



# Department of Administrative Services

## Purchasing and Contracts

500 S Grand Central Pky 4th Fl • Box 551217 • Las Vegas NV 89155-1217  
(702) 455-2897 • Fax (702) 386-4914

Sabra Smith Newby, Chief Administrative Officer  
Adleen B. Stidhum, Purchasing Administrator



### CLARK COUNTY, NEVADA RFP NO. 603160-13 HEALTH CARE SERVICES FOR CLARK COUNTY DETENTION CENTER

December 4, 2013

#### ADDENDUM NO. 3

#### REQUEST FOR PROPOSAL

1. The RFP opening date of December 16, 2013 at 3:00:00 p.m. **remains unchanged.**

#### GENERAL CONDITIONS

2. Page 5, Item No. 8 – Evaluation Information, Paragraph 8 – Project Fee, **delete** the section in its entirety and **replace** with the Attached Paragraph 8 – Project Fee.

#### EXHIBIT

3. **Incorporate “Exhibit 4 – Fee Schedule” as part of the RFP document, see attached.** Proposer shall complete and submit Exhibit 4 – Fee Schedule with it Proposal.

#### ADDITIONAL INFORMATION

Addendum No. 4 will be forthcoming to respond to additional questions that have been received and not responded to herein.

#### QUESTIONS AND ANSWERS

- Q1. How many inmates have been self-administering CAPD in 2013? How many total and how many per month, on average (unique inmates, not treatments)?  
A1. Answer will be forthcoming.
- Q2. Exhibit 2, Statistics: Pharmacy – Can we get a more detailed breakdown of medications administered, including a list of most frequently prescribed medications? In particular can we get more information on the average number of inmates on antipsychotic medications per day, including a breakout of inmates and doses of atypical antipsychotic medications (e.g., Abilify)?  
A2. Today, approximately 23% of our inmate populations are on psych meds. In reference to the antipsychotic medication question, it depends on the orders that come back from Lakes Crossing or the returns from the community and continuity of care with SNAMHS and the state mental health formulary) Can't really provide an average as the numbers fluctuate greatly, to include not having inmates in custody requiring this type of medication. Vendor needs to be prepared to reference the state mental health formulary and provide treatment plan accordingly.

- Q3. What is the current staffing pattern (please provide schedule)?  
A3. 0600 – 1800 & 1800 – 0600 hours (Consistent with custody schedules) Providers work 0700 – 1930 hours
- Q4. What is the current specialty clinic schedule?  
A4. Besides the OBGYN who comes into the facility every other week on Fridays, all other specialty clinic scheduling is based on the availability of the specialty clinic, but the appointments are scheduled between 0800 -1700 hours Monday – Friday.
- Q5. What is the current sick call schedule?  
A5. Seven (7) days a week between 0800 – 1600 hours.
- Q6. How many EKG exams are conducted annually?  
A6. 677
- Q7. What is the current EKG schedule?  
A7. There is not one, it's based on the medical assessment made on the inmate.
- Q8. Are optometry & ophthalmology services provided on-site? If yes, what is the schedule?  
A8. No
- Q9. What is the current dentist schedule?  
A9. Monday – Friday from 0800 – 1600 hours
- Q10. Are all mental health services provided on-site?  
A10. Yes, with the exception of Competency Court Evaluations which is handled through Specialty Courts. Inmates in Specialty Court will be court ordered to Lakes Crossing to determine diagnosis of whether inmate is incompetent or not.
- Q11. How many x-ray exams are conducted annually? How many of these are on-site?  
A11. 3,737 – All on-site
- Q12. Who owns the radiology equipment currently used for services?  
A12. NaphCare.
- Q13. Are the radiologic technicians County employees, current contractor employees, or employees of a subcontractor providing radiology services?  
A13. CONTRACTOR Employees
- Q14. How many dialysis machines are installed on-site? Are all machines being used for current services?  
A14. Three (3) Machines are on-site.....Our license calls for all three (3).
- Q15. How many dialysis treatments are conducted per year?  
A15. 198 YTD.
- Q16. How many dialysis patients has the county averaged over the past 3 years?  
A16. 175 – 220
- Q17. Is the nephrologists for dialysis services a County employee?  
A17. CONTRACTOR Employee

- Q18. Pharmacy – Can we get a more detailed breakdown of medications administered, including a list of most frequently prescribed medications?
- A.18 NaphCare's Formulary, which is contained within the Informational Attachments, which is attached, is a "real-time" statistical snapshot taken in TechCare during the last day of each month that includes both current approved formulary and non-formulary prescribed psychotropic medications. Also included are medications used for the off-label treatment of mental illnesses. Variances can be attributed to a 3 day suspension of the medication at the time of discharge. This suspension assures the continuity of care required with this population due to the State of Nevada's high rate of recidivism attributed to lack of community mental health services.
- Q19. What telemedicine services are currently being offered?
- A19. Medical & Mental Health
- Q20. What is the KOP medication policy at each facility?
- A20. The only KOP medications are OTC purchased through commissary and only in limited quantities.
- Q21. What is the length of time required for medication pass per facility?
- A21. The amount of time it takes to accomplish fluctuates due to # of inmates receiving medication differentiates in each Unit. Heavier in the morning and evening. Morning due to inmates factored in who are attending court, evening due to most inmates receiving a dosage prior to going to bed.
- Q22. Number of assaults requiring medical intervention (2012)
- A22. No data maintained on this question. Sergeants responding to fights between inmates will have both parties assessed by medical.
- Q23. Number of inpatient hospital days per hospital (2012)
- A23. Total inpatient days = 856, unfortunately the numbers are not broken down any further.
- Q24. Provide the current dialysis contract
- A24. Dialysis contract is not separate and is a part of the overall RFP. If you are interested in obtaining copies of the actual contract, please follow the instruction noted under "Additional Information" on Addendum No. 1.
- Q25. Number of inmates allowed compassionate release in the last 2 years
- A25. Unfortunately this type of data is not tracked.
- Q26. What is the current fee schedule for inpatient and outpatient services at each hospital?
- A26. There are no applicable fee schedules in place for inpatient and outpatient services between Clark County and the hospitals.
- Q27. Provide a list of re-entry services currently being provided
- A27. CCDC works with community resources to provide re-entry services for mentally ill (SNAMHS continuation of care, Veterans, and Homeless).
- Q28. How many hours per week does the current on-site physician provide Chronic Care Services?
- A28. Chronic care is provided seven (7) days a week and there is no specified time period separating chronic and acute care.
- Q29. What are the current subcontracting goals for local businesses? (LBE, MBE, WBE)
- A29. Vendors are encouraged to utilize local business, but this is not a requirement.

- Q30. How many lawsuits have been filed for Health Services in the previous 3 years? How many have been settled?  
A30. Answer will be forthcoming
- Q31. Are current health services staff unionized?  
A31. No.
- Q32. What is the current medical services contract value?  
A32. This information may be obtained as identified under "Additional Information" on Addendum No.1.
- Q33. How many suicide attempts in the last 2 years  
A33. Answer will be forthcoming.
- Q34. How many successful suicides in the last 2 years  
A34. One (1).
- Q35. What is the distance to the nearest hospital with an ER, from each facility?  
A35. CCDC – Less than three (3) Miles and NVC – Approximately twelve (12) Miles.

Except as modified herein, all other Bid specifications, terms and conditions shall remain the same.

Should you have any questions, I can be reached at (702) 455-2729 or [chetanc@clarkcountynv.gov](mailto:chetanc@clarkcountynv.gov).

