

July 17, 2017 7:00 P.M.

**JONES COUNTY BOARD OF COMMISSIONERS
REGULAR MEETING**

**JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET
TRENTON, NC 28585
MINUTES**

COMMISSIONERS PRESENT:

Frank Emory, Chairperson
Mike Haddock, Vice-Chairperson
Zack Koonce, Commissioner
Sondra Ipock-Riggs, Commissioner
Joseph Wiggins, Commissioner

OFFICIALS PRESENT:

Franky J. Howard, County Manager
Angelica Hall, Clerk

COMMISSIONERS ABSENT:

The Chairperson called the meeting to order and gave the invocation. **MOTION** was made by Commissioner Mike Haddock, seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the agenda be **APPROVED**.

MOTION was made by Commissioner Joseph Wiggins, seconded by Commissioner Mike Haddock, and carried **THAT** the minutes for the Regular Meeting on June 19, 2017 be **APPROVED** as presented.

PUBLIC COMMENT PERIOD:

None

1. TAX COLLECTION REPORT JUNE 30, 2017

Mr. Sam Croom presented the Board with the Tax Collection Report for June 30, 2017. This is information only. A copy of this report is marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes.

2. 2016 TAX SETTLEMENT REPORT

Mr. Sam Croom presented the Board with the 2016 Tax Settlement Report. **MOTION** made by Commissioner Joseph Wiggins, seconded by Commissioner Zack Koonce and unanimously carried **THAT** the 2016 Tax Settlement Report be **APPROVED** as presented. A copy of this report is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes.

3. TAX EXEMPTION REQUEST

Mr. Sam Croom presented the Board with an exemption request. The exemption request is for Ms. Nancy Westbrook whose application was received late and therefore needed approval of the Board to process. There was some discussion by the Board. **MOTION** made by Commissioner Zack Koonce, seconded by Commissioner Sondra Ipock-Riggs and unanimously carried **THAT** the exemption request be **APPROVED** as presented. A copy of the request is marked **EXHIBIT C** and is hereby incorporated and made a part of the minutes.

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4. CHARGE TAX COLLECTION FY 207-2018

Samuel Croom requested to be charged as the Tax Collector for fiscal year 2017-2018. **MOTION** made by Commissioner Mike Haddock, seconded by Commissioner Joseph Wiggins and unanimously carried **THAT** Samuel Croom be **CHARGED** as the Tax Collector for fiscal year 2017-2018. A copy of the Tax Collector Charge is marked **EXHIBIT D** and is hereby incorporated and made a part of the minutes.

5. JONES COUNTY DETENTION CENTER MEDICAL POLICY

Mr. Franky Howard, County Manager, presented the Board with the Jones County Detention Center Medical Policy for approval. **MOTION** made by Commissioner Zack Koonce, seconded by Commissioner Mike Haddock and unanimously carried Jones County Center Medical Policy be **APPROVED** as presented. A copy of the Medical Policy is marked **EXHIBIT E** and is hereby incorporated and made a part of the minutes.

6. CLOSED SESSION PER NCGS 143-318.11(a)(3) JOHN HALL VS. JONES COUNTY

MOTION made by Commissioner Zack Koonce, seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the meeting go into **CLOSED** session pursuant to NCGS 143.318. 11(a)(3), attorney/client matters to discuss the Complaint for Declaratory and Injunctive Relief:

John Hall, Elaine Robinson-Strayhorn, Lindora Toudle, Thomas Jerkings; Plaintiffs

v.

Jones County Board of Commissioners; Franky Emory, in his official capacity as Chairman; W. Michael Haddock, in his official capacity as Vice Chairman; Zack A. Koonce III, in his official capacity as Commissioner; Sondra Ipock-Riggs, in her official capacity as Commissioner; Joseph F. Wiggins in official capacity as Commissioner; Franky J. Howard, in his official capacity as Jones County Manager; Jones County Board of Election; Will H. Brock in his official capacity as Chairman of the Board of Elections; Defendants

Motion made by Commissioner Sondra Ipock-Riggs seconded by Commissioner Zack Koonce, and unanimously carried **THAT** the meeting go out of **CLOSED** session.

PUBLIC COMMENT PERIOD:

Ms. Securria Howard came before the Board and spoke briefly about the Golden Leaf Scholarship she received. The scholarship was in the amount of \$12,000 for 4 years. Ms. Howard explained that part of the requirement with the scholarship is she had to attend a town meeting. Ms. Howard stated she was attending the University of North Carolina Greensboro majoring in Human Development.

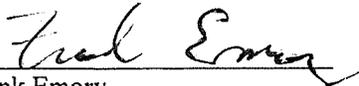
COUNTY MANAGER'S REPORT

Franky gave an update on the visit to Hoke County Schools and how afterwards, Jimmie Hicks and Mary Nash, both recommended we retain a financial Advisor to be a third party review of the numbers that Robbie with SFL+a has presented to the County. All were in agreement to hire a financial advisor.

