

1 J. Scott Conlon, #011829
 2 RENAUD COOK DRURY MESAROS, PA
 3 Phelps Dodge Tower
 4 One North Central, Suite 900
 5 Phoenix, Arizona 85004-4417
 6 (602) 307-9900
 7 E-mail: sconlon@rcdmlaw.com
 8 Attorneys for Defendants Prison Health
 9 Services, Inc., Margaret Saltgiver and
 10 Larry Townsley

11 **IN THE UNITED STATES DISTRICT COURT**
 12 **DISTRICT OF ARIZONA**

13 John E. Wheeler #49345,
 14
 15 Plaintiff,
 16
 17 v.
 18 Mohave County Board of Supervisors, Mohave
 19 County Arizona; et al.,
 20
 21 Defendants.

No. 3:06-cv-02019-JWS-JRI
**DEFENDANT PRISON HEALTH
 SERVICES, INC.'S RESPONSES
 TO PLAINTIFF'S REQUEST FOR
 DOCUMENTS**

22 COMES NOW Prison Health Services, Inc. a defendant in the above-styled action
 23 and files this its response to Plaintiff's Request for Documents as follows:

- 24 1. Produce any and all documents that contain documents that you have
 25 regarding the plaintiff, including but not limited to:
- 26 A. Medical records, screening records, treatment protocols;
 - B. Examination and treatment and assessment and progress records;
 - C. Prescription records, logs, charts – See Interrogatory No. 18;
 - D. Sick call requests and refusals;
 - E. Consent to treatment; and
 - F. Typed transcription of any handwritten records or documents.

LAW OFFICES
 RENAUD COOK
 DRURY MESAROS
 ONE NORTH CENTRAL
 SUITE 900
 PHOENIX, AZ 85004
 TELEPHONE 602-307-9900
 FACSIMILE 602-307-9853

1 **RESPONSE:** This Defendant objects request for production of documents on the
2 grounds that it is overly broad, unduly burdensome and is not calculated to lead to the
3 further discovery of admissible evidence. This Defendant further objects to the said
4 discovery request to the extent it seeks documents protected from discovery by the attorney
5 client privilege and work product doctrine. Subject to and without waiving said objections;
6 this defendant responds as follows:
7

8 A. Medical records, screening records, treatment protocols;
9
10 Responsive documents have already been produced to plaintiff. Additional responsive
11 documentation in possession of this defendant is attached hereto.

12 B. Examination and treatment and assessment and progress records;
13
14 Please see response to request number 1.A., above.

15 C. Prescription records, logs, charts – See Interrogatory No. 18;
16
17 Please see response to request number 1.A., above.

18 D. Sick call requests and refusals;
19
20 This defendant objects to request number 1.D. to the extent it infers that plaintiff's request
21 for treatment was ever refused or improperly refused. Please see response to request
22 number 1.A., above.

23 E. Consent to treatment; and
24
25 This defendant is not in possession of any documents responsive to request number 1.E.

26 F. Typed transcription of any handwritten records or documents.
27
28 This defendant is not in possession of any documents responsive to request number 1.E.

1 2. Produce any and all documents containing any health care services manual,
2 including but not limited to any policies or procedures identified in Interrogatories: 4, 14,
3 15, 20, 22, 40.
4

5 **RESPONSE:** This Defendant objects to request number 2 to the extent it seeks the
6 production of documents the identity of which were requested in interrogatories 14, 15, 20,
7 22 and 40 which exceeded the number of interrogatories allowed by the Rules of Civil
8 Procedure, Rule 33. Subject to and without waiving said objection relevant responsive
9 documentation will be produced by supplemental response.
10

11 3. Produce any and all documents containing exhibits identified in
12 Interrogatories: 23, 24.

13 **RESPONSE:** This Defendant objects to request number 3 to the extent it seeks the
14 production of documents the identity of which were requested in interrogatories 23 and 24
15 which exceeded the number of interrogatories allowed by the Rules of Civil Procedure, Rule
16 33.
17

18 4. Produce any and all documents containing: contracts; reports; records;
19 statements; admissions, that were identified in Interrogatory's (sic): 2, 27, 32, 33, 34, 35,
20 38, 39.
21

22 **RESPONSE:** This Defendant objects to request number 4 to the extent it seeks the
23 production of documents the identity of which were requested in interrogatories 27, 32, 33,
24 34, 35, 38 and 39 which exceeded the number of interrogatories allowed by the Rules of
25

1 Civil Procedure, Rule 33. Subject to and without waiving the said objections, responsive
2 documents identified in interrogatory number 2 will be produced by supplemental response.