ISSUED BY:

  
CHETAN CHAMPANERI  
Purchasing Analyst

Attachment(s): Evaluation Information, Paragraph 8 – Project Fee  
Exhibit 4 – Fee Schedule  
Informational Attachments

cc: Captain Baker, CCDC  
Captain See, CCDC  
Lieutenant Teel, CCDC

**8. Project Fee**

8.1. PROPOSER'S shall respond accordingly to the below service options and shall address each paragraph, a through e, below. PROPOSER'S response shall be clear and concise as to allow OWNER to evaluate the cost and determine the feasibility of each service option. OWNER will determine whether some or all the service options will be selected as presented below. All costs identified shall cover all the service requirements as identified in Exhibit 1 – Scope of Work.

- a The population of the Clark County Detention center (CCDC) can be defined as the total combined inmate population being housed in the North Tower Bureau, South Tower Bureau, and Central Booking Bureau at the down town location. The population cap for this complex will be 3,000 (the "Base Fee"). The proposals should include a per diem cost per inmate per day that exceeds the 3,000 population cap for this facility based on the monthly average daily population (ADP) of CCDC.

The North Valley complex (NVC) has beds for 1,080 inmates. The proposals should define two cost for operation of this facility.

- I. Inmate population below 500 ADP.
- II. Inmate population 500 and over.

The North Valley Complex (NVC) population cap will be 1080. The proposals should include a per diem cost per inmate per day that exceeds the 1,080 population cap for this facility based on the monthly average daily population (ADP) of NVC.

- b. Treatment of inmate population at local hospitals and/or clinics.

- I. The Proposer will be responsible for all cost associated with inmate receiving these treatments and will be authorized as at The Clark County Detention Centers representative to apply for any medical benefits the inmate may be eligible for through Private Insurance, Medicaid, and the Affordable Care Act.
- II. Electronic Medicaid Pre-Application & Discharge Plan, pursuant to state and federal mandates.

- c. Mental Health Care

- I. Staffing plan and cost associated with Mental Health care should be delineated in the proposal.
- II. Proposal should identify not only the treatment plans from a medical and pharmaceutical perspective but from a therapeutic perspective as well.
- III. Proposal should provide for the effective on going coordination with the Mental Health Courts and State Mental Health providers to ensure effective continuity of care for all inmates while in custody and when transitioned back to the community.

- d. Fully functional Electronic medical records system

- I. System will be compliant with all Federal, State, and Local laws governing the security of medical records. This includes full compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- II. Electronic records should have a comprehensive database design with reporting functionality to allow for standardize reports as well as ad hoc report development.
- III. Patient care should be paperless. All medical entries should be real time to ensure accuracy and confidentiality of information.
- IV. System should have ability to scan documents provided by other medical care providers such as hospital discharge instructions and treatment plans.
- V. Should also provide full tracking and documentation of all prescription medication.

- e. Contractor will provide a test database to allow for testing of interface of information from Jail Management System (JMS) to Contractor's Electronic Medical Records System.

EXHIBIT 4 - FEE SCHEDULE

Reference No.	Summary of Services, see Item No.8 - Project Fee for Full Description of Required Services	Period of Performance		
		Date of Award through Dec 31, 2016	Jan 1, 2017 through Dec 31, 2017	Jan 1, 2018 through Dec 31, 2018
8.1.(a)	Base Fee - Total combined inmate population being housed in the North Tower Bureau, South Tower Bureau, and Central Booking Bureau at the down town location. The population cap for this complex will be 3,000.	\$	\$	\$
8.1.(a)	Per Diem cost per inmate per day that exceeds the 3,000 population cap for CCDC based on the monthly average daily population (ADP) of CCDC.	\$	\$	\$
8.1 (a)	Operational Cost for NVC based on an Inmate Population below 500 ADP			
8.1 (a)	Operational Cost for NVC based on an Inmate Population 500 and over			
8.1 (a)	Per Diem cost per inmate per day that exceeds the 1,080 population cap for NVC based on the monthly average daily population (ADP) of NVC.			
8.1(b)(I & II)	Treatment of Inmate Population Local Hospitals/Clinics - Electronic Medicaid Pre-Application, Discharge Plan, Pursuant to State & Federal Mandates.	\$	\$	\$

8.1(C)(1)	Mental Health Care - Staffing Plan and Cost Associated with Mental Health Care	\$	\$	\$
8.1(C)(2)	Mental Health Care - Identify not only Treatment Plans from a Medical and Pharmaceutical but from a Therapeutic Perspective as well.	\$	\$	\$
8.1(C)(3)	Mental Health Care - Coordination with Mental Health Courts/State Mental Health Providers	\$	\$	\$
8.1(d)(I-V)	Fully Functional Electronic Medical Records System	\$	\$	\$
8.1(e)	Contractor will provide a test database to allow for testing of interface of information from Jail Management System (JMS) to Contractor's Electronic Medical Records System	\$	Unit Of Measure (One Time Cost)	Unit Of Measure (One Time Cost)

N/A

N/A

***INFORMATIONAL***

***ATTACHMENTS***

## CLARK COUNTY DETENTION CENTER

### (OVERALL STAFFING)

<b>NURSING STAFF</b>	<b>HOURS</b>	<b>FTE</b>
RN – Supervisors	320	8.0
RN – Staff	520	13.0
LPN	2040	51.0
<b>SUBTOTAL</b>	<b>2880</b>	<b>72.0</b>
<b>ADMINISTRATIVE/ PROFESSIONAL STAFF</b>	<b>HOURS</b>	<b>FTE</b>
RN/Administrator	40	1.0
Medical Director	40	1.0
Staff Physician	40	1.0
NP/PA	212	5.3
Director of Nursing	40	1.0
Mental Health Program Mgr. (MD)	40	1.0
Psychiatrist (MD)	56	1.4
Mental Health Professional	240	6.0
Mental Health Coordinator	40	1.0
Psychiatric NP	40	1.0
Psychiatric RN	80	2.0
Dentist	40	1.0
Dental Assistant	40	1.0
Medical Records Supervisor	40	1.0
Medical Records Clerk	256	6.4
Administrative Assistant	80	2.0
Medical Secretary	160	4.0
Supply Manager	40	1.0
EMT	330	8.25
Pharmacy Tech	252	6.3
X-ray Tech	40	1.0
<b>SUBTOTAL</b>	<b>2146</b>	<b>53.65</b>
<b>SYSTEM TOTALS</b>	<b>5026</b>	<b>125.65</b>

## NORTH VALLEY COMPLEX STAFFING

ADP 150-249		
Day Shift		
Position Title	Hours	FTE
Physician		
Psychiatrist		
NP/PA	8	0.200
NP/PA with Psych		
MHP (RN)		
Assistant Administrator (RN)	40	1.000
Administrative Assistant		
RN - Charge		
LPN - Medication Administration	84	2.100
Medical Assistant		
Night Shift		
RN - Charge		
LPN - Medication Administration	84	2.100
<b>Total</b>		<b>5.400</b>

ADP 150-249		
Day Shift		
Position Title	Hours	FTE
Physician	2	0.050
Psychiatrist	2	0.050
NP/PA	24	0.600
NP/PA with Psych	8	0.200
MHP (RN)		
Assistant Administrator (RN)	40	1.000
Administrative Assistant		
RN - Charge	84	2.100
LPN - Medication Administration	168	4.200
Medical Assistant		
Night Shift		
RN - Charge	84	2.100
LPN - Medication Administration	84	2.100
<b>Total</b>		<b>12.400</b>

ADP 500-749		
Day Shift		
Position Title	Hours	FTE
Physician	4	0.100
Psychiatrist	2	0.050
NP/PA	32	0.800
NP/PA with Psych	8	0.200
MHP (RN)		
Assistant Administrator (RN)	40	1.000
Administrative Assistant		
RN - Charge	84	2.100
LPN - Medication Administration	168	4.200
Medical Assistant		
Night Shift		
RN - Charge	84	2.100
LPN - Medication Administration	168	4.200
Total		14.750

