

CMHC Policy Review Distribution for **APRIL**

| These policies will be reviewed at the April meeting. | |
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| Health Services Policies | A-05.1 |
| Quality Improvement/Quality Management Program | A-06.1 |
| Professional and Vocational Nurse Peer Review Process | A-06.2 |
| Emergency Plans and Drills | A-07.1 |
| Disaster Drill Evaluation Form | A-07.1 Attachment A |
| Decision Making – Mental Health Patients | A-08.1 |
| Mental Health Disciplinary Review Form | A-08.1 Attachment A |
| Transfers of Offenders with Acute Conditions | A-08.2 |
| Correctional Managed Health Care Reference Materials | |
| Correctional Managed Health Care Reference Materials | C-19.2 |
| Sample Correctional Managed Health Care Bookshelf | C-19.2 Attachment A |
| Training for Correctional Officers | C-20.1 |
| Sharp, Needle and Syringe Control | |
| Sharp, Needle and Syringe Control | D-28.2 |
| Facility Repairs and Renovations | D-28.3 |
| First Aid Kits | D-28.4 |
| Organ or Tissue Donation | |
| Organ or Tissue Donation | E-31.2 |
| Donor Information Sheet | E-31.2 Attachment A |
| Retraction Of Tissue And Organ Donor Status | E-31.2 Attachment B |
| Management Of Offenders Who Have Received Solid Organ and Stem Cell Transplants | E-31.4 |
| Reporting Suspected Abuse | E-34.4 |
| Chemical Agents and the Use of Force Contraindication List | E-34.5 |
| Mental Health Appraisal for Incoming Offenders | E-35.1 |
| Mental Health Evaluation | E-35.2 |
| Recording and Scheduling Dental Patient Visits | E-36.3 |
| Dental Prosthodontic Services | E-36.4 |
| Medically Necessary Dental Prosthetics Referral Form | E-36.4 Attachment A |
| Completed Dental Prosthesis Requisition Form | E-36.4 Attachment B |
| Daily Processing of Health Complaints and Sick Call | E-37.1 |
| Sick Call Procedure For Offenders Unable To Write | E-37.1 Attachment A |
| Guidelines for Clipper Shave Pass | E-37.2 |
| Medical Lay-Ins | E-37.3 |
| Lockdown Procedures | E-37.4 |
| Interpreter Services – Monolingual Spanish-Speaking Offenders | E-37.5 |
| Therapeutic Diets And Food Allergies | |
| Therapeutic Diets And Food Allergies | F-47.1 |
| Counseling Sheet For Therapeutic Diet Refusal | F-47.1 Attachment A |
| Exercise Program | F-48.1 |
| Referral of an Offender for Admission into a Mental Health Behavioral Health Facility | |
| Referral of an Offender for Admission into a Mental Health Behavioral Health Facility | G-51.6 |
| Psychiatric Inpatient Treatment for Substance Abuse Felony Punishment Facility Offenders | G-51.7 |
| Care of Offenders With Terminal Conditions | G-51.8 |
| Consent to Hospice Care | G-51.8 Attachment A |
| Hospice Guidelines | G-51.8 Attachment B |
| Wheelchair Use | G-51.9 |
| Special Wheelchair Committee, Treatment Plan of Offender Refusing To Walk | G-51.9 Attachment A |
| Special Wheelchair Committee Treatment Plan Form | G-51.9 Attachment B |
| Chronic Care Program | G-51.10 |
| Admission to the TDCJ Mental Health Therapeutic Diversion Program (MHTDP) | G-52.3 |

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| Mental Health Therapeutic Diversion Program – Referral Form | G-52.3 Attachment A |
| Mental Health Therapeutic Diversion Program – Eligibility Diagnoses | G-52.3 Attachment B |
| Inpatient Health Records | H-60.2 |
| History and Physical Examination | H-60.2 Attachment A |
| Discharge Summary | H-60.2 Attachment B |
| Approval To File an Incomplete Medical Record | H-60.2 Attachment C |
| Medical Consultation for the Offender Drug Testing Program | I-68.4 |
| Offender Controlled Substance Testing Information Form | I-68.4 Attachment A |
| Prescription Drugs Giving Positive Results for the Sure-Screen Test | I-68.4 Attachment B |
| Participation in Executions | I-69.1 |