3
4 5. Produce any and all documents containing sick call schedules for each date of
5 the Plaintiff's confinement. See Interrogatory No. 16.

6 **RESPONSE:** This Defendant objects to request number 5 to the extent it seeks the
7 production of documents the identity of which were requested in interrogatories 16 which
8 exceeded the number of interrogatories allowed by the Rules of Civil Procedure, Rule 33.
9 This defendant further objects to request number 5 on the grounds that it is overly broad, is
10 unduly burdensome and is not reasonably calculated to lead to the further discovery of
11 admissible evidence.
12

13 6. Produce any and all documents containing mental health services.

14 **RESPONSE:** This defendant objects to request number 6 on the grounds that it is
15 vague and unclear to this defendant as to what plaintiff is requesting.
16

17 RESPECTFULLY SUBMITTED this 30th day of April, 2008.

18 RENAUD COOK DRURY MESAROS, PA

19
20 By: 

J. Scott Conlon

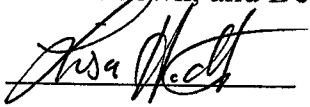
21 Phelps Dodge Tower
22 One North Central, Suite 900
23 Phoenix, AZ 85004-4417
24 Attorneys for Defendants Prison Health
25 Services, Inc., Margaret Saltgiver and
26 Larry Townsley

1 ORIGINAL of the foregoing mailed
2 this 30th day of April, 2008, to:

3 John Wheeler, #49345
4 ASPC Safford Tonto
5 896 South Cook Road
6 Safford, AZ 85546

6 COPY of the foregoing mailed
7 this 30th day of April, 2008, to:

8 Richard Alan Stewart, Esq.
9 *Iafrate & Associates*
10 649 North 2nd Avenue
11 Phoenix, AZ 85003
12 Attorneys for Defendant Board of Mohave County Supervisors, Tom Sheahan,
13 Bruce Brown, and Detention Officer Trotter

14 

**PRISON HEALTH SERVICES, INC.
TREATMENT PROTOCOL
NSC
Toothache/Dental Problems**

- S: Ask the patient and document the following:
1. Onset, duration and location of pain - *2 wks*
 2. Last dental exam? *couple years*
 3. Any recent trauma to area *6*
 4. Any restriction in jaw movement *4*
 5. Describe the pain? *6/10 pain scale*

O: Examine the patient:

T. 111.0 P. 71.0 R. 23 B/P 109/60 WT. 186

1. Appearance of tooth/teeth, : discolored, cavities, broken
2. Facial involvement- signs of infection, swelling
4. Gum involvement- location, redness, swelling, foul odor, boil like lesion, pus:

A/P: Treatment:

Refer to Dentist if following is present

Severe pain, bleeding, swelling, discharge, foul smell, restricted jaw movement, or s/p trauma

Ref to Dental List

When No: Dentist

- Cavity or broken tooth without signs of infection
 - Topical cold compress
 - Tylenol 650 mgs po bid x 2 wks or
 - Motrin 400 mgs po bid x 2 weeks or
 - Percogesic 2 tabs po bid x 2 wks
 - Dental wax for large cavities

Patient Teaching:

1. avoid extreme hot or cold substances.
2. use of medication
3. rinse mo. with warm water after meals to remove food particles.
4. need for follow up in clinic if condition worsens or no relief of symptoms
5. Inmate verbalizes understanding of specifics taught. Y _____ N _____

MD Signature *[Signature]*
Nurse Signature *Linda*

Date 3-16-06
Date 3-16-06

Inmate Name	DOB	Number	Allergies
<u>Wheeler John</u>	<u>1-26-60</u>		<u>NSA</u>

Facility Name:

Merrill Co. Jail

Month/Year of Charting:

March 06

Morrin 400mg PR BID
X 14 Days
Discontinue
PR X 1

Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Start Date: 3-16-06
Stop Date: 3-31-06
Prescriber: [Signature]
RX #:

Start Date:
Stop Date:
Prescriber:
RX #:

Start Date:
Stop Date:
Prescriber:
RX #:

Start Date:
Stop Date:
Prescriber:
RX #:

Start Date:
Stop Date:
Prescriber:
RX #:

Start Date:
Stop Date:
Prescriber:
RX #:

Nurse's Signature Initial Nurse's Signature Initial

Allergies

NKA

[Signature]

Initial

[Initial]

Nurse's Signature

[Signature]

Initial

[Initial]

Documentation Codes

- 1. Discontinued Order
- 2. Refused
- 3. Patient out of facility
- 4. Charted In Error
- 5. Lock Down
- 6. Self Administered
- 7. Medication out of Stock
- 8. Medication Held
- 9. No Show
- 10. Other

Housing Unit

C

Patient ID Number:

[Blank]

Patient Name:

Milnesher, John

Date of Birth:

12-6-66

3/28/04 → Ø Show B
3/27/04

Dec
29-04

3/17/04 → Ø Show - B
3/20/04

3/23/04 → Ø Show - B
3/21/04

City Name

(H01-800) HOWARD COUNTY JAIL

Month/Year

Feb 06

ST0102

Backm DS & PD BID
x 10 DAVS
Inh. W START DATE 2-2-06 STOP DATE 2-12-06

INITIAL	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28	29	30
OS			05																													
OS			05																													

Wheeler caught
Drocker's words
02/04/06

INITIAL	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28	29	30

INITIAL	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28	29	30

INITIAL	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28	29	30

ALLERGY	START DATE	STOP DATE	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	28	29	30
NUKA																																

PATIENT NAME	ID	WING	INITIAL	NURSE'S SIGNATURE	INITIAL	NURSE'S SIGNATURE	INITIAL
Wheeler John	126-65	C	OS	Wheeler, W	OS		

PHARMACY SUGGESTIONS / SCHEDULED RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

IC - Discontinued Order R - Refused S - Self Administered
 IO - Dose Omitted C - Court NS - No Show
 1 - Medication Unit 1D - 1 hour Dose O - Other

02/04/06 @ HS Noel pass I/M New York "Abelard"
noel
02/05/06 }
02/06/06 }

1 J. Scott Conlon, #011829
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2 Phelps Dodge Tower
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3 Phoenix, Arizona 85004-4417
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Attorneys for Defendants Prison Health
5 Services, Inc., Margaret Saltsgiver and
Larry Townsley

6
7 **IN THE UNITED STATES DISTRICT COURT**
8 **DISTRICT OF ARIZONA**

9 John E. Wheeler #49345,

10 Plaintiff,

11 v.

12 Mohave County Board of Supervisors, Mohave
County Arizona; et al.,

13 Defendants.

No. 3:06-cv-02019-JWS-JRI

**DEFENDANT PRISON HEALTH
SERVICES, INC.'S AMENDED
SUPPLEMENTAL RESPONSES
TO PLAINTIFF'S
INTERROGATORIES**

14
15 COMES NOW Prison Health Services, Inc., a defendant in the above-styled action
16 and files this Amended Supplemental Response to Plaintiff's First Request for
17 Interrogatories by attaching Exhibits A through E which were referred to in this defendant's
18 Supplemental Responses to Interrogatories filed on July 14, 2008.

19 RESPECTFULLY SUBMITTED this 16th day of July, 2008.

20
21 RENAUD COOK DRURY MESAROS, PA

22 By: 

J. Scott Conlon

23 Phelps Dodge Tower
24 One North Central, Suite 900
Phoenix, AZ 85004-4417
25 Attorneys for Defendants Prison Health
Services, Inc., Margaret Saltsgiver and
Larry Townsley

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ORIGINAL of the foregoing mailed/delivered/
faxed this 16th day of July, 2008, to:

John Wheeler, #49345
ASPC Safford Tonto
896 South Cook Road
Safford, AZ 85546

COPY of the foregoing mailed/delivered/
faxed this 16th day of July, 2008, to:

Richard Alan Stewart, Esq.
Iafrate & Associates
649 North 2nd Avenue
Phoenix, AZ 85003
Attorneys for Defendant Board of Mohave County Supervisors, Tom Sheahan,
Bruce Brown, and Detention Officer Trotter

Legal Assistant to
J. Scott Conlon

POLICY/PROCEDURE

Prison Health Services, Inc

Date of Origin:
Date of Previous: 03/07
Revised Date: 02/08/08

Page 1 of 2

FACILITY NAME: Mohave County Jail

COUNTY: Mohave
STATE: AZ

TITLE: Emergency Services

NUMBER:

REFERENCE: NCCHC: J-E-08

POLICY:

Emergency is defined as any medical, dental or mental health issue that can not be deferred until the next scheduled sick call.