ADP 500-999		
Day Shift		
Position Title	Hours	FTE
Physician	16	0.400
Psychiatrist	4	0.100
NP/PA	40	1.000
NP/PA with Psych	8	0.200
MHP (RN)	40	1.000
Assistant Administrator (RN)	40	1.000
Administrative Assistant	40	1.000
RN - Charge	84	2.100
LPN - Medication Administration	224	5.600
Medical Assistant	56	1.400
Night Shift		
RN - Charge	84	2.100
LPN - Medication Administration	224	5.600
Total		21.500

ADP 1,000 or more

ADP 1,000 or more		
Day Shift		
Position Title	Hours	FTE
Physician	16	0.400
Psychiatrist	4	0.100
NP/PA	40	1.000
NP/PA with Psych	8	0.200
MHP (RN)	40	1.000
Assistant Administrator (RN)	40	1.000
Administrative Assistant	40	1.000
RN - Charge	84	2.100
LPN - Medication Administration	224	5.600
Medical Assistant	56	1.400
Night Shift		
RN - Charge	84	2.100
LPN - Medication Administration	224	5.600
<b>Total</b>		<b>21.500</b>

5520 Naphcare, Inc.

16 AM

## Book Asset Detail - Location

FYE: 9/30/2013

### Property Description

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Projector

COPIER KM-3035/K3051421

COPIER KM-3035/K3051327

COPIER KM-3035/K3051326

LASER JET 4101- SUSLGY31190

LASER JET 4101- SUSLGY38986

LASER JET 4101- SUSLGY39071

LAPTOP COMPUTER CNU501F9B4

LAPTOP COMPUTER CNU501F9HB

LAPTOP COMPUTER CNU501F9HX

LAPTOP COMPUTER CNU501F9HZ

LAPTOP COMPUTER CNU501F9JF

CPU SMXL4510457

CPU SMXL4510522

CPU SMXL451042S

KEYBOARDS

KEYBOARDS

KEYBOARDS

KEYBOARDS

KEYBOARDS

KEYBOARDS

80GB ATA HDD HARD DRIVE

GB BASIC PORT REPLICATOR CNU449XKYX

GB BASIC PORT REPLICATOR CNU449XKXI

GB BASIC PORT REPLICATOR CNU449XKZ6

GB BASIC PORT REPLICATOR CNU449XKZ9

GB BASIC PORT REPLICATOR CNU449XKOQ

DC 7100S/P4 MXL5020CYX

DC 7100S/P4 MXL5020CYZ

HP KEYBOARD/MOUSE

MONITOR C6C428000277

MONITOR C6C428000454

MONITOR C6C428001304

MONITOR C6C4280001312

MONITOR C6C4280001303

MONITOR C6C4280001311

LASER JET 4250N - SCNBXC23421

O2 CONCEN & NEBULIZER 042-18331

O2 CONCEN & NEBULIZER 052-10081

O2 CONCEN & NEBULIZER 052-10082  
O2 CONCEN & NEBULIZER 052-10085  
FIBER SWITCH  
FIBER SWITCH  
PULSE OXIMETER MONITOR W/STAND  
PULSE OXIMETER MONITOR W/STAND  
HP PAVILLION NOTEBOOK PC CNF508062N  
MICROSOFT SOFTWARE  
INTRA XRAY & DAYLIGHT PROCESSOR  
NOHAB COPIER  
MONITOR AG531H22142  
MONITOR AG531H22143  
MONITOR AG531H22144  
MONITOR AG531H22167  
LACIE 1TB BIGGER DISK EXTREME  
HP COMPUTER MXM53700HJ  
HP COMPUTER MXM53700HL  
HP COMPUTER MXM53700HQ  
XRAY EQUIP - RED MOUNTAIN  
VITAL SIGNS MONITOR  
HP COMPUTER MXM549024T  
HP COMPUTER MXM549024M  
CISCO SHOAF503TKF  
EKG MACHINE  
RADIOGRAPHIC TABLE  
COMPUTER DC7600C 2.8 80 GB  
LAPTOP COMPUTER  
MED CART 52073 1M84  
MED CART 52074 1M75  
MED CART 52075 1M77  
MED CART 52076 1M74  
EKG MACHINE  
EKG MACHINE  
PULSE OXIMETER  
INTRA XE PROCESSOR/DAY LIGHT LOADER  
PULSE OXIMETER  
COMPUTER EQUIP/MENTAL HEALTH  
MFC COPY-SCAN-FAX  
E TIME SERVER  
CHAIR BLD DRWG FLIP ARM  
MED CART 52750 1M7  
MED CART 52751 1M1

LAPTOP COMPUTER & DOCKING STATION CND631280D

LAPTOP COMPUTER SCNU61414F7

DRUG CART 5446 1M46

DRUG CART 5447 1M43

DRUG CART 5448 1M66

DRUG CART 54877 1M36

PUNCHCARD/DRAWER FOR MED CART

COMPUTER 69V6WC1

COMPUTER 8BVLWC1

5 DRAWER LATERAL FILE

COMPUTER 68MX4D1

COMPUTER 78MX4D1

SERVER EQUIP FOR CLARK

MED CART 57415 M56

COMPUTER G4MH2F1

COMPUTER 45MH2F1

COMPUTER 55MH2F1

COMPUTER 76MH2F1

COMPUTER G5MH2F1

COMPUTER 36MH2F1

COMPUTER HKQ56F1

MONITOR VITAL SIGNS SPOT LXI

MONITOR VITAL SIGNS SPOT LXI

MED CART 63705 IM58

MED CART 63706 IM65

MED CART 64273 IM3

MED CART 64274 IM1

EKG MACHINE CP2A-1E1

COPIER/PRINTER KM-6030 SERIAL J3017477

CPAP MASK

CISCO FIREWALL

LAPTOP & DOCKING STATION 94Z5YH1

BACK UP SERVER FOR CLARK

REBUILT M-PACT CAST SAW CUTTER

LAPTOP & DOCKING STATION SCND91027RQ

LAPTOP & DOCKING STATION SCND91029TR

LAPTOP & DOCKING STATION SCND9102CBC

LAPTOP & DOCKING STATION SCND9102CKB

LAPTOP & DOCKING STATION SCND9102CM2

LAPTOP & DOCKING STATION SCND9102CVB

LAPTOP & DOCKING STATION SCND9102CJG

LAPTOP & DOCKING STATION SCND9102CKK

LAPTOP & DOCKING STATION SCND9102CLK

LAPTOP & DOCKING STATION SCND9102CND

LAPTOP & DOCKING STATION SCND9102CQ3

LAPTOP & DOCKING STATION SCND9102CVQ

LAPTOP & DOCKING STATION SCND9102416

LAPTOP & DOCKING STATION SCND910245Y  
LAPTOP & DOCKING STATION SCND910250T  
LAPTOP & DOCKING STATION SCND910259L  
LAPTOP & DOCKING STATION SCND9102CRW  
COPIER KM-3035 INSTALLED PM KIT  
HP COMPAQ (EMAR NOTEBOOKS) SCND9094QPQ  
MED CART 675461M66  
MONITOR VITAL SIGNS  
MONITOR VITAL SIGNS  
SERVER UPGRADE  
FAX CARD FOR COPIER  
COMPUTER DPSLVL1  
COMPUTER 5T72VL1  
COMPUTER 5V72VL1  
COMPUTER 8T72VL1  
COMPUTER 9T72VL1  
COMPUTER CT72VL1  
COMPUTER DT72VL1  
COMPUTER FT72VL1  
COMPUTER GT72VL1  
COMPUTER HT72VL1  
COMPUTER JT72VL1  
COMPUTER 1V72VL1  
COMPUTER 2V72VL1  
COMPUTER 3V72VL1  
COMPUTER 6T72VL1  
EMAR LAPTOP SCNU952118Y  
EMAR LAPTOP SCNU95211HD  
EMAR LAPTOP SCNU95211R2  
EMAR LAPTOP SCNU95212P9  
EMAR LAPTOP SCNU9521385  
MED CART 713341M12  
MED CART 713341M46  
VITAL SIGNS MONITOR SPOT LXI  
COMPUTER CPSJVL1  
COMPUTER 4V72VL1  
COMPUTER HW9YMN1  
COMPUTER OPTIPLEX 780 DKSCLN1  
HORIZON NXT INFUSION PUMP  
QMS & QCS SOFTWARE INSTALLATION & TRAINING  
TECHCARE SERVER  
COMPUTER, LAPTOP E5420 5CGQ4S1  
COMPUTER, LAPTOP E5420 5CGP5S1  
COMPUTER, OPTIPLEX 780 GFZY9P1  
COMPUTER, OPTIPLEX 780 GFZX9P1  
COMPUTER, LAPTOP E5410 B05HZM1  
COMPUTER, LAPTOP E5410 625HZM1