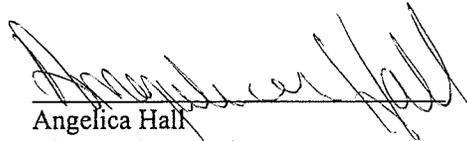
COMMISSIONER'S REPORTS

No Report

MOTION made by Commissioner Zack Koonce, seconded by Commissioner Joseph Wiggins, and unanimously carried **THAT** the meeting be **ADJOURN** at 8:19 p.m.



Frank Emory
Chairman



Angelica Hall
Clerk to the Board

EXHIBIT A



COUNTY OF JONES

JONES COUNTY TAX OFFICE

Samuel B. Croom
Tax Administrator

P.O. Box 87
Trenton, North Carolina 28585-0087

Phone: (252)448-2546
Fax: (252)448-1080

July 5, 2017

Jones County Tax Collector:

For the Month of June:

2016 Levy Collected by Tax Office:	\$ 47,504.70
2016 Levy Collected by NCVTS:	63,930.12
2007-2015 Levy Collected:	8,704.52
Total Levy Collected:	<u>\$ 120,139.34</u>



 Samuel B. Croom
 Jones County Tax Administrator

2016 Levy: \$ 6,597,073.40

Collected on 2016 Levy as of 6/30/2017: 6,410,068.07

Other Levy Adjustments:

Releases:	33,949.96
Write-Offs:	47.93
Debits /Credits/Refunds	(6,994.76)
Total Levy Reduction:	<u>\$ 6,437,071.20</u>

Percent (%) of Levy Reduced as of 6/30/17: 97.57%

Percent (%) of Levy Reduced as of 6/30/17: 96.98%

EXHIBIT B



COUNTY OF JONES

JONES COUNTY TAX OFFICE

P.O. Box 87

TRENTON, NORTH CAROLINA 28585-0087

Samuel B. Croom
Tax Administrator

Phone: 252-448-2546
Fax: 252-448-1080
scroom@jonescountync.gov

July 5, 2017

I, Samuel B. Croom, Jones County Tax Collector provide the attached 2016 settlement reports to the Jones County Board of Commissioners. These reports are summaries of detailed reports on payments collected within the Jones County Tax Office in 2016, uncollected taxes due Jones County and a summary of deferred taxes. Detailed lists are stored within the Jones County Tax Office and within computer tax software.

I have made diligent efforts to collect the taxes due Jones County by all means available to me.

Prepared by:

Samuel B. Croom
Samuel B. Croom, Jones County Tax Collector

Accepted by: Jones County Commissioners

Frank Emory
Frank Emory, Chairman

W. Michael Haddock
W. Michael Haddock, Vice-Chair

Zach A. Koonce III
Zach A. Koonce III, Commissioner

Sondra Ipock Riggs
Sondra Ipock-Riggs, Commissioner

Joseph F. Wiggins
Joseph F. Wiggins, Commissioner

Summary of Deferred Tax by Year of Levy
Year Ending June 30, 2017

Year	Deferment Amount (Tax Base)	Deferment (Tax Levy)	Interest Until 6/30/17	Total Deferment and Interest (Tax Levy)
2016	132,785,132	1,049,003	60,318	1,109,320
2015	131,770,367	1,040,986	153,545	1,194,531
2014	131,602,817	1,013,342	240,669	1,254,010
2013	89,558,833	716,471	234,644	951,115
Totals	221,161,650	1,729,812	475,313	2,205,125

