC Form M-38, "Dental Statement of Responsibility." One (1) copy will be given to the inmate and the other copy will be placed behind the dental record in the inmate's medical record.

2.12.2 The inmate will be expected to keep his/her appliance in his/her mouth or in a suitable, safe place when not in use to prevent theft, breakage, or loss of the appliance.

2.12.3 Any negligent loss or intentional destruction or mutilation of a dental appliance will not constitute a valid reason to remake the appliance within five (5) years of insertion of the appliance.

2.12.4 An inmate who loses, mutilates, or destroys his/her dental prosthetic appliance during the five (5) years after insertion and wishes a replacement will be given SCDC Form M-42, "Elective Outside Health Care Request," and will be instructed that s/he may request approval for such treatment from a dentist outside SCDC at his/her own expense. (See Medical Directive **300.15**, "Elective Outside Medical Care," for more information.)

2.13 A Dental Prosthetics Review Board, consisting of the Division Director of Dental Services and two (2) other dentists named by the Division Director of Dental Services and approved by the Division Director of Medical Services will meet as needed when inmate conflicts/grievances regarding dental prosthetic appliances cannot be resolved at the institutional level.

3. EYE EXAMS AND TREATMENT:

3.1 Initial Vision Screening: An initial vision screening of all inmates will be conducted during reception and evaluation.

3.2 Optometry and Ophthalmology Clinics: Optometry and ophthalmology clinics will be provided for inmates who need these services. Clinic appointments will be documented on either SCDC Supply M-62, "Analytical Eye Record" (Optometry), or SCDC Supply M-7A/B, "Physicians Transfer Note or Consultation" (Ophthalmology).

3.3 Frequency of Examinations: All ophthalmology/optometry examinations must be ordered by the institutional physician.

3.4 Inmate Requests for Optometry/Ophthalmology Appointment: Each inmate under age 40 may request an optometry appointment every two (2) years; each inmate over age 40 may request an optometry appointment

every year. The inmate must have at least six (6) months to serve before his/her projected max out date. If the inmate complains of pain in the eyes, cloudy vision, flashes of light, or other unusual phenomena, a referral will be made to the institutional physician for possible ophthalmology or optometry referral.

3.5 Eye Exams for Inmates with Chronic Conditions: Inmates with chronic conditions such as diabetes, HIV and glaucoma will receive eye exams as per SCDC Medical Directive 300. **16**, "Eye Exams and Treatment," or as ordered by the physician.

3.6 Eyeglasses: If eyeglasses or contact lenses are required, they will be provided for all inmates except those who are on the work release program; they must pay for their own glasses or contact lenses. Glasses provided will have safety frames and safety lenses. Inmates entering the system with personal eyeglasses may retain them for use.

3.7 Contact Lenses: If contact lenses are not medically necessary, *they* will not be issued.

3.8 Repair or Replacement of Glasses/Contact Lenses: The repair or replacement of state-issued glasses or contact lenses will be at the state expense under the following guidelines:

3.8.1 When an inmate's prescription changes sufficiently that, in the judgment of the optometrist/ophthalmologist, new glasses are required; or

3.8.2 When lost or rendered unserviceable through accident or other circumstances except intentional action by the inmate. The decision regarding repair or replacement at state expense will be made by the institutional Health Care Authority, taking into account vision impairment and expected release date. The Warden and/or other institutional staff will be consulted as necessary to determine circumstances causing eyeglass damage.

3.8.3 Personal glasses: Personal glasses will not be repaired at state or contract provider expense unless this is more cost effective than replacing them with state or contractor issued glasses. This decision will be at the discretion of the medical staff involved in each case. If the personal glasses cannot be repaired, they will be returned to the inmate, who may send them home and also request an optometry appointment for replacement glasses.