CISCO - SOFTWARE  
BATTERY - AEDS  
CART - 6 DRAWER  
RACK FOR SERVER  
BIPHESIC - WELCH ALLYN  
SENTRA EC HEAVY DUTY WHEEL CHAIR  
LAPTOP HP COMPAQ 6910P  
POWER CONNECT W-IAP 105  
POWER CONNECT W-IAP 105  
NETGEAR READYNAS 2100 RNRX4420  
CART, EMERGENCY MEDIC RED  
COMPUTER, OPTIPLEX 7010 8XFZFX1  
COMPUTER, LAPTOP E5430 1J41LX1  
COMPUTER, LAPTOP E5430 J041LX1  
COMPUTER, LAPTOP E5430 2X31LX1  
COMPUTER, LAPTOP E5430 3141LX1  
COMPUTER, LAPTOP E5430 3T11LX1  
COMPUTER, LAPTOP E5430 3V31LX1  
COMPUTER, LAPTOP E5430 3X31LX1  
COMPUTER, LAPTOP E5430 4H41LX1  
COMPUTER, LAPTOP E5430 5141LX1  
COMPUTER, LAPTOP E5430 7141LXI  
COMPUTER, LAPTOP E5430 7T31LX1  
COMPUTER, LAPTOP E5430 8N31LX1  
COMPUTER, LAPTOP E5430 9741LX1  
COMPUTER, LAPTOP E5430 9G31LX1  
COMPUTER, LAPTOP E5430 B141LX1  
COMPUTER, LAPTOP E5430 BP31LX1  
COMPUTER, LAPTOP E5430 BW31LX1  
COMPUTER, LAPTOP E5430 C041LX1  
COMPUTER, LAPTOP E5430 CV31LX1  
COMPUTER, LAPTOP E5430 D041LX1  
COMPUTER, LAPTOP E5430 DN31LX1  
COMPUTER, LAPTOP E5430 DT31LX1  
COMPUTER, LAPTOP E5430 DW31LX1  
COMPUTER, LAPTOP E5430 FM11LX1  
COMPUTER, LAPTOP E5430 FN31LX1  
COMPUTER, LAPTOP E5430 HH41LX1  
COMPUTER, LAPTOP E5430 1W31LX1  
CISCO 2901 SECURITY BUNDLE SFTX1719Y0F8  
CISCO 2901 SECURITY BUNDLE SFTX1719YOEM  
CLINICAL RECLINER - BLUE RIDGE  
CLINICAL RECLINER - BLUE RIDGE  
COMPUTER - DIALYSIS  
DIALYSIS MACHINE  
DIALYSIS MACHINE  
DIALYSIS MACHINE

LASER PRINTER - DIALYSIS  
RO WATER SYSTEM

## NaphCare's Formulary 2013

<b>Antihistamines</b>		<b>Antianginal</b>	
Vistaril	Hydroxyzine	Isordil	Isosorbide DN
<b>Analgesics</b>		Imdur	Isosorbide MN
Tylenol #3	Acetamin/Codeine	Nitro-Dur	Nitroglycerin Patch
Tylenol #4	Acetamin/Codeine	Nitro-Stat	Nitroglycerin SL
Ultram	Tramadol	<b>Benign Prostatic Hyperplasia</b>	
<b>Antianxiety</b>		Cardura	Doxazosin
Buspar	Buspirone	Flomax	Tamsulosin
Klonopin	Clonazepam	Minipress	Prazosin
Librium	Chlordiazepoxide	<b>Antiarrhythmic</b>	
Ativan	Lorazepam	Cordarone	Amiodarone
<b>ACE Inhibitors</b>		Norpace	Disopyramide
Vasotec	Enalapril	<b>Angiotensin Antagonist</b>	
Prinivil /Zestril	Lisinopril	Cozaar	Losartan
<b>Diuretics</b>		<b>Antiadrenergics</b>	
Aldactone	Spirolactone	Cardura	Doxazosin
Hydrodiuril	Hydrochlorothiazide	Catapres	Clonidine
Lasix	Furosemide	Minipress	Prazosin
Maxzide	HCTZ/triamterene	<b>Alpha/Beta-Adrenergic Blockers</b>	
<b>Antiplatelet, Anticoagulant</b>		Trandate	Labetalol
Coumadin	Warfarin	<b>Antiretroviral/HIV</b>	
Plavix	Clopidogrel	<b>All Inclusive</b>	
<b>Antidepressants, tetracyclic</b>		<b>Antiviral</b>	
Remeron	Mirtazapine	Symmetril	Amantadine
<b>Antidepressants, tricyclic</b>		Zovirax	Acyclovir
Elavil	Amitriptyline	<b>Antidepressants, Misc</b>	
Pamelor	Nortriptyline	Desyrel	Trazodone
Sinequan	Doxepin	Effexor	Venlafaxine
<b>Antidepressants, SSRIs</b>		Wellbutrin	Bupropion
Celexa	Citalopram	<b>Antimanic</b>	
Paxil	Paroxetine	Depakote DR	Divalproex DR
Prozac	Fluoxetine	Depakote ER	Divalproex ER
Zoloft	Sertraline	Depakene	Valproic Acid
<b>Anti-gout</b>		Eskalith	Lithium Carbonate
Benemid	Probenecid	<b>Anti-thyroid</b>	
Zyloprim	Allopurinol	PTU	Propylthiouracil
<b>Antispasmodic</b>		Tapazole	Methimazole
Bentyl	Dicyclomine	<b>Antifungal</b>	
<b>Cardiac Glycoside</b>		Diflucan	Fluconazole
Lanoxin	Digoxin	<b>Antidiarrheal</b>	
<b>Diagnostic Aids</b>		Imodium	Loperamide
Aplisol		<b>Local Anesthetics</b>	
		Xylocaine	Lidocaine