Prison Health Service staff responds to medical emergencies whenever a health staff member or a correctional staff member identifies an urgent medical need.

Nursing staff will respond by reporting to the area of the medical emergency with necessary emergency equipment and supplies or by having the inmate transported to the medical department for further evaluation.

Emergency equipment and supplies are regularly maintained and accessible to health staff at all times.

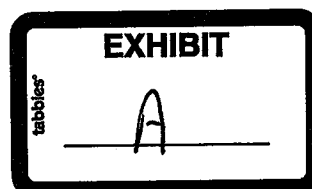
The patient will be stabilized on-site and then transferred to an appropriate health care unit if necessary.

The on-call physician will be notified as soon as possible and health care staff will be summoned to return to the institution as needed.

The nursing staff member in charge will determine if the patient needs to be transported to a local emergency room and they will communicate this to the correctional staff and will ensure that an ambulance has been called.

A list of names and phone numbers of persons to be called in the event of an emergency are readily available to health staff at all times,

PROCEDURE:



1. All health staff personnel are oriented to Emergency Services at the time of their initial orientation as a new employee. Annual training is conducted as part of the inservice training program for all health service staff.
2. The Health Care Administrator is responsible for ensuring that a current list of names, addresses, and phone numbers of all persons and agencies to be notified in the case of an emergency is available to health staff at all times.
3. Emergency drugs, equipment, and supplies are readily available at all times and are replenished after each use and checked on a regular basis.
4. Calling 911 accesses ambulances, and the inmate will be transported to the nearest medical emergency facility. If the inmate is stable they may be transported by county vehicle accompanied by security staff.
5. The correctional supervisor will be contacted and informed of any medical emergency.
6. Decisions regarding the on-site treatment and the need for emergency transportation lie solely with the medical staff.
7. Whenever possible, the physician on call is notified prior to transporting the patient to the hospital. However, in the event of a life-threatening emergency, the patient is sent to the hospital in the most expedient way possible and this may require notifying the physician after the patient has been transported.

Approved by:

Paula Brown
 Facility Administrator

2-25-08
 Date

[Signature]
 Medical Director

2/29/08
 Date

Margaret Sullivan RN, HSA
 Health Service Administrator

2-12-08
 Date

POLICY/PROCEDURE

Prison Health Services, Inc

Date of Origin:
Date of Previous:
02/210705
Revised Date:02/07/08

Page 1 of 2

FACILITY NAME: Mohave County Jail

COUNTY: Mohave
STATE: AZ

/05

TITLE: Hospitals and Specialty Care **NUMBER:**

REFERENCE: NCCHC: J-D-05

POLICY:

Prison Health Services facility has arrangements made with Kingman Regional Medical Center and specialty providers to ensure that all levels of care are available to meet the health care needs of the inmate population.

Patients who require hospital or specialized ambulatory care will be provided such care in a facility that meets state licensure requirements.

Prison Health Services has contracts or letters of agreement with outside hospitals and ambulatory specialty care providers.

PROCEDURE:

1. Contracts or letters of agreement are completed with Kingman Regional Medical Center and specialized ambulatory care providers with the following items addressed:
 - a. Admitting/discharge processes
 - b. Limits of PHs's and the facilities' financial responsibility
 - c. Billing process
 - d. Provision for obtaining medical records
 - e. Inmates requiring hospitalization are referred to Kingman Regional Medical Center.
2. Admitting is usually via the Emergency Room. After the nurse is informed that an admission is needed, he/she will complete an "Inpatient Utilization Review Form" and fax it to UR within 2 hours of notification.
3. The nurse will notify the physician and the Health Administrator.

EXHIBIT

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4. The nurse who is transferring the patient to the hospital will complete Consultation/Emergency Room Referral form including any lab or diagnostic findings. A brief history will also be included for the receiving hospital personnel. This information is then sealed in an envelope marked confidential and sent with the patient.
5. The patient is kept in the medical unit until transport.
6. The nurse will document the time of departure, mode of transportation, condition and escort in the inmate's record.
7. The Utilization Review coordinator will keep in daily contact with the hospital to prepare for the inmate's release back to the facility.
8. The Health Administrator will contact the Regional Medical Director daily as long as the patient is in custody and inpatient.
9. Patients that require out of facility services as prescribed by a licensed practitioner for non-emergency services will comply to the following:
 - a. A request for Outpatient Services will be completed and faxed to the Regional Medical Director for approval.
 - b. Following approval by the Medical Director the request will be faxed to the UM department.
 - c. Upon receiving of the UM Authorization an appointment will be made for the request specialty services.
 - d. This procedure should not take longer than 72 hours to complete. An appointment will be made within 72 hours of approval by the Regional Medical Director.
10. A list of all out of facility providers will kept and maintained.