3.8.4 Personal Contact Lenses: An inmate arriving at a Reception and Evaluation (R&E) Center who has contact lenses will turn in those contacts to the security staff as unauthorized property. Exceptions would be made only if ordered by the R&E Physician for the following non-cosmetic reasons:

- Aphakia, traumatic cornea, keratoconus, or high myopia. (Surgical or pathological variants of facial symmetry may be individually evaluated.) The physician will order an optometry or ophthalmology appointment as appropriate to confirm the need for continued use of the contact lenses. The Agency will provide solution/supplies for the use of these approved contacts in these instances.
- When an inmate has no glasses and visual impairment without his/her contact lenses is such that the physician deems it necessary to allow him/her to keep the contact lenses until glasses can be mailed to the inmate from home or issued to the inmate after an optometry or ophthalmology appointment. The physician will order an optometry or ophthalmology appointment as appropriate. If an inmate has glasses at home, the inmate will be given two weeks to have the glasses mailed to the Property Control Officer who will inspect the glasses and then given them to the HCA for delivery to the inmate. Upon receipt of the glasses from home or by issue, the inmate may elect to mail the contacts home at his/her own expense or to have the contact lenses destroyed.

4. MEDICAL EXAM OF INTOXICATED/UNDER THE INFLUENCE INMATES: When an employee suspects that an inmate is intoxicated (appears to stagger and/or has slurred speech, uncoordinated movement, alcohol odor on breath, glassy-eyed appearance), the inmate will be escorted to an infirmary/clinic for examination by medical personnel. (**NOTE:** At those institutions that do not have 24 hour medical coverage, Operations staff will contact medical staff at the covering institution.) Based upon this examination, the medical personnel will:

- Determine if the inmate may be released to Operations employees; and
- Complete SCDC Supply M-32, "Pre-Lock Up Clearance/Post Use of Force Examination," for the escorting employees; (Supply M-32 will be maintained by Operations staff) and
- Document the exam in the inmate's medical record/Automated Medical Record (AMR).

4.1 If the inmate is cleared medically, the inmate will be housed in an area which will provide as much visual and auditory observation as possible by correctional officers/employees assigned to that area.

4.2 Any inmate who appears acutely ill or who is in a stupor or coma will be examined by a physician, even when the apparent cause is intoxication.

4.3 Management of inmates who require detoxification will be according to SCDC Policy/Procedure HS-18.01, "Specialized Health Services Programs." **(3-4370)**

5. BODY CAVITY SEARCHES: An inmate body cavity search will be conducted by Agency medical trained personnel when authorized in writing using SCDC Form 19-29A, "Incident Report," by the Warden or designee. The following will apply: (See SCDC Policy/ Procedure OP-22.19, "Searches of Inmates," for more information.) **(4-ACRS-2C-05, 3-4185)**

5.1 The Warden or designee will not authorize a body cavity search unless s/he has sufficient reason to believe that the inmate may have concealed contraband within his/her body cavities.

5.2 The "Incident Report" will be placed in the inmate's medical record.

(NOTE: It may be necessary to transport the inmate and his/her medical record to the nearest institution in order to fulfill these requirements.)

5.3 Only physicians or specially trained nursing personnel may perform body cavity searches. SCDC trained nursing personnel will have this special training documented on the computer generated training record, a copy of which will be filed in their respective personnel files. **(3-ACRS-4E-09, 3-4185)**

5.4 Each body cavity search must be conducted in a medical area with security personnel present to act as witnesses. The following will apply:

- Male security staff members will not witness body cavity searches of female inmates under any circumstances.
- Female security staff members will not witness body cavity searches of male inmates under any circumstances.
- The inmate must give his/her verbal consent prior to a body cavity search being conducted. The inmate's consent will be documented in the AMR. Should the inmate refuse the search, the medical staff will notify correctional staff to inform the Warden.

5.5 Refer to SCDC Medical Directives 300. **Z** and 300.3 through 300. 7 for specific guidelines on searching various body cavities.

6. EXAM FOR REFERRAL TO INPATIENT PSYCHIATRIC CARE: If an inmate is experiencing mental health/psychiatric problems or difficulties, s/he will be referred initially to the Clinical Correctional Counselor (CCC)/medical staff for evaluation. (NOTE: At those institutions that do not have 24 hour medical or mental health staff on duty, the Operations staff will contact on-call mental health or medical staff at the covering institution for emergencies.) The CCC/nurse will evaluate the inmate and, if needed, contact the physician. The physician will determine the appropriate level of treatment required at the time of the assessment. A decision will be made as to whether the inmate will be best served by filing a Petition for Judicial Admission to the Richland County Probate Court. The court will evaluate and determine if involuntary outpatient treatment is required at the inmate's assigned institution. If so determined, a Judicial Order for Involuntary Outpatient Treatment will be issued by the court at the time of the hearing. If the decision for inpatient hospitalization is necessary, a licensed medical doctor and the CCC/Nurse must evaluate the inmate and complete the Application for Emergency Hospitalization for Mental Illness to secure inpatient hospitalization on an involuntary basis.

