
 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 113.02	Page 1 of 6
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	Distribution: A	
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Approved by: 		
Subject: HEALTH CARE FACILITIES, EQUIPMENT, AND SUPPLIES		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that adequate resources are available for delivering health services, including but not limited to facilities, equipment, and supplies.
- III. APPLICATION: TDOC Chief Medical Officer, Assistant Commissioner of Operational Support, Wardens/Superintendents, Associate Warden of Treatment/Deputy Superintendent, Director of Facilities, Planning & Construction, health administrators, medical contractors, and privately managed institutions.
- IV. DEFINITIONS: Inventory: For the purposes of this policy, a continuous process of recording the receipt, issuance/ removal, and count of medical supplies. The essential elements of an inventory are an adequate description of the item, the date on which the item (s) is received and placed into inventory, the quantity (units) received; the date items are issued/removed or used, the amount (units) issued/removed or used, the disposition of the items, the balance on hand, and the staff member’s signature completing the inventory.
- V. POLICY: Health care facilities, equipment, and supplies shall be adequate to provide quality clinical services appropriate for inmates assigned to any institution.
- VI. PROCEDURES:
 - A. Health Care Facilities
 - 1. Each institution shall have a dedicated, onsite primary health care clinic to provide primary care, chronic clinics, and emergency treatment. All healthcare delivery shall be provided in a setting deemed adequate and appropriate by the Chief Medical Officer/designee. This includes:
 - a. Examination and treatment rooms large enough to accommodate the necessary equipment and fixtures and to permit appropriate privacy for inmates and will have ready access to a sink for sanitation purposes
 - b. Office space that is adequate with secure storage for administrative files.
 - c. Inmates placed in waiting areas shall have access to seats, drinking water, and toilets.

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- d. Sufficient secure storage area for health records, pharmaceuticals, supplies, and equipment.
- e. Facilities with an infirmary shall have dedicated rooms for physical examinations, emergency treatment, medical records, administrative files, medication, and appropriate office space. Facilities with no onsite infirmary must have adequate space to conduct medical observation.

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

B. Medical Equipment and Supplies:

- 1. Appropriate medical equipment and supplies shall be available in each treatment room where inmates are treated. Each treatment room shall maintain a basic inventory of supplies and equipment, including personal protective equipment.
- 2. Access to the following items is essential for the appropriate examination and treatment of inmates:
 - a. Hand washing facilities
 - b. Examination table(s)
 - c. Gooseneck lighting
 - d. Scale(s)
 - e. Thermometer(s)
 - f. Blood pressure cuffs (regular and large)
 - g. Stethoscope(s)
 - h. Ophthalmoscope(s)
 - i. Otoscope(s)
 - j. Transportation equipment: wheelchair(s) and portable stretcher(s)

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- k. Equipment for pelvic examinations (for females)
 - l. Peak flow meter(s)
 - m. Pulse oximeter
 - n. Telemedicine equipment and supplies as designated (excluding private facilities)
3. Access to the following emergency equipment and supplies shall be available:
- a. Automated External Defibrillator (AED): Each institution shall have a portable electronic device that automatically diagnoses the potentially life-threatening cardiac arrhythmias in a patient and can treat them through electrical defibrillation. The AED shall be stored in a designated location and available for use by trained staff.
 - b. Jump Kits: Each institution shall maintain one or more portable storage kits containing essential emergency medication and supplies that can be carried to the location of an emergency. Additionally, emergency equipment and supplies shall be maintained to provide more comprehensive emergency care in the clinic or infirmary. Jump kits should contain but not be limited to:
 1. Epi-Pen
 2. Narcan
 3. Dust mask
 4. Gloves
 5. Aspirin
 6. Nitrostat
 7. Instant Glucose
 8. Gauze rolls
 9. Adherent bandages (1 inch)
 10. Tape
 11. Scissors/hemostat
 12. Cold packs