Approved by:

Bruce Beaman
Facility Administrator

2-25-08
Date

William W. ...
Medical Director

2/27/08
Date

Margaret Battaglin RN, HSA
Health Service Administrator

3-12-08
Date

POLICY/PROCEDURE

Prison Health Services, Inc

Date of Origin:
Date of Previous: 04/07
Revised Date: 02/08/08
Page 1 of 2

FACILITY NAME: Mohave County Jail

COUNTY: Mohave
STATE: AZ

TITLE: Nonemergency Health Care Requests & Services

NUMBER:

REFERENCE: NCCHC: J-E-07

POLICY:

Sick call conducted by physicians and other qualified health professionals, takes place in a clinical setting and are available on a scheduled basis.

Frequency of physician sick call is determined by the size of the facility. Nursing sick call is available 7 days a week including holidays

Each facility has a systematic method for conducting sick call on a regular, planned basis.

Physician sick call is three (3) times per week.

PROCEDURE:

1. Inmates with medical, dental or mental health problems will submit a completed Sick Call Slip health care personnel when they are in the housing units or otherwise legitimately available to inmates or as required by the facility's policy.
2. Nursing personnel triages completed Sick Call Slips on a daily basis and returns form to the inmate within 24 hours with disposition of request.
3. Further medical care will be referred to the appropriate level of provider and disposition of the request will be noted by the nurse doing the triage.
4. Once the patient has been seen, the Sick Call Slip will be placed in the patient's medical record. A corresponding progress note or treatment protocol will be written in the SOAP format.
5. Inmates that are seen twice in nursing sick call for the same unresolved problem will be referred to the physician

Title: Sick Call

Number:

Page 2 of 2

EXHIBIT

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Approved by

Bruce Bean
Facility Administrator

2-25-08
Date

W. W. D. V.
Medical Director

2/29/08
Date

Margaret Soutter RN, MBA
Health Service Administrator

2-12-08
Date

<h1 style="text-align: center;">POLICY/PROCEDURE</h1> <p>Prison Health Services, Inc</p>	Date of Origin: Date of Previous: 02/23/07 Revised Date: 02/12/08
	Page 1 of 2
FACILITY NAME: Mohave County Jail	COUNTY: Mohave STATE: AZ

TITLE: Right to Refuse Treatment

NUMBER:

REFERENCE: NCCHC: J-I-06

POLICY:

Inmates have the right to refuse medical treatment.

Prison Health Services requires that the refusal of treatment be in writing with a signed Release of Responsibility form completed. This form is witnessed and countersigned by a health care staff member.

PROCEDURE:

1. It is the responsibility of the health care staff to assure that inmates who refuse medical treatment understand the purpose of the proposed care, how the care will be provided, and the consequences and risks of their refusal.
2. In situations where the inmate refuses care and refuses to sign a release of responsibility form, the nurse will document on the form and in the progress notes "Patient refuses treatment and refuses to sign release of information form." A second staff member will countersign the form as witness to the patient's refusal. A correctional officer can also witness this.
3. Patients who refuse essential medical care should be evaluated by a mental health professional to determine their mental competency to refuse care. The administrator of the facility will be notified of such refusal of care.
4. When inmates refuse to come to the medical unit for scheduled appointments or treatment, every effort must be made to have the patient brought to the medical unit for a health care professional to verify their refusal of care.
5. Inmates who refuse to take medications that have been ordered will sign a release of responsibility. Another health staff member, or a correctional officer, following an explanation of what the medication is for, and possible risks involved with refusal to take the medication will witness the release by the nurse.