6.1 Female inmates requiring inpatient psychiatric care will be admitted under involuntary or voluntary status to the *hospital that is under contract with the South Carolina Department of Corrections*.

6.2 Male inmates requiring inpatient psychiatric care will be admitted to the Gilliam Psychiatric Hospital (GPH) located at Kirkland Correctional Institution. **(3-4336)**

6.3 Voluntary Admission Procedure:

6.3.1 Institutional medical staff will contact institutional mental health staff who will coordinate the admission at the appropriate inpatient facility.

6.3.2 For admission to GPH, a signed and witnessed SCDC Supply M-65, "Consent for Gilliam Psychiatric Center Treatment," and Gilliam Psychiatric Hospital Inpatient Referral, (Attachment 1) must accompany the inmate to GPH. (A copy of these completed forms will be filed in the inmate's medical record.)

6.3.3 The medical record, any previous GPH admission records, the inmate's medication, and the Warden's Jacket must accompany the inmate to GPH.

6.4 Involuntary Admission Procedure (Males): An SCDMH Form M-130, "Application for Involuntary Emergency Hospitalization for Mental Illness," page 1, must be completed by the applicant (typically the CCC). The applicant must clearly state his/her belief that the individual is mentally ill and, because of this condition, is likely to cause serious harm to self or others if not immediately hospitalized in a psychiatric facility. The following will apply:

6.4.1 The form must be notarized and forwarded to a licensed physician.

6.4.2 Upon receiving the notarized application form, the physician will examine the inmate and document his/her findings in the automated medical record. If the physician concurs with the applicant, the CCC will contact GPH staff to ensure that there is bed space and:

6.4.3 If there is no bed space: The inmate will be transferred to ***Crisis Intervention*** cell as per SCDC Policy/Procedure HS-19.01, "Placement of Inmates in Crisis Intervention Status."

6.4.4 If there is bed space: The physician will complete SCDMH Form M-131 (pages 1 & 2), "Certificate of Licensed Physician Examination for Emergency Admission." (NOTE: All commitment papers will be copied once.) The originals will accompany the inmate to the GPH. A copy will be filed in the correspondence section of the medical record. The CCC will contact the GPH Hospital Administrator or designee immediately, and plans will be developed for prompt transfer of the inmate to GPH with all completed forms. The medical record, any previous GPH admission records, the inmate's medication, and the Warden's Jacket must accompany the inmate to GPH.

6.5 Involuntary Admission Procedure (Females): An SCDMH Form M-130, "Application for Involuntary Emergency Hospitalization for Mental Illness" (page 1), must be completed by the CCC. The CCC must clearly state his/her belief that the individual is mentally ill and, because of this condition, is likely to cause serious harm to self or others if not immediately hospitalized in a psychiatric facility. The following will apply:

6.5.1 The form must be notarized and forwarded along with SCDC Form M-131 (pages 1 & 2), "Certificate of Licensed Physician Examination for Emergency Admission," to a licensed physician.

6.5.2 Upon receiving the notarized application form, the physician will examine the inmate and document his/her findings in the automated medical record. If the physician concurs with the applicant, the physician will order a pregnancy test to be conducted prior to admission (unless the patient is already known to be pregnant, has previously had a hysterectomy, or the test is not appropriate due to menopause). The physician will also complete SCDC Form M-131 (pages 1 & 2), "Certificate of Licensed Physician Examination for Emergency Admission." **(3-4367, 3-4368)**

6.6 Four (4) copies of all commitment papers will be prepared and distributed as follows:

- The original and two (2) copies will accompany the inmate to the South Carolina Department of Mental Health Services .
- One (1) copy will be filed in the mental health section of the medical record; and
- One (1) copy will be sent to Women's Services Unit.

6.7 SCDC mental health staff will contact the administrative staff of the *hospital under contract to the SCDC* during normal working hours or the admissions office after working hours to coordinate the referral. Plans will be developed for prompt transfer of the inmate. with all completed forms.