## NaphCare's Formulary 2013

<b>Asthma</b>		<b>Anticonvulsants</b>	
Ventolin	Albuterol	Depakene	Valproic Acid
Uniphyll	Theophylline SR	Dilantin	Phenytoin ER
Advair Diskus	Fluticasone/Salmeterol	Keppra	Levetiracetam
Atrovent	Ipratropium	Neurontin	Gabapentin
Qvar	Beclomethasone	Solfoton	Phenobarbital
Duoneb	Ipratrop/albut neb.	Depakote	Divalproex DR
<b>Antiemetic, Antivertigo</b>		Depakote ER	Divalproex ER
Antivert	Meclizine	Tegretol	Carbamazepine
Phenergan	Promethazine	Trileptal	Oxycarbazepine
Reglan	Metoclopramide	Lamictal	Lamotrigine
<b>Antibacterial</b>		<b>Antihyperlipidemic</b>	
Amoxil	Amoxicillin	Lopid	Gemfibrozil
Augmentin	Amox/Clav Pot.	Mevacor	Lovastatin
Zithromax	Azithromycin	Pravachol	Pravastatin
Bactrim DS, SS	SMX/TMP DS, SS	Zocor	Simvastatin
Cipro	Ciprofloxacin		
Cleocin	Clindamycin		
E-Mycin	Erythromycin	<b>Non-Steroidal Anti-Inflammatory Drugs</b>	
Flagyl	Metronidazole	Indocin	Indomethacin
Keflex	Cephalexin	Motrin	Ibuprofen
Macrobid	Nitrofurantoin	Mobic	Meloxicam
Pen VK	Penicillin	Naprosyn	Naproxen
Rifadin	Rifampin	Relafen	Nabumetone
Vibramycin	Doxycycline	<b>Estrogen</b>	
		Menest	Estrogen
<b>Phosphate Binding Agent</b>		Premarin	Conjugated Estrogens
Phos-Lo	Calcium Acetate	<b>Urinary</b>	
<b>Oral Contraceptive</b>		Ditropan	Oxybutynin
Necon	Noreth/Ethi Estra	<b>Mouth and Throat</b>	
<b>Progestin</b>		Peridex	Chlorhexidine
Provera	Medroxyprogesterone	<b>Laxatives</b>	
<b>Interstitial Cystitis Agent</b>		Generlac	Lactulose
Pyridium	Phenazopyridine	<b>Vitamin and Nutritional Supplements</b>	
<b>Oral Antidiabetics</b>		Folic Acid	Folic Acid
Diabeta	Glyburide	K-Dur	Potassium Chloride
Glucophage	Metformin	Prenatal Vitamin	Prenatal Vitamin
Glucotrol	Glipizide	<b>Skeletal Muscle Relaxants</b>	
<b>H<sub>2</sub> Antagonist</b>		Flexeril	Cyclobenzaprine
Zantac	Ranitidine	Lioresal	Baclofen
<b>Proton Pump Inhibitor</b>		Robaxin	Methocarbamol
Prilosec	Omeprazole	<b>Nasal</b>	
<b>Antiparkinson</b>		Flonase	Fluticasone
Cogentin	Benzotropine	<b>Thyroid</b>	
Sinemet	Carb/levo	Synthroid	Levothyroxine

## NaphCare's Formulary 2013

<b>Ophthalmic</b>		<b>Otic</b>	
Isopto	Atropine	Auralgan	Antipyrine/Benzocaine
Pilocar	Pilocarpine	Floxin	Ofloxacin
Timoptic	Timolol	Cortisporin Otic	Neomy/Poly/HC
PredForte	Prednisolone Acet.	<b>Gastrointestinal</b>	
Bleph 10	Sodium Sulfacetamide	Azulfidine	Sulfasalazine
Maxitrol	Neo/Poly B/Dex	Asacol	Mesalamine
Garamycin	Gentamicin	Lipram	Pancrelipase
Ilotycin	Erythromycin	Carafate	Sucralfate
Betagan	Levobunolol	<b>Vasodilators</b>	
Neosporin Op.	Neo/Poly B/Gram	Apresoline	Hydralazine
Polytrim	Trimeth/Poly B	<b>Antitubercular</b>	
Ocuflox	Ofloxacin	Isoniazid	Isoniazid
Xalatan	Latanoprost	Myambutol	Ethambutol
Cosopt	Dorzolamide and timo.	Pyrazinamide	Pyrazinamide
Cyclogyl	Cyclopentolate	Rifadin	Rifampin
<b>Antipsychotic, Typical</b>		<b>Antipsychotic, Atypical</b>	
Haldol	Haloperidol	Risperdal	Risperidone
Fluphenazine	Fluphenazine	Geodon	Ziprasidone
Thorazine	Chlorpromazine	Zyprexa	Olanzapine
Trilafon	Perphenazine	<b>Corticosteroids</b>	
		Deltasone	Prednisone
<b>Calcium Channel Blockers</b>		<b>Beta Blockers</b>	
Calan	Verapamil	Coreg	Carvedilol
Calan SR	Verapamil SR	Inderal	Propranolol
Cardizem	Diltiazem	Lopressor	Metoprolol Tartrate
Norvasc	Amlodipine	Tenormin	Atenolol
Procardia XL	Nifedipine XL		
<b>Topical Steroid/Ultra High Potency</b>		<b>Topical Steroid/High Potency</b>	
Ultravate 0.05%	Halobetasol propionate	Lidex 0.05%	Fluocinonide
Temovate 0.05%	Clobetasol propionate	Diprolene Crm 0.05%	Aug. betameth. Dipro.
<b>Topical Steroid/Mid Potency</b>		<b>Topical Steroid/Low Potency</b>	
Elocon 0.1%	Mometasone	Hytone 1%	Hydrocortisone 1%
Kenalog 0.1%	Triamcinolone	Hytone 2.5%	Hydrocortisone 2.5%
<b>Topical Antiparasite</b>		<b>Topical Antibiotics</b>	
Elimite	Permethrin Cream	Bactroban	Mupirocin
<b>Topical Antifungals</b>		Silvadene	Silver Sulfadiazine
Nizoral	Ketoconazole	<b>Topical Steroid/Antifungal Combo</b>	
		Lotrisone	Betameth/clotrim
<b>Brain</b>		<b>Cardiovascular Agents</b>	
<b>Antipsychotic Agents</b>		<b>Cardiovascular Agents</b>	
Fluphenazine Dec.	Fluphenazine Dec.	Adrenaline	Epinephrine inj.
Haldol Dec.	Haloperidol Dec.	EpiPen, Jr.	Epinephrine inj., Jr.
Chlorpromazine	Chlorpromazine	Lidocaine	Lidocaine

## NaphCare's Formulary 2013

<b>Antibiotic Agents</b>		<b>Adrenocortical Steroids</b>	
<b>Cephalosporins</b>		Kenalog	Triamcin Acet.
Rocephin	Ceftriaxone	Dexameth Sod. Ph.	Dexameth Sod. Phos.
Cefazolin sodium	Cefazolin	Depo-Medrol	Methylpred Acet.
Cefepime HCL	Cefepime	Solu-Medrol	Methylpred Sod Suc.
<b>Aminoglycosides</b>		<b>Gastrointestinal Agents</b>	
Gentamicin Sulfate	Gentamicin Sulfate	Atropine sulfate inj.	Atropine sulfate
<b>Anticonvulsant Agents</b>		<b>Antidotes</b>	
Phenytoin sodium	Phenytoin sodium	Naloxone HCL	Naloxone HCL
<b>Antihistamines</b>		<b>Insulin</b>	
Promethazine	Promethazine	Humalog	Insulin Lispro
Diphenhydramine	Diphenhydramine	Humalog Mix	Insulin Lispro
Hydroxyzine	Hydroxyzine	Humulin	Human Insulin
<b>Diuretics</b>		<b>Novolog</b>	
Lasix	Furosemide	Novolog Mix	Insulin Aspart
<b>Antiparkinson Agents</b>		<b>Novolin</b>	
Cogentin	Benzotropine Mesylate	Lantus	Human Insulin
<b>Glucose Elevating Agents</b>		<b>Novolog Mix</b>	
GlucaGen Kit	Glucagon	Novolin	Insulin Glargine
<b>Local Anesthetics</b>		<b>Lantus</b>	
Lidocaine HCL	Lidocaine HCL	<b>Misc</b>	
Lidocaine HCL (PF)	Lidocaine HCL (PF)	Sterile Water for inj.	Sterile Water for inj.
Lidocaine w/ Epi	Lidocaine w/ Epi		
<b>Respiratory Agents</b>		<b>Ophthalmic and Otic Agents</b>	
<b>Expectorant</b>		<b>Artificial Tear Prep.</b>	
Robitussin DM,SF	guaifenesin DM,SF	Hydromoor	hypromellose
<b>Antihistamines</b>		<b>Visine</b>	
Benadryl	Diphenhydramine	Visine AC	tetrahydrozoline
Chlor-Trimeton	Chlorpheniramine	<b>Ear Wax Removal</b>	
Claritin	Loratidine	Cerumenex	carbamide peroxide
<b>Nasal</b>		<b>Denture Adhesive</b>	
Ocean	Sodium Chloride Nasal	Fixodent	
<b>Glucose Elevating Agents</b>		<b>Vaginal Prep</b>	
Insta-glucose	glucose	clotrimazole crm 3 & 7	clotrimazole crm 3 & 7
<b>Analgesics</b>		<b>miconazole supp.</b>	
Ascriptin	aspirin	<b>Vitamin and Nutritional Supplements</b>	
Ecotrin	aspirin EC	Multivitamin	Multivitamin
Tylenol	acetaminophen	B-Vitamins (B-6 & 12)	B-6 and B-12
<b>Analgesic Combinations</b>		<b>Tums</b>	
Excedrin	aceta/asp/caff	ferrous sulfate	calcium carbonate
		Mag Citrate	ferrous sulfate
			Mag Citrate