Summary of Uncollected Tax Receipts by Year of Levy
Year Ending June 30, 2017

Year	Levies										Advertising Cost			Penalty/Fees		Totals		
	County	Maysville	Pollocksville	Trenton	Rock Creek/H7		Pollocksville		Trenton FD	Comfort FD	Hargetts FD	Wyse Fork		Drainage	County		Districts	Other
					FD	FD	FD	FD				FD	FD					
2016	\$ 162,946.33	\$ 10,724.87	\$ 0.30	\$ 2,948.65	\$ 68.22	\$ 1,167.92	\$ 1,093.92	\$ 493.99	\$ 463.89	\$ 457.48	\$ 89.43	\$ 600.42	\$ 3,708.11	\$ 152.92	\$ 184,916.45			
2015	84,840.94	4,197.78	-	1,244.51	8.08	405.00	487.15	213.83	210.81	95.00	11.95	244.54	1,815.43	54.03	93,829.05			
2014	31,831.01	2,750.94	-	735.57	1.05	143.19	187.62	90.14	91.00	-	5.00	136.35	435.71	12.68	36,420.26			
2013	32,149.29	2,943.36	83.05	664.00	3.75	-	-	-	-	-	-	106.88	528.29	11.12	36,494.74			
2012	27,485.19	2,392.22	268.32	580.73	3.89	-	-	-	-	-	-	85.94	376.63	12.54	31,205.46			
2011	18,893.77	2,326.23	32.21	588.51	0.30	-	-	-	-	-	-	68.21	368.89	42.55	22,320.67			
2010	14,271.29	2,071.66	55.98	654.26	1.01	-	-	-	-	-	-	52.26	315.02	88.93	17,510.41			
2009	11,869.58	1,594.82	108.30	92.90	0.14	-	-	-	-	-	-	45.86	219.65	44.86	13,976.11			
2008	11,632.72	1,473.24	44.51	12.95	0.55	-	-	-	-	-	-	40.76	188.67	45.21	13,438.61			
2007	9,821.93	1,333.53	113.07	116.85	-	-	-	-	-	-	-	34.65	237.05	37.01	11,694.09			
Totals	\$ 405,742.05	\$ 31,808.65	\$ 705.74	\$ 7,638.93	\$ 86.99	\$ 1,716.11	\$ 1,768.69	\$ 797.96	\$ 765.70	\$ 552.48	\$ 111.38	\$ 1,415.87	\$ 8,193.45	\$ 501.85	\$ 461,805.85			

Summary of Total Collections
in Jones County Tax Office
Year Ending June 30, 2017

Tax District	2017 Prepayments	2016 Levy	Prior Year Levy	Levy Collections	2016 Releases	Prior Year Releases	Total Releases
* Jones County	\$ 23,747.87	\$ 5,719,520.39	\$ 200,949.27	\$ 5,920,469.66	\$ 34,169.52	\$ 1,517.82	\$ 35,687.34
Town of Maysville		206,317.62	14,812.51	221,130.13	6,068.52		6,068.52
Town of Pollocksville		94.04	34.01	128.05			
Town of Trenton		50,626.49	2,309.35	52,935.84	69.82		69.82
No. 7/Rock Creek FD		8,566.12	11.32	8,577.44	30.75		30.75
Pollocksville FD		37,725.24	785.51	38,510.75	223.89	17.91	241.80
Trenton FD		36,730.65	767.83	37,498.48	342.31	19.59	361.90
Comfort FD		11,261.20	575.57	11,836.77	88.15		88.15
Hargetts Crossroads FD		17,150.79	276.11	17,426.90	81.75		81.75
Wyse Fork FD		15,671.55	262.72	15,934.27	154.95	0.17	155.12
Drainage District		4,936.98	29.98	4,966.96			
	\$ 23,747.87	\$ 6,108,601.07	\$ 220,814.18	\$ 6,329,415.25	\$ 41,229.66	\$ 1,555.49	\$ 42,785.15

* Jones County's 2016 and prior collections include levy, penalties, fees and interest less refunds and write-offs.
All other districts' collections include levy, penalties and interest.
2017 Prepayments are not in levy collection totals.

EXHIBIT C

AV-9
Web
7-15

Application for Property Tax Relief
Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

Jones County

JUN 14 2017
Tax Department
Year 2016

County of Jones, NC

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: www.dornc.com/downloads/CountyList.pdf. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number

Last Name of Applicant <u>Westbrook</u>	First Name <u>Nancy</u>	Middle Name <u>Jeanette</u>	Date of Birth (MM-DD-YY) <u>08-02-63</u>
Last Name of Spouse	First Name	Middle Name	Date of Birth (MM-DD-YY)

Residence Address
124 white rock trail

City
Pink Hill State
NC Zip Code
28572

Mailing Address (if different from residence address)

City State Zip Code

E-mail Address
njwestbrook2@live.com

Home Telephone Number Work Telephone Number Ext. Cell Phone Number
252 550 0184

Fill in applicable boxes:

Yes No ➔ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

Yes No ➔ If married, does your spouse live with you in the residence? If you answer No, provide your spouse's address.

Addresses of spouse:

Yes No ➔ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer Yes, fill in applicable circle

Applicant Spouse and indicate current length of stay:

Yes No ➔ Do you and your spouse (if applicable) own 100% interest in the property? If you answer No, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner	<u>100</u> %	Owner	%
Owner	%	Owner	%
Owner	%	Owner	%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own property, only one application is required.

JUN 14 2017

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs. In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

You Must Complete:

- Elderly or Disabled Exclusion
- Disabled Veteran Exclusion
- Circuit Breaker Tax Deferral Program

Parts 2, 5, 6

Parts 3, 6

Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2016 tax year is \$29,500. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferral cannot be combined with either of these two programs.

Fill in applicable boxes:

Yes No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

Yes No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

Yes No I am a disabled veteran. (See definition of disabled veteran above.)

Yes No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.

Yes No I am currently unmarried and I have never remarried since the death of the veteran.