6.8 Probate Court:

6.8.1 Within 48 hours (excluding weekends and holidays) after the inmate's admission to a psychiatric facility, the hospital staff is mandated by law to forward the application (SCDMH Form M-130, "Application for Involuntary Emergency Hospitalization"), physician's certification (SCDMH Form M -131, "Certificate of Licensed Physician Examination for Emergency Admission"), and SCDMH Form M-133, "In the Probate Court," to the Probate Court in the county where the sending institution is located. **(3-4368)**

6.8.2 The inmate will be assigned two (2) designated examiners (one [1] must be a licensed physician) who will, within seven (7) days of the admission, file their report as to the mental condition of the inmate and his/her need for treatment. If both examiners agree that continued hospitalization is not needed, the court will order the discharge of the patient. If the two (2) examiners cannot agree, a third examiner (a licensed physician) must examine the patient and the court must be notified of the results. If both designated examiners found the inmate mentally ill and in need of inpatient treatment, the Probate Court will establish a hearing date (within 15 days of admission) and notify the hospital staff of its particular time and place. The Hospital Administrator or designee will then report the established date and time of the hearing to the inmate's assigned institution.

6.9 Transportation to and from Probate Court:

6.9.1 For male *and female* inmates, it will be the responsibility of the institution filing the application to provide transportation to and from the Probate Court proceedings. The appropriate Clinical Correctional Counselor will coordinate transportation.

6.9.3 If the Probate Court determines that the individual is mentally ill and in need of treatment, the inmate, per order of the court, will be returned to the appropriate psychiatric hospital. However, in the event that the client is not committed to the hospital, the institution must be prepared to facilitate his/her transportation back to the assigned facility.

6.10 Guilty But Mentally Ill (GBMI) Patients: Inmates arriving at the R&E Center with a GBMI conviction will automatically be sent to Gilliam Psychiatric Hospital (males) or to Camille Graham Correctional Institution (Special Needs Facility) (females) for evaluation. The normal R&E lab work will be collected and the physical exam will be conducted first, whenever possible.

7. DEFINITIONS:

Applicant (for hospitalization for mental illness) refers to an SCDC employee who feels that an inmate needs to be hospitalized. This person can be any employee; however, s/he is typically a Clinical Correctional Counselor (CCC) or nurse.

Automated Medical Record (AMR) refers to the documentation of inmates' health care encounters/evaluations which are entered into, and maintained in, SCDC's mainframe computer. Access to an AMR is via CRT and is limited to health care providers and those SCDC employees with a legitimate need to know.

Dental Emergency refers to a traumatic injury/fracture of the facial bones or teeth, uncontrolled bleeding in the oral cavity, and/or infections not treated by or not responsive to antibiotic therapy. A true dental emergency (e.g., fractured jaw), especially if it occurs after hours, usually will require that the inmate be transported to a hospital emergency department for care.

Dental Sick Call refers to a time established by each clinic to handle urgent dental conditions.

Eye Exam refers to an examination of the eye by an optometrist or ophthalmologist.

Health Trained Staff Member refers to an institutional staff member who has been trained by the assigned HCA or designee to coordinate the health delivery services (3-4338)

Medical Record refers to the "hard copy" of an inmate's medical record, i.e., not entered into the SCDC mainframe computer. This includes laboratory reports, outside hospital records, etc.

Routine Dental Care refers to dental procedures such as fillings, cleanings, extractions, and evaluation for prosthesis.

Urgent Dental Conditions refer to conditions such as toothaches, abscesses, post-extraction complications, and broken teeth. These may be very painful, but they seldom constitute an emergency. These conditions should be handled immediately by a nurse or physician extender with a physician on-call to prescribe medication as needed. Urgent dental conditions should be seen *as soon as they can be scheduled by the dental clinic*.

Vision Screening refers to a Snelling or Titmus test administered by trained personnel.

SIGNATURE ON FILE

Jon E. Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**Division of Health Services****Gilliam Psychiatric Hospital Inpatient Referral****Inmate Name:** _____ **SCDC#** _____**Offense:** _____ **Sentence:** _____ **Date Sentence Began:** _____**Referring Institution:** _____ **Referral Date:** _____**Environmental Circumstances, i.e., sexual trauma, lock-up charges, Dear John, death in family, classification:****Present Behavior:**