

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
	13.3	2
	Date Filed	Effective Date
	March 14, 2014	August 1, 2014
Authority/References KRS 196.035, 197.020 ACA 4-4350, 4-4363, 4-4389, 2-CO-1E-01	Subject MEDICAL ALERT SYSTEM	

I. DEFINITIONS

“Medical alert system” means a system designed to provide immediate recognition of inmates who have specific illnesses.

II. POLICY and PROCEDURES

Inmates diagnosed with chronic conditions like allergies, asthma, diabetes, epilepsy, high blood pressure, heart disease, glaucoma or thyroid disease shall have available and participate in a medical alert system. Additionally, any inmate requiring dialysis shall have this noted according to the medical alert system. Inmates with chronic health problems shall be afforded care according to the individual treatment plan established by the institutional physician.

A. Purpose

1. An inmate having a chronic health problem may be subject to complications from the condition and may require immediate medical assistance. The medical alert system shall aid any employee in relaying accurate information in an emergency situation.
2. An individual with these conditions frequently have adverse responses to medication. The medical alert system shall enable medical staff to rapidly assess an inmate's medical needs and treat the inmate in an emergency situation.

B. Implementation

1. The medical department at each facility shall obtain a medical alert card from the Correctional Industries print shop.
2. After an inmate has been diagnosed as having a chronic medical condition, the medical record shall be tagged with this information. The medical department shall record the inmate's medical condition on a medical alert card and sign the card.

Policy Number	Effective Date	Page
13.3	August 1, 2014	2

3. The card shall be laminated and issued to the inmate. It shall be worn at all times by the inmate along with the institutional identification card.
4. The medical department shall maintain a log of cards issued. Cards shall be numbered chronologically with the institutional designation or code letters following the number.
5. On transfer to another institution, the medical alert card shall remain with the inmate. On discharge, the card shall be filed with medical records.

CORRECTIONS CABINET MEDICAL ALERT CARD

Name _____ Number _____
_____ Asthma _____ Diabetes
_____ Diabetes _____ Heart Disease
_____ Glaucoma _____ Thyroid Disease
_____ Renal Dialysis _____ High Blood Pressure
_____ Other _____
Issuing Signature _____
Date _____ Card No. _____