- Requirements:
1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
 2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2016 tax year is \$29,500, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$29,500) but does not exceed 150% of the income eligibility limit, which for the 2016 tax year is \$44,250, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

Yes No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.

Yes No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.

Yes No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?

Yes No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information (complete only if you also completed Part 2 or Part 4)

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

3983

Requirements:

- 1. You must provide a copy of the first page of your individual Federal Income Tax Return for the previous calendar year (unless you do not file a Federal Income Tax Return). Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy of the first page when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- [] Federal Income Tax Return submitted with this application.
[] Federal Income Tax Return will be submitted when filed with the IRS.
[X] I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

- 2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

Table with 2 columns: Description and Amount. Rows include Wages, Salaries, Tips, etc.; Interest; Dividends; Capital Gains; IRA Distributions; Pensions and Annuities; Disability Payments; Social Security Benefits (11,002.80); All other moneys received; Total (11,002.80).

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

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Jones County

Part 6. Affirmation and Signature

JUN 14 2017

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Nancy Jonette Westbrook Nancy Jonette Westbrook 5-30-2017
Applicant's Name (please print) Applicant's Signature Date

Spouse's Name (please print) Spouse's Signature Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N Elderly/Disabled Disabled Veteran Circuit Breaker: 4% 5%

Date: ____/____/____ By: _____ Comments: _____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

*All applications must be submitted by June 1 to be timely filed.

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]

88872-82530-307E
CU1498452-11A20749452-2

LIFT TO OPEN

FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

2016

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name NANCY J WESTBROOK		Box 2. Beneficiary's Social Security Number [REDACTED]-3983
Box 3. Benefits Paid in 2016 \$11,002.80	Box 4. Benefits Repaid to SSA in 2016 NONE	Box 5. Net Benefits for 2016 (Box 3 minus Box 4) \$11,002.80
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$9,560.00 Medicare Part B premiums deducted from your benefits \$1,258.80 Medicare Prescription Drug Premiums (Part D) deducted from your benefits \$184.00 Total Additions \$11,002.80 Benefits for 2016 \$11,002.80		DESCRIPTION OF AMOUNT IN BOX 4 NONE
Box 6. Voluntary Federal Income Tax Withheld NONE		Box 7. Address NANCY J WESTBROOK 124 WHITE ROCK TR PINK HILL NC 28572-7033
Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]-3983A		

AV-9A
Web
6-11

**Certification of Disability
for Property Tax Exclusion (G.S. 105-277.1)**
State of North Carolina

Applicant's Name NANLY JEANNETTE WESTBROOK		Social Security Number [REDACTED] 3983	
Address 124 WHITE ROCK TRAIL		Date of Birth 08-02-1963	
City PINE HILL	State NC	Zip Code 28572	
Home Telephone Number /	Work Telephone Number /	Ext. /	Cell Phone Number 852 550 0184

Social Security Number (SSN) disclosure is mandatory for approval of the Property Tax Exclusion under G.S. 105-277.1 and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

DO NOT USE THIS FORM TO CERTIFY DISABILITY FOR THE DISABLED VETERAN EXCLUSION (G.S. 105-277.1C). IT IS A DIFFERENT PROGRAM. YOU MUST OBTAIN A VETERAN'S DISABILITY CERTIFICATION DIRECTLY FROM THE APPROPRIATE FEDERAL AGENCY.

This section can only be completed by a physician licensed to practice medicine in North Carolina or by a governmental agency authorized to determine qualification for disability benefits.

Evidence that someone receives disability payments is not evidence of total and permanent disability.

Definition: G.S. 105-277.1(b)(4) Totally and permanently disabled. – A person is totally and permanently disabled if the person has a physical or mental impairment that substantially precludes him or her from obtaining gainful employment and appears reasonably certain to continue without substantial improvement throughout his or her life.

CERTIFICATION OF DISABILITY: I affirm that I am qualified and authorized to make this determination.

Yes No ➔ I certify that the applicant is currently totally and permanently disabled as defined above in G.S. 105-277.1(b)(4).

Yes No ➔ I certify that the applicant was under my care as of January 1 of this year and was totally and permanently disabled on that date.

Signature Kaylin Petrosky, PA	Date 6-14-17
Print Name Kaylin Petrosky	Phone 916-204-9935
Title Physician Assistant	License Number 0010-05158
Name of Medical Practice or Government Agency Med First	

Please submit completed certification to your County Tax Assessor. Do not submit to the N.C. Department of Revenue.