6. In the case of medication refusals, documentation on the MAR will indicate the patient refused the medication. And the following actions will be taken:
 - a. First refusal- Document reason
 - b. Second refusal-Health Administrator will discuss the matter with the patient
 - c. Third refusal- notify the physician who should discuss the matter with the patient
7. By refusing treatment at a particular time, the patient does not necessarily waive his/or her right to subsequent health care. This does not absolve the health staff from offering and rendering other aspects of health care, that are deemed appropriate for the patient and which the patient does not refuse.
8. A refusal of care, which could endanger the patient, should be reported to the facility administrator for possible follow-up with the court system.

Approved by:

Bruce Brown
Facility Administrator

2-25-08
Date

Wendy
Medical Director

2/29/08
Date

Maryann Saltsman RN, MBA
Health Service Administrator

2-12-08
Date

POLICY/PROCEDURE

Prison Health Services, Inc

Date of Origin:
Date Previous: 02/21/07
Revised Date: 02/08/08
Page 1 of 4

FACILITY NAME: Mohave County Jail

COUNTY: Mohave
STATE: AZ

TITLE: Infection Control Program

NUMBER:

REFERENCE: NCCHC: J-B-01 - J-B-01-01 Tuberculin Skin Test

POLICY:

Prison Health Services requires the development and implementation of an Infection Control Program at each facility.

This program shall include, but is not limited to, concurrent surveillance of inmates, prevention techniques, and treating and reporting infections in accordance with state and local laws.

The Infection Control Program is an extended role of the Health Service Administrator who may delegate certain aspects of the program to other medical staff.

PROCEDURE:

1. Surveillance will include, but not be limited to the following:
 - a. During the initial health screening, the nurse will observe and make inquiry into the possibility that the patient have signs and symptoms of infectious and/or communicable diseases.
 - b. Any inmate suspected of having infectious diseases will be reported to the responsible physician, and will be housed in isolation until confirmation.
 - c. All new employees will be tested for TB or provide evidence of testing within the past year. Each employee will be re-tested annually and results will be documented in the employee's file.
2. Reporting to the appropriate parties:
 - a. The nurse who first identifies a potential infectious disease will communicate in a manner determined by the Health Administrator or designee.
 - b. The Health Administrator or designee will assume responsibility for reporting to the appropriate health authority (i.e. Public Health Department) all inmates with

EXHIBIT

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Reportable infections which may include conditions such as hepatitis, venereal diseases, or a condition of wide spread such as staph infection, diarrhea, etc.

- c. The kitchen will be informed if disposable trays are needed.
3. Other measures to prevent the spread of infectious diseases will include:
- a. All staff will be constantly attentive to good hand-washing technique and other Standard Precautions. Handwashing supplies are readily available in all clinical areas as well as gloves.
 - b. The medical staff will reinforce hygiene with food handlers, correctional staff, etc. whenever possible.
 - c. Regular inservice programs on infection control will be conducted at least annually.
 - d. All reusable instruments including dental tools and instruments will be chemically disinfected before handling and then autoclaved.
 - e. Upon discharge from medical isolation, the medical cell will be thoroughly disinfected by corrections following strict universal isolation precautions.
 - f. All sharps and bio-hazardous waste is disposed of in appropriate containers and is picked up by a contracted bio-hazardous company.
 - g. Appropriate measures are to be taken with contaminated linens and trash.
 - h. Any condition resulting in the spread of infection will be addressed immediately by the Health Administrator, the responsible physician, and the facility administrator.
4. TB Skin Tests:

Inmates at the time of medical screening will be offered a T.B. Test. All inmates working in the kitchen will have a TB skin test

- . A qualified health staff member will read all TB skin tests within 48-72 hours'
- . All test results will be documented in the individual's health record in millimeters (mm) of induration.
- . Positive skin tests, or those inmates who report they have tested positive to the skin test in the past will have the following:
 1. Interview the patient regarding past exposures and previous non-reactive test.
 2. Assess for any signs and symptoms.
 3. Document findings on the chart and record test results in mm.
 4. Schedule for a chest x-ray, when ordered by the physician.

5. If the inmate is symptomatic, or the health care professional suspects they are positive, the inmate will be moved to an area where respiratory isolation can be implemented. A notification of respiratory isolation shall be placed on the door informing all that the patient is in a special isolation and will require a face mask before entering the cell, or that the inmate requires a face mask upon leaving the cell.
6. If X-ray is positive, the inmate will remain in respiratory isolation until seen by the physician, and the Health Department will be called immediately.
7. The physician will write orders for treatment and will determine when the patient can be released from isolation. The physician will consult with the Health Department.
8. If the inmate was previously housed with other inmates, a list of inmates who have been exposed should be re-tested and/or reported to the local health authority.