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13. Eyewash
14. CPR mask
15. Burn dressing
16. Stethoscope
17. Blood pressure cuffs (regular and large)
18. Glucometer
19. Ace wraps
20. Tourniquet
21. Intrasorb gauze or equivalent
22. Trauma dressing
23. 4 x 4 gauze

- c. Autoclave: Each institution shall maintain a steam sterilizer (autoclave) in their health care unit to sterilize medical and surgical equipment unless the medical vendor utilizes disposable medical and surgical equipment. The institution shall perform and maintain documentation of weekly spore testing for each sterilizer. The health administrator shall develop a written procedure at affected institutions which designate responsibility for performing the spore tests and gives instructions on how to perform the test, incubate the indicators, and record the results.
- d. First Aid Kits: First aid kits shall be made available at designated locations within each institution and all vehicles assigned to transport inmates. Contents of first aid kits shall be determined and approved by the institutional physician in consultation with the health administrator. First aid kits shall be easily identifiable, and contents shall be arranged so that the desired item can be found quickly without unpacking the entire kit. Contents shall be wrapped so that unused portions do not become contaminated through handling.
 1. The specific number, locations, and procedures for monthly inspection of the kits shall be determined by the Warden/Superintendent based on the recommendation of the health administrator and facility safety officer. The area supervisor will check the kits and replenish them as needed by health services staff at least monthly. If first aid kits are sealed, the seal will be broken during the monthly check, and the contents will be checked for expiration dates. The health administrator shall retain documentation of these monthly checks.

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2. First aid kits shall be stored in every institutional vehicle used to transport inmates between institutions and work assignments, including vehicles driven by inmates.
4. Facilities whose primary function is to provide sub-acute care must have, at a minimum, the following items:
 - a. Laceration repair kits
 - b. IV infusion pumps
- C. Sharps and tools shall be accounted for per Policies #506.03 and #113.72.
- D. Current TDOC-approved medical and nursing reference materials shall be available for healthcare personnel.
- E. Inspections and Inventory Control: The health administrator or designee shall be responsible for instituting systems to ensure that procedures identified within this policy are followed. These systems include:
 1. Establishment of a monthly inventory control procedure for all equipment and medical/dental supplies.
 2. Procurement and appropriate storage of equipment and supplies.
- F. Preventive Maintenance: A system shall be established by the health administrator or designee for maintaining and servicing the medical equipment to maintain good working order.
 1. All emergency equipment and supplies shall be tested/checked quarterly (unless otherwise specified) and after each use as necessary to verify the working order as indicated by the manufacturer's directions and secured from inmate access.
 2. Emergency equipment may consist of but is not limited to suction machines, scope lights, AEDs, IV pumps, oxygen concentrators, oxygen tanks, and pulse oximeters.
 3. Test results shall be documented and maintained by the health administrator.
- G. Emergency Medications contained in crash carts shall be checked per Policy #113.70.
- H. The health administrator/designee shall ensure all patient care areas and equipment are cleaned and decontaminated as directed by the current TDOC Exposure Control Plan and documented on the Cleaning and Decontamination Schedule, CR-3505.

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

1. The TDOC Chief Medical Officer/designee shall note approval on the memorandum and return it to the institution for inclusion with the budget proposal or the procurement request. When ordering such equipment, the Warden/Superintendent and the facility fiscal director should be included in this notification of the need for replacement or purchase as new.
2. The medical contractor shall be responsible for maintaining a medical equipment inventory list that records, at a minimum:
 - a. Equipment description
 - b. Name of supplier and purchase order or other acquisition document number.
 - c. Acquisition cost and date.
 - d. Physical location of the item (Facility code + Room Number or Name)
 - e. Serial number if any
 - f. State tag number if any
 - g. Equipment Condition

VII. APPLICABLE FORMS: CR-3505 (Rev. 11/22).

VIII. ACA STANDARDS 5-ACI-2A-03, 5-ACI-6B-09, and 5-ACI-6A-17.

IX. EXPIRATION DATE : February 1, 2026