EXHIBIT D

BOARD OF COUNTY COMMISSIONERS

FRANK EMORY, Chairperson
8466 Hwy 41 West
Richlands, NC 28574

MIKE HADDOCK, Vice-Chairperson
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Trenton, NC 28585

ZACK KOONCE
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Trenton, NC 28585

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JIMMIE B. HICKS
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New Bern, NC 28563

CLERK TO THE BOARD

Angelica Hall
418 Hwy 58 N, Unit A
Trenton, NC 28585

WEBSITE:

www.jonescountync.gov

email:

jonescounty@jonescountync.gov

State of North Carolina
County of Jones
To the Tax Collector of Jones County

You are hereby authorized, empowered, and commanded to collect the taxes set for the in the tax records filed in the office of Jones County Tax Collector and in the tax receipts herewith delivered to you, in the amounts and from the taxpayers likewise therein set forth. Such taxes are hereby declared to be a first lien upon all real property of the respective taxpayers in the County of Jones and this order shall be a full and sufficient authority to direct, require, and enable you to levy on and sell any real or personal property of such taxpayers, for and on account thereof, in accordance with law.

Witness my hand and official seal this 17th day of July, 2017.



Frank Emory

Frank Emory, Chairperson
Jones County Board of Commissioners

ATTEST: *Angelica Hall*

Angelica Hall, Clerk
Jones County Board of Commissioners

EXHIBIT E

Jones County Detention Center

Medical Policy

Approved by

The Jones County Health Department Director,
Jones County Chairman of Board of Commssioners,
Jones County Manager

June 3, 1996

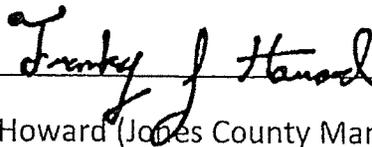
Reviewed June 15, 2017



Wesley Smith, (Jones County Health Director)



Frank Emory, (Chairman of Jones County Board of Commissioners)



Franky J. Howard (Jones County Manager)

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.01
		RESCINDS: None
SUBJECT: Facility Medical Plan		
REVISED: 08/15/2014		
APPROVED:		DATE: 07/01/2013

NO. OF PAGES: 2

POLICY STATEMENT: In order to provide for the health, well being and welfare of the inmates confined in the Jones County Detention Center, the Detention Center Captain, as directed by the Sheriff, will be responsible for the development of a written facility medical plan that complies with the North Carolina Minimum Detention center Standards. The facility medical plan will be reviewed and updated, as necessary, on at least an annual basis by the Detention Center Captain and must be approved by the Sheriff. The Sheriff and/or Detention Center Captain will ensure that the plan is reviewed and approved by officials of the County Health Department prior to implementation of the plan.

SPECIFIC PROCEDURES:

1. As directed by the Sheriff, the Detention Center Captain will be responsible for the development and annual review of the facility medical plan. The Detention Center Captain will ensure that the plan is approved and signed by the Sheriff and reviewed and signed by officials of the Jones County Health Dept. prior to implementation.
2. A copy of the facility's medical plan will be posted in the Detention Officer's office in a conspicuous area so as to afford all officers access to the plan for review.
3. A brief summary of the plan, to include information as to the availability of health care services at the facility, will be included in the Inmate Handbook so as to ensure that inmate's are aware and familiar with the procedures necessary to be followed to access health care services.
4. At a minimum, the facility medical plan will include information that addresses the following areas:
 - a. Health screening of inmates upon admission to the facility.
 - b. Procedures for handling routine medical care requests.
 - c. Procedures for the handling of inmates with chronic illnesses or known communicable diseases or conditions.
 - d. Procedures for the distribution and control of prescription and non-prescription drugs.
 - e. Procedures for handling emergency medical problems, including, but not limited to: emergencies involving dental care, chemical dependency and mental health.
 - f. Procedures for the maintenance and confidentiality of medical records.

- g. Procedures for ensuring privacy during medical examinations and conferences with qualified medical personnel.
 - h. Procedures for handling intoxicated inmates admitted to the facility.
 - i. Procedures for educating officers as to AIDS and HIV disease and the transmission of AIDS/HIV as provided by officials of the Jones County Health Dept.
 - j. Procedures for transporting inmates to outside sources for medical care.
5. Under no circumstances will the plan allow any inmate to perform any medical function at the facility.
 6. Inmates will be advised of the facility's medical services upon the receipt of an Inmate Handbook at admission.

REVIEWED: 08/15/2014

REVIEWED 7/5/2016

REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION:4.02
		RESCINDS: None
SUBJECT: Qualified Medical Personnel		
REVISED: 08/15/2014		
APPROVED:		DATE: 07/01/2013

NO. OF PAGES: 1

POLICY STATEMENT: The Sheriff or designee will ensure that qualified medical professionals are made available to provide for the evaluation of inmate health care needs.