5. VDRL testing

- a. STD testing is offered at intake, inmates with signs and symptoms of active infection will have a VDRL test
- b. Positive results (1:1 or greater) will be handled as follows:
 1. Interview the inmate to gather information on previous history and treatment
 2. Assess for signs and symptoms
 3. Document findings in the health record
 4. Schedule the patient to be seen by the physician or nurse practitioner.
 5. Transcribe and carry out medical orders to treat the patient
 6. Report the incident to the Health Department.

6. HIV testing

- a. HIV testing is offered to inmates at intake.
- b. Pre and post test counseling is provided by qualified health service staff.
- c. When test results are positive and the patient is not already being treated, the patient is scheduled for the next physician's sick call.
- d. Mental health referral should be made for all newly diagnosed HIV + patients.
- e. Make a referral to local providers as early as possible to ensure continued care for the patient upon release.
- f. Report the testing results to the Health Department.

Approved by:

Burt Bean
Facility Administrator

2-25-08
Date

W. C. C. W.
Medical Director

2/27/08
Date

Marianne Saltoyan RN, NSA
Health Service Administrator

2-12-08
Date

1 J. Scott Conlon, #011829
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Attorneys for Defendants Prison Health
5 Services, Inc., Margaret Saltsgiver and
Larry Townsley

6
7 **IN THE UNITED STATES DISTRICT COURT**
8 **DISTRICT OF ARIZONA**

9 John E. Wheeler #49345,

10 Plaintiff,

11 v.

12 Mohave County Board of Supervisors, Mohave
County Arizona; et al.,

13 Defendants.

No. 3:06-cv-02019-JWS-JRI

14
15 **DEFENDANT PRISON HEALTH**
SERVICES, INC.'S
SUPPLEMENTAL RESPONSES
TO PLAINTIFF'S
INTERROGATORIES

16 COMES NOW Prison Health Services, Inc., a defendant in the above-styled action
17 and pursuant to Court Order files this its Supplemental Response to Plaintiff's Request for
18 Production of Documents as follows:

19 2. Produce any and all documents containing any health care services manual,
20 including but not limited to any policies identified in interrogatories 4, 14, 15, 20, 22, 40.

21 **RESPONSE:** Policies and procedures responsive to interrogatories 4, 14, 15, 20, 22 and 40
22 will be produced by supplemental response.

23 3. Produce any and all documents containing exhibits identified in
24 Interrogatories 23 and 24.
25

1 **RESPONSE:** Records reflecting plaintiff's medical treatment, which is responsive to
2 interrogatory number 23 have already been produced. With regard to documents responsive
3 to interrogatory number 24, this defendant will identify the documents it may use at trial in
4 the pretrial order for this matter.
5

6 4. Produce any and all documents containing: contracts, reports, records,
7 statements; admissions, that were identified in interrogatories 2, 27, 32, 33, 34, 35, 38 and
8 39.
9

10 **RESPONSE:** Interrogatory number 27: plaintiff's medical records have already been
11 produced to plaintiff;

12 Interrogatory number 32: responsive documents will be identified in the pretrial order
13 for this matter;

14 Interrogatory number 33: this defendant is not in possession of any non-privileged
15 responsive documents;

16 Interrogatory number 34: this defendant is not in possession of any responsive
17 documents;

18 Interrogatory number 35: this defendant has not yet selected an expert it intends to
19 have testify at the trial of this case;

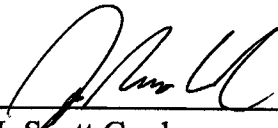
20 Interrogatory number 38: this defendant is not in possession of any document
21 responsive to interrogatory number 38;

22 Interrogatory number 39: this defendant is not in possession of any documents
23 responsive to interrogatory number 39.
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RESPECTFULLY SUBMITTED this 15th day of July, 2008.

RENAUD COOK DRURY MESAROS, PA

By: 
J. Scott Conlon

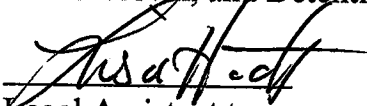
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Services, Inc., Margaret Saltgiver and
Larry Townsley

Electronically filed this 15th day of
July, 2008.

COPY of the foregoing mailed/delivered/
faxed this 15th day of July, 2008, to:

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