

CMHC Policy Review Distribution for **APRIL**

<b>These policies will be reviewed at the April meeting.</b>	
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
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
<b>Correctional Managed Health Care Reference Materials</b>	
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
<b>Sharp, Needle and Syringe Control</b>	
Sharp, Needle and Syringe Control	D-28.2
Facility Repairs and Renovations	D-28.3
First Aid Kits	D-28.4
<b>Organ or Tissue Donation</b>	
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
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
<b>Therapeutic Diets And Food Allergies</b>	
Therapeutic Diets And Food Allergies	F-47.1
Counseling Sheet For Therapeutic Diet Refusal	F-47.1 Attachment A
Exercise Program	F-48.1
<b>Referral of an Offender for Admission into a Mental Health Inpatient Treatment Facility</b>	
Referral of an Offender for Admission into a Mental Health Inpatient Treatment 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
Mental Health Therapeutic Diversion Program – Eligibility Diagnoses	G-52.3 Attachment A
Mental Health Therapeutic Diversion Program – Referral Form	G-52.3 Attachment B

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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