SPECIFIC PROCEDURES:

1. The names and telephone numbers for all medical personnel who provide services to the Jones County Detention Center will be clearly posted in the Detention Officer's office to ensure that all officers have access as the need arises. In non-life threatening situations, services will be provided by staff of Southern Health Partners. For more serious injuries and illnesses which may be life threatening, staff of the local EMS or staff at the Carolina East Medical Center will provide services.
2. Under no circumstances will any inmate housed at the facility be allowed to perform any health care function in the detention center, regardless as to whether they may be licensed, registered, state approved or certified to perform any medical function.
3. It will be the responsibility of the Sheriff or designee to communicate to all officers who all health care providers are and the hours/days they are normally scheduled to be available.
4. The Jones County Public Health Dept. and other local medical facilities will be utilized on an as-needed basis at the discretion of Southern Health Partners
5. The qualifications of all health care providers are available from either the local health care facility or at the offices of the Carolina East Medical Center.

REVIEWED: 08/15/2014

REVIEWED 7/5/2016

REVIEWED 6/14/17

	<p>JONES COUNTY DETENTION CENTER</p>	<p>CHAPTER: MEDICAL</p>
		<p>SECTION: 4.03</p>
		<p>RESCINDS: None</p>
<p>SUBJECT: Medical Complaints</p>		
<p>REVISED: 08/15/2014</p>		
<p>APPROVED:</p>		<p>DATE: 07/01/2013</p>

NO. OF PAGES: 1

POLICY STATEMENT: In order to provide inmates with an opportunity to communicate their medical complaints and needs to qualified medical personnel, the Detention Center Captain will develop and implement a system whereby inmates can verbally express their medical complaints to detention center officers. Detention center officers will be responsible for documenting an inmate's medical complaint/request and for ensuring that their complaints are referred to medical personnel. Inmates will be afforded the opportunity to communicate their health care complaints and needs to detention center officers on a daily basis.

SPECIFIC PROCEDURES:

1. Detention center officers will ensure that daily rounds are conducted at 9:00 a.m. and that inmates are given the opportunity to provide officers with any medical complaints they may have. All medical complaints must be documented by officers on a Request Slip for Medical Care. Any complaints of a routine nature which are voiced at night will be recorded on a Request Slip for Medical Care and relayed to the day-shift Detention Officer by the off going Detention Officer at 6:00 a.m.
2. Detention center officers will be required to submit all sick call forms for placement in the medical box for review by the jail nurse. (NOTE: Should a detention center officer feel that an inmate's medical complaint may require emergency care or attention, the procedure outlined in Policy 4.05, "Emergency Medical Plan" shall be followed).
3. The detention center officer will record all medical complaints and referrals received daily in the JMS shift log.

REVIEWED: 08/15/2014
 REVIEWED 7/5/2016
 REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.04
		RESCINDS: None
SUBJECT: Routine Medical Care of Inmates (Non-Emergency)		
REVISED:08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 2

POLICY STATEMENT: In order to promote the health and well being of inmates confined to the Jones County Detention Center, officials will ensure that qualified health care professionals are available to provide needed routine medical services and treatment to inmates. Routine medical care will provided to inmates either at the inmate's request or upon the request of a detention officer.

SPECIFIC PROCEDURES:

1. The Jones County Detention Center will contact the Southern Health Partner jail nurse which may be a Licensed Practical Nurse (LPN) or a Registered Nurse (RN) to provide routine medical care to inmates.
2. **Procedures for Health Care Provision:**
 - a. Routine medical care may be assessed by inmates pursuant to the procedures outlined in Policy 4.03: "Medical Complaints and Referrals." Detention center officers will also be responsible for monitoring the condition of inmates during their security rounds and for referring any noted medical verbally and in writing to health care providers.
 - b. Should a detention center officer observe any inmate who appears to be in need of medical care, those observations should be documented in the shift log. The officer will contact the nurse or on-call nurse. All instructions and/or recommendations for care will be documented on the on-call nurse form by the detention center officer.
 - c. Detention officers will be responsible for following all instructions of the medical professional and for documenting the same.
 - d. Transportation will be provided pursuant to the procedure outlined in Policy 4.13 "Transportation of Inmates of Medical Care."
 - e. Detention officers will provide the transporting officer with a copy of the out-of-facility referral form to be used by health care professionals to record any instructions to be followed by the detention center officers upon the inmate's return to the detention center, to include distribution of any prescription or non-prescriptive medications. Instructions shall be typed or hand printed in a legible fashion.

- f. Medical providers will duplicate the out-of-facility referral form and will record their diagnosis/ treatment of the inmate on this form. This copy will be filed in the medical providers office and is considered confidential.
- g. Once the inmate has been returned to the facility, the detention officers will make a note in the shift log concerning the inmates appointment. The record should read:

_____ was seen by _____
(Inmate Name) (Doctor)

On _____; was prescribed _____
(Date/ Time) (Medication)

REVIEWED: 08/15/2014
REVIEWED 7/5/2016
REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.05
		RESCINDS: None
SUBJECT: Emergency Medical Plan		
REVISED:		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 1

POLICY STATEMENT: In order to ensure that the health care needs of inmates housed at the Jones County Detention Center are met on a continuous basis, 24-hour emergency medical care will be provided by Carolina East Medical Center and through local Emergency Medical Services (EMS).