## NaphCare's Formulary 2013

GI Agents		Dermatological Agents	
<b>Stool Softener</b>		<b>Analgesic Agents</b>	
Colace	Docusate		analgesic muscle balm
<b>Stimulant Laxative</b>		Epsom Salt	mag sulfate
Dulcolax	bisacodyl EC	<b>Antibiotic Agents</b>	
<b>Enema</b>		Bacitracin	bacitracin zinc
Fleets	saline laxative	Neosporin Oint	bacit/neo/poly b Oint.
<b>Bulk Laxative</b>			benzoyl perox. 5 or 10 %
Fibercon	calcium polycarbo	<b>Antifungal Agents</b>	
Metamucil	psyllium fiber	Lotrimin AF	clotrimazole
<b>Antiflatulents</b>		Nizoral Shampoo	ketoconazole
Gas-X	simethicone	Tinactin	tolnaftate
<b>Antidiarrheals</b>		<b>Anti-Psorlatic Agent</b>	
Kaopectate	attapulgite	Selsun Blue	selenium disulfide
	kaolin/pectin	<b>Disinfectant</b>	
Bismarex	bismuth subsalicylate		hydrogen perox. Sol.
<b>Antacids</b>		<b>Keratolytic Agents</b>	
Antacid	alum/mag	Wart Remover	salicylic acid
<b>Anorectal</b>		<b>Poison Ivy Agent</b>	
Preparation H	hemor. Oint/Supp	Calamine 8%	calamine/zinc oxide 8%
<b>Anti-Nausea Agent</b>		<b>Skincare</b>	
Emetrol	fruc/gluc/phos acid	Hydrocerin	
<b>Misc</b>		A & D original	lanolin/petrolatum
T-gel shampoo	coal tar	<b>Steroid</b>	
		hydrocort. crm, oint	hydrocortisone crm, oint

HOUSING CLASSIFICATION  
SOUTH TOWER  
AUGUST 2013  
TOTAL BEDS + 2C = 1495

MODULES	J	K	L	M	N	P
FLOOR 2 2C F(1-9) M(9-28) 28	MALE ADMIN. SEG. (MMX/ MIPC) 32	MEDIUM MALES & WORKERS (MST) 74	MEDIUM MALES (MST) 74	MALE ADMIN. SEG. (MMX/ MIPC) 32	MEDIUM MALES (MST) 74	MEDIUM MALES (MST) 74
FLOOR 3						
FLOOR 4	MALE ADMIN. SEG. (MMX/ MIPC) 32	MEDIUM MALES (MST) 64	MALE MEDICAL (ALL MALES) 64	JUVENILE MANAGEMENT MODULE (JCS) 32	MALE P.C. (MPC) 74	MALE P.C. (MPC) 74
FLOOR 5		MEDIUM FEMALE (FST) 64	FEMALE WORKER (FSN) 64		MEDIUM MALES (MST) 74	MEDIUM MALES (MST) 74
FLOOR 6	FEMALE ADMIN. SEG (FMX/ FPS) 32			FEMALE PROTECTIVE CUSTODY/ PSYCH (FPC/ FPS) 32	MALE MEDIUM CUSTODY (MST & WORKERS) 69	MALE MEDIUM CUSTODY (MST & WORKERS) 64

REVISED JULY 2013

**HOUSING CLASSIFICATION  
NORTH VALLEY COMPLEX**

**AUGUST 2013**

**TOTAL BEDS = 1080**

<i>Ground Floor</i>	MALE MEDIUM CUSTODY (MST) 72 1A	MALE MEDIUM CUSTODY (MST) 72 1D	MALE MEDIUM CUSTODY (MST) 72 1F	VACANT 48 1J
	MALE MEDIUM CUSTODY (MST) 72 1B	MALE MEDIUM CUSTODY (MST & WORKERS) 72 1E	MALE MEDIUM CUSTODY (MST) 72 1G	VACANT 48 1H
<i>Upper Floor</i>	FEMALE MEDIUM CUSTODY (FST) 72 2A	VACANT 72 2D	MALE MEDIUM CUSTODY (MST) 72 2F	VACANT 72 2J
	FEMALE MEDIUM CUSTODY (FST) 72 2B	VACANT 72 2E	VACANT 72 2G	FEMALE CLOSE CUSTODY (FCS) 48 2H

REVISED June 19, 2013/2013

**HOUSING CLASSIFICATION  
NORTH TOWER  
JANUARY 2013  
TOTAL BEDS/NO COTS 1487**

MODULE	A	B	D	E/F	G	H
FLOOR 2	MALE PSYCH 18	MALE PSYCH 46	MALE PC/MEDICAL 17	FEMALE MEDICAL 30 (10 BUNKS DTX)	MALE PSYCH (MPS) 16	MEDICAL ISO 11

MODULES	A	B	C	D	E	F
FLOOR 3	MALE MEDIUM CLOSE (MNT) 88	MALE (MCS) 92	FEMALE (FCS) 42	FEMALE MED/CLOSE (FNT/FCS) 42	FEMALE CLOSE/MED (FCS/FNT) 40	FEMALE CLOSE (FCS) 42
FLOOR 5	MALE CLOSE (MCS) 88	MALE PC (MPC) 83	MALE INTENSIVE PC (MIPC) 24	MALE INTENSIVE PC (MIPC) 35	MALE DISCIPLINARY HOUSING 40	MALE DISCIPLINARY HOUSING 40
FLOOR 7	MALE CLOSE (MCS) 88	MALE CLOSE (MCS) 83	MALE CLOSE (MCS) 48	MALE CLOSE (MCS) 48	MALE CLOSE (MCS) 40	MALE CLOSE (MCS) 40
FLOOR 9	MALE MEDIUM (MNT) 87	MALE CLOSE (MCS) 83	MALE CLOSE (MCS) 43	MALE CLOSE (MCS) 48	MALE CLOSE MCS 42	MALE CLOSE (MCS) 43

REVISED JANUARY 2013

INMATES MEDICATION STATISTICS

Page 3

Total # of inmates on regular medication	718
Total # of inmates on psych medication	Approx. 500
Total # of inmates on HIV medication	5
Total # of inmates on Hepatitis C medication	0
Total # of inmates in the hospital	3
Total # of inmates in the hospital > 2 days	2

\*All ordered medications by physician are given within 8 hours\*

STANDARD OPERATING PROCEDURE

SUBJECT     MEDICAL/DENTAL ACCESS AND MEDICATION FEE

POLICY

Pursuant to NRS 211.140, the Clark County Detention Center (CCDC) through the Contracted Medical Provider will provide medical, dental, and mental health care to inmates of the CCDC and North Valley Complex (NVC). CCDC shall pay the cost of medical treatment that is the responsibility of the CCDC and NVC as delineated in NRS 211.140. The inmate shall pay the cost of medical treatment as delineated in NRS 211.140-5. No inmate will be refused in house medical services based upon an inability to pay. A Medical/Dental Access and Medication Fee may be charged to the inmate's cash account for medical care provided.

REFERENCES

4<sup>th</sup> Edition ACA Standards for ALDF: 2B-02, 2B-03, 4C-01 through 4C-09, 4C-13, 4C-19, 4C-20, 4C-22 through 4C-31, 4C-38, 4C-39, 4D-15, 4D-16, 6A-09

Nevada Revised Statutes: 211.030, 211.140, 433A.150, 433.484, 441 A.040

NCCHC 2003 Jail Standards: JA-01, JA-11

OVERVIEW

This SOP prescribes guidelines and procedures for the Medical Access and Medication Fee Program within the facility. For additional information concerning medical services within the facility, see SOP #13.00.00, "Medical Services."

PROCEDURES

I. MEDICAL/DENTAL ACCESS FEE AND MEDICATION PROGRAM

A. Medical/Dental Access Fee:

1. Pursuant to NRS 211.140, the CCDC may attempt to collect from the prisoner or his insurance carrier the cost of arranging for the administration of medical care including the cost of any transportation of the prisoner for medical care.
2. Pursuant to NRS 211.140, the prisoner shall obey the requests of, and fully cooperate with the CCDC in collecting the costs from the prisoner or his insurance carrier.
3. Inmates will be informed of the fee-for-service policy and fee schedule during the medical screening process. A copy of the fee-for-service policy and fee schedule will be posted in each inmate housing area.

4. Inmates will be required to pay the following fees:

- Medical/Dental Access Fee: \$8.00  
(self-initiated requests-evaluation/  
treatment by the nurse/physician/dentist)
- Medication Fee (not chronic care – see below\*) : \$5.00
- Medication Renewal Fee  
(not chronic care – see below\*): \$3.00
- Transportation of Inmate for Medical Care: \$75.00  
(Self-Initiated Request)

5. Inmates will not be required to pay for the following medical services:

- Intake medical screening
- Psychological Services/Psychiatric Services
- Mandatory physical examinations
- Mandatory TB testing or treatment
- Follow-up visits ordered by medical staff
- Medication distribution
- HIV testing
- X-rays (except self-inflicted injuries)
- \*\*Chronic care clinics (example: diabetes, hypertension, seizures, asthma, psychiatric treatment)
- Life-threatening emergency care
- Pre-natal or pregnancy care
- Any infectious, contagious, or communicable disease as defined by NRS 441 A.040 (e.g., Tuberculosis, HIV, etc.), which the prisoner contracts while he/she is in custody.
- Use of force and inmate confrontations
- Psychotropic medications ordered by the psychiatrist
- Detox medications and treatment

6. Obtaining Over-the-Counter (OTC) Medications:

To help offset the demand, cost, and staff time associated with numerous unnecessary inmate requests for sick call visits, CCDC will include OTC items on the commissary list.

- Inmates may acquire certain OTC medications through the commissary at a minimal cost. Reference SOP #13.00.00, "Medical Services."
- Inmates with no money in their cash account or that have missed commissary, may request and receive over-the-counter medications via a medical request form.

7. Any determination concerning the necessity or emergency nature of the medical care remains the prerogative of the care provider, but may be appealed through the inmate grievance procedure.

**B. Request for Health Care Services:****1. Inmate's Procedure for Requesting Medical Services:**

- Inmates are required to submit a Medical/Dental Request Form for accessing health care services. These forms are to request dental, psychiatric, or non-emergency medical procedures/problems. For non-chronic care requests, the medical access fee process begins with the sick call/charge nurse assessment of the problem. There is no charge for referral to the physician or follow-up care, however, if medication is prescribed or renewed by the sick call/charge nurse or physician, there will be an additional medication fee assessed. If an inmate requests emergency care that is determined not to be an emergency condition, that inmate may be charged a medical access fee for calling a false emergency. The medical /nursing staff will make the determination of the condition and the inmate will be informed of the assessed charge.
- Forms may be obtained from the medication nurse during regularly scheduled medication rounds. They shall be placed in the "Medical Kite" box located in the housing unit, when completed, for pickup and review by medical staff. A copy of the request will be given to the inmate.

**2. Medical Staff:**

- A nurse will triage sick call requests and note the appropriate disposition daily. The inmate will be scheduled for the appropriate sick call (medical, dental, mental health) based on the triage information. In most cases, the initial medical evaluation will be completed by the nurse. The nurse will either treat the inmate's condition using a nursing protocol or refer the inmate to the physician for evaluation and treatment. The inmate will be charged for an evaluation and treatment by the nurse.
- The inmate's request will be attached to the appropriate sick call roster.
- The inmate will be required to sign a Medical/Dental Request Form. If the inmate is referred to a physician and/or medication is prescribed, the Medical/Dental Request Form will be completed by Medical staff, with appropriate costs, and the tear off section of the form will be forwarded to the DSD Business Office for processing.
- Every 90 days, the Medical staff renews all chronic care prescriptions. A \$3.00 renewal fee will be charged on all active renewed prescriptions. Medical staff will complete a Medical/Dental Request Form and forward to the DSD Business Office for processing.
- If the inmate refuses to sign the Medical/Dental Request Form, two staff members will sign the request indicating the inmate's refusal. (This may be two health care providers or a health care provider and a Corrections Officer.)
- Upon completion of the sick call process, the original Medical/Dental Request Form will be filed in the Medical Records Department and the tear off section of the form will be placed in the DSD Business Office box located in the Medical Section or the Ground Floor Nurse's Office.

C. Distribution of Medical/Dental Request Form:

Upon receipt of medical care, the nurse will give the pink copy of the Medical/Dental Request Form to the inmate and keep the white copy for Medical Records. The Medical Department will disburse the tear off section of the yellow copy to the DSD Business Office.

1. Inmate Account Management:

- Inmates with funds will have their cash account debited for the Medical/Dental Access Fee and/or Medication Fee.
- Inmates with no funds in their cash account who receive requested medical care will also have their cash amount debited and will carry an obligation on the Inmate Funds Accounting System.
  - ✓ If and when funds are introduced into an inmate's cash account that is showing an obligation, the funds will be automatically surrendered to satisfy the existing debt.
  - ✓ An obligation will be carried over to subsequent incarcerations.
- Monies collected pursuant to this procedure will be credited to the Clark County General Fund.
- All fund transfers will be handled by the CCDC Business/Inmate Accounts Office.

2. No inmate will be refused in house medical services or medication based on his/her ability to pay.

TODD R. FASULO, DEPUTY CHIEF  
DETENTION SERVICES DIVISION

TRF:km

Request/Grievance form to the inmate for follow-up care. For non-emergency Mental Health Services, the officer will contact the pager number (230-0044).

- C. Questions on care: If an officer questions the medical care that an inmate is receiving from nursing staff, the officer should contact their supervisor, who can get clarification from the medical supervisor. Officers should not publicly challenge medical care or advice.
- D. Medical/Dental Request Form:
  - 1. The inmate may request a Medical/Dental Request Form during any regular medication pass. These forms are to request dental, psychiatric, or non-emergency medical procedures/problems, and the forms must be returned to Medical personnel by placing them in the "Medical Kite" box located in the housing unit. They will be picked up and reviewed by medical staff.
  - 2. Reference SOP #14.00.00, "Inmate Requests/Grievances and Complaints/Grievances Against Staff" for complaints received in regards to medical.
- E. Sexual Abuse: Inmate victims of sexual abuse while incarcerated must be offered timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Inmate victims must also receive comprehensive information about, and timely access to, all lawful pregnancy-related medical services, when relevant.

**VI. ACQUIRING OVER-THE-COUNTER MEDICATIONS**

- A. The inmate may acquire certain over-the-counter medications through the commissary at a minimal cost. Per inmate, (per cell limits) will be placed on over-the-counter medications sold through the commissary. Any amount that is found in a cell above the established limit will be considered contraband and will be confiscated and destroyed by the correctional staff. Inmates will not be reimbursed for confiscated medications. The correctional officer will generate a CAR and the appropriate disciplinary actions will be taken. The limits allowed in the cell are a onetime order amount, except on double order commissary days when they will be allowed twice the amounts. Medications provided through the commissary and established limits are as follows:

Cell Limits	
Antifungal cream	2 Tubes
Dandruff shampoo	2 Tubes
Ibuprofen/Motrin (generic)	3 (Pkgs of 2 pills each)
Acetaminophen/Tylenol (generic)	3 (Pkgs of 2 pills each)
Antibiotic ointment (generic)	3 Tubes
Antacids (generic)	3 (Pkgs of 2 pills each)
Hydrocortisone cream 1%/Anti-itch	3 Tubes
Saline solution/Eyewash	2 Tubes
Contact Lens case	1 each
Chapstick/Blistex	2 Tubes

- B. Over-the-counter medications must remain in the approved package or container as sold through the commissary. Medications found in unapproved packages or containers will

be confiscated and destroyed. The officer will complete a CAR and the appropriate disciplinary actions will be taken.

1. Any inmates housed in isolation housing units will not be allowed the opportunity to purchase over-the-counter medications through the commissary.
2. Health staff may restrict over-the-counter medication sales to inmates if a particular medication is contradictory to an inmate's condition. The restriction will be explained to the inmate and documented in the health record. The restriction is initiated when the health staff completes and submits a patient profile to the Senior Commissary Clerk.

VII. HOUSING UNIT MEDICATION PASSES

A. Announcement:

The officer will announce over the intercom the arrival of the medication nurse and instruct the inmates to line up in the designated location.

B. Positioning of Cart and Nurse:

Upon entering a housing unit, the nurse will position the medication cart convenient to the sink and water.

C. Lockdown housing units:

When passing medication in the upper tier area where applicable, the medication cart will be secured in the housing unit Control Room or unoccupied program room, as applicable and the portable medication tray will be utilized. Complete visual observation of inmate must be maintained throughout the process. The cell door will be opened, inmate issued the medication, and observed placing medication in mouth followed by standard visual inspection of mouth. Two officers must be present to provide facility security and staff safety.

D. Medication Pass:

1. The nurse and housing unit officer will have only those inmates that receive medications line up in a single-file line. The nurse will pass medications. The officer will provide the medication nurse with the inmate locator cards for verification of the inmate's identity when receiving medications.
2. Then the nurse and housing unit officer will have anyone requesting medical care, or a Medical/Dental Request Form, line up in an additional single-file line. These concerns will be addressed after the medication pass.

Inmates who have serious medical problems will be addressed first.

E. Supplying Water for Medication:

The housing unit officer will assure that a supply of water is available and the Nurse shall provide a small, paper cup to facilitate immediate ingestion of medication. Collecting and disposing of plastic medication cups, paper cups, and miscellaneous medical items will be the responsibility of the nurse and housing unit officer.

F. Taking Medications: When medication pass is announced, inmates who are to receive medication will:

1. Line up single file in an orderly fashion.
2. Take medication at the time it is passed, with a full cup of water, in full view of the nurse and corrections officer.
3. Be subject to inspection by the nurse and/or officer to insure ingestion of medication.
4. If the inmate is caught hiding medications, he/she will be charged with a formal infraction (CAR) by the housing unit officer. The medications will be returned to the Nurse for destruction and then reporting.

G. Inmate(s) Absent When Medication is passed:

Nurse will determine if inmate(s) absent during pill pass will receive medication upon return to the housing unit or at the next scheduled time, and will advise the housing unit officer accordingly. The housing unit officer will handle problems with inmates not showing up for medication.

H. Non-Prescription Medications:

Medications such as Tylenol, Maalox, and aspirin will be available only from the nurse when medication is being passed. (Over-the-counter medication is also available from commissary.) If inmates are unable to purchase over-the-counter medications due to funding, they can request them via an Inmate Request Form. An inmate's indigent status can be verified by Inmate Accounts.

I. Contact Lens Solution:

Inmates may purchase saline solution from commissary.

J. Asthma Inhalers:

Inhalers will be provided by the Medical Section and ordered by the doctor.

If the need arises for the inmate to use their inhaler at a time other than the pre-scheduled times, the officer will call Medical. The nurse will respond to the unit and evaluate the inmate's medical needs.

## VIII. BOOKING MEDICATION PASS

Booking Medication passes are scheduled at approximately 0800, 1300, & 2000 hours.

A. General Population Holding Cells:

1. A booking nurse will be escorted by Post 17A or 17B to each booking cell.
2. Medicine will be passed to those inmates requiring scheduled prescription medication.

SCREENINGS AND GENERAL INFORMATION												2013	
	January	February	March	April	May	June	July	August	September	October	November	December	YTD
DAILY POPULATION	3583	3675	3701	3857	3946	3932	3887	3908	4036	4440	4341	4325	47630
TOTAL BOOKING SCREENINGS	22065	21170	21885	21515	22407	22011	21838	21637	19608	21568	24648	24212	264563
INFORMED CONSENT	4486	4124	4373	4423	4643	4206	3694	3923	3713	4084	5107	4627	51402
RECEIVING SCREENING	7138	6346	7240	6955	7266	6854	6409	7164	6482	7131	7992	7540	84516
MENTAL HEALTH ASSESSMENT	4475	3974	4430	4266	4410	4106	3861	4113	3907	4298	4851	4517	51207
MENTAL HEALTH EVALUATION	1422	1426	1373	1511	1602	1520	1496	1610	1683	1851	1762	1672	18929
HEALTH ASSESSMENT	4485	3819	4469	4359	4487	4164	3869	4105	3843	4228	4936	4580	51343
TOTAL DETOX PATIENTS	476	407	534	468	585	514	498	451	466	513	644	565	6120
TOTAL SUBMITTED SICKCALL REQUESTS	191	208	209	448	562	513	226	497	489	468	618	564	4992
TOTAL X-RAYS	306	305	326	321	300	276	315	294	315	346	330	304	3737
TOTAL TB GIVEN	4478	3868	4412	4277	3689	4167	3876	4271	3880	4268	4058	4583	49828
TOTAL TB READ	2209	2033	2250	2279	1973	2345	2178	2259	2483	2731	2171	2580	27490
TOTAL TB POSITIVE	54	46	52	45	42	41	40	46	63	69	46	45	588
TOTAL TB ACTIVE	0	0	0	1	0	0	1	0	1	1	0	0	5
PHARMACY												2013	
	January	February	March	April	May	June	July	August	September	October	November	December	YTD
MEDICATION ORDERS	16036	13549	15594	14985	16897	15041	14603	15632	15794	16123	18587	16546	189385
NON-FORMULARY MEDICATION ORDERS	267	261	235	150	150	143	204	205	245	270	165	157	2451
PSYCH MEDICATION ORDERS	1057	984	980	1110	1122	1032	1078	1146	1036	1140	1234	1135	13054
INMATES ON MEDICATIONS	3879	3633	3857	3972	4134	3950	3847	3854	3860	4246	4547	4345	48124
AVERAGE INMATES ON MEDICATIONS PER DAY	1530	1555	1542	1623	1678	1668	1647	1642	1694	1863	1845	1834	20121
INMATES ON PSYCH MEDICATIONS	982	943	957	1009	1062	1056	1079	1054	1102	1108	1168	1162	12681
AVERAGE INMATES ON PSYCH MEDICATIONS PER DAY	575	573	575	614	662	670	601	567	626	688	728	737	7616
CHRONIC CARE												2013	
	January	February	March	April	May	June	July	August	September	October	November	December	YTD
ANEMIA	13	17	22	20	32	23	15	13	15	20	14	18	222
ASTHMA	561	477	605	498	602	543	297	374	437	513	389	516	5812
CAD/CHF/VALVE DISEASE	89	58	88	55	87	62	74	79	69	65	82	63	871