SPECIFIC PROCEDURES:

1. **Training:** All detention center officers employed by the detention center will be instructed/trained in the following areas during their first year of employment:
 1. **Emergency First-Aid and CPR:** All officers will be trained in the areas of emergency first aid and CPR techniques during their first year of employment. This training along with any other training listed below, will be provided in the Basic Detention center Certification School.
 2. **Detection of Medical Emergencies:** All detention center officers will be trained to detect the signs and symptoms of medical emergencies to include, but not be limited to, the following areas:
 - a. Signs of unconsciousness or semi-consciousness.
 - b. Signs of alcohol or drug intoxication.
 - c. Signs of severe bleeding.
 - d. Signs/symptoms of serious breathing difficulties.
 - e. Signs/symptoms of serious head injury.
 - f. Signs of severe burns.
 - g. Signs/symptoms of severe pain.
 Signs of suicide risk
 3. All training provided to detention center officers will be documented, maintained and filed as outlined in Policy 1.04, "Employee Training"

REVIEWED: 08/15/2014
REVIEWED 7/5/2016
REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.06
		RESCINDS: None
SUBJECT: Dental Care		
REVISED:08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 2

POLICY STATEMENT: In order to protect the general health and welfare of inmates confined to the Jones County Detention Center, the facility will provide for the medical supervision of all inmates. To this end, the jail nurse will arrange for dental care services by a licensed dentist to be provided to inmate in need of emergency dental care treatment/services only.

SPECIFIC PROCEDURES:

1. Dental care services will be provided to inmates in need of emergency treatment/services only. The jail nurse will be responsible for arranging for treatment of inmates through a local licensed dentist.
2. Dental care services will be limited to emergencies only.
3. Access to Dental Care Services:
 - a. Should an officer detect or receive a Medical Request/ Complaint from an inmate that he is suffering from a dental ailment, the officer will immediately complete a on-call nurse form describing the Inmates problem and will contact the jail nurse or on-call nurse.
 - b. The jail nurse will be responsible for contacting the jail doctor and explaining the symptoms so that a determination can be made as to whether the inmate will need to be transported to the dental office for treatment/care.
 - c. If, for any reason, a dentist is not available to provide care for the inmate, the jail nurse will follow their guidelines or contact the jail doctor for more information.
4. Documentation of Dental Care:
 - a. The jail nurse shall be responsible for completing an medical report should an inmate need to be transported to either dentist's office or another outside medical facility for dental treatment. The Incident Report will contain, at a minimum, the following information:
 1. Date and Time
 2. The circumstances of the event
 3. Any action taken by the officer(s), to include any instructions made by the responding medical officials that may have been carried out by the officers.

The jail nurse will be responsible for filing the medical report in the inmates medical file.

REVIEWED: 08/15/2014
REVIEWED 7/5/2016
REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.07
		RESCINDS: None
SUBJECT: Mental Health Care Delivery Services		
REVISED:08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 2

POLICY STATEMENT: In order to promote the mental well-being and health of inmates confined to the facility, the jail nurse will arrange for inmates in need of mental health care services to be referred to the appropriate Local Management Entity (LME) for needed treatment/care. All inmate referrals to mental health must be made by a local physician; however, detention center officers may report inmates who appear to be suffering from mental health problems to the physician for examination.

SPECIFIC PROCEDURES:

1. **Routine Mental Health Care Services/Treatment:**
 - a. Mental health care services will be provided to inmates in the same manner outlined in Policy 4.03, "Medical Complaints and Referrals." Inmates will be allowed to communicate their mental health care requests to detention center officers who will be responsible for advising the jail nurse.
 - b. Upon examination by the jail nurse or physician, the jail nurse or physician will make a decision as to whether may be in need of the mental health care services. If the physician feels that treatment is indicated, arrangements will be made for a Court Order or Magistrate's Order directing that the inmate be transported to the Mental Health Center to be placed in professional care.
 - c. Transportation of any inmate to the Mental Health Center will be done in accordance with the procedures outlined in Policy 4.13, "Transportation of Inmates for Medical Care."
 - d. Under no circumstances will any other detention center official other than a licensed jail nurse or physician recommend or make any determination that any inmate is in need of transportation to the mental health center.
 - e. A copy of the completed sick call will be filed and maintained in the inmate's medical record as documentation of the inmate's complaint. Under no circumstances will any sick call containing any diagnoses or recommendations /referrals for treatment by any health care worker be placed in the inmate's confinement record or

- be made accessible to any detention center officer. It is to be kept in the inmate's medical record in the medical office.
- f. A copy of the Court or Magistrate's Order for mental health evaluation will also be filed by detention center officers in the inmate record.
2. Detention Officer Training:
- a. Detention center officers will be instructed during Basic Detention center Certification School of the signs and symptoms that may be the result/cause of an emergency mental health problem. Should any officer detect any of the following signs/symptoms during the intake process, security round, or during the course of the shift, he/she should immediately contact the jail nurse or on-call nurse:
- i. Depression.
 - ii. Disorientation.
 - iii. Exaggerated mood swings.
 - iv. Delusions and/or hallucinations.
 - v. Intense fear, panic or anxiety.
 - vi. Warning signs of suicide.
 - vii. Sleeping difficulties.
3. In the event that an inmate cannot care for himself and/or is a safety hazard to others due to substance abuse, they may be transported to the Mental Health Clinic for screening and possible subsequent referral to a detoxification center, drug or alcohol rehabilitation center, or possible outpatient treatment.

REVIEWED: 08/15/2014

REVIEWED AND REVISED 7/5/2016

REVIEWED 6/14/17

	<p>JONES COUNTY DETENTION CENTER</p>	<p>CHAPTER: MEDICAL</p>
		<p>SECTION: 4.08</p>
		<p>RESCINDS: None</p>
<p>SUBJECT: Substance Abuse Services For Inmates</p>		
<p>REVISED:08/15/2014</p>		
<p>APPROVED:</p>		<p>DATE: 12/01/2006</p>

NO. OF PAGES: 1

POLICY STATEMENT: In order to protect the well being of inmates confined to the facility, Jones County Detention Center officials will provide routine and medical services to inmates either suffering from severe drug or alcohol intoxication and to inmates suffering from the effects of severe drug or alcohol intoxication.

SPECIFIC PROCEDURES:

1. Detention center officers will provide routine and emergency medical services to inmates suffering from severe drug and/or alcohol intoxication or suffering from the effects of severe drug or alcohol intoxication, pursuant to the procedures stipulated in the following policies:
 - a. Policy 4.04: "Routine Medical Care of Inmates"
 - b. Policy 4.05: "Emergency Medical Plan"
2. Detention center officers will be instructed in Basic Detention center Certification School to detect the signs, symptoms and effects of severe alcohol and/or drug intoxication.
3. Until the inmate can be transported for treatment, he will be supervised more closely, with supervision rounds being made at least every 15 minutes. Closer supervision may be indicated and the inmate placed in constant view of the detention officer to allow quicker response if the inmate's condition should change suddenly.
4. All events, including dates and times, surrounding the provision of substance abuse services by the detention center will be documented in the Incident Report and by notation in the shift log by the detention officer on duty.
5. Detention officers will document on an Incident Report and in the shift log all instances when an inmate needs to be transported to a local physician or the emergency room due to substance abuse/withdrawal

REVIEWED: 08/15/2014

REVIEWED 7/5/2016

REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.09
		RESCINDS: None
SUBJECT: Administration and Control of Medications		
REVISED: 08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 3

POLICY STATEMENT: Inasmuch as the policies and procedures of the Jones County Detention Center are designed to promote and protect the health, safety and well being of inmates, all employees of the facility will be cognizant of the fact that all medications—whether prescriptive or non-prescriptive—will be distributed and stored at the facility in a manner that reflects these policies objectives. Officers may, at the request of an inmate, distribute certain non-prescriptive medications. **UNDER NO CIRCUMSTANCES WILL ANY INMATE HOUSED BE ALLOWED TO POSSESS, DIPENSE OR ADMINISTER ANY MEDICATIONS FOR EITHER THEMSELVES OR OTHERS.**

SPECIFIC PROCEDURES:

1. **Non-prescriptive Medications:**
 - a. **Storage and Maintenance**
 1. All non-prescriptive medications will be stored in a locked cabinet located in the Detention Officer's office.
 2. The jail nurse will be responsible for ensuring that non-prescriptive medications are maintained and that the supply of medications is adequate.
 3. The jail nurse will periodically inspect the supply and expiration dates of non-prescriptive medications and will be responsible for ensuring that items are replaced when needed.
 4. Detention center officers and authorized health care staff will be the only individuals authorized access to non-prescriptive medications. **Under no circumstance will any visitor or inmate be allowed access to non-prescriptive medications.** (EXCEPTION: Detention center inspectors desiring to inventory non-prescriptive items or observe where they may be stored and maintained).
2. **Prescriptive Medications:**
 - a. **Storage and Maintenance:**
 1. All prescriptive medication packets authorized to be taken by any inmate will be stored and maintained in a locked cabinet located in the detention officer's office. Excess prescriptive medication will be in a locked cabinet in the medical office.

2. The detention center officer on each shift will be authorized access to prescriptive medications and will be authorized possession of any keys needed to unlock the cabinet. Upon request, health care staff will be allowed access to the cabinet containing prescriptive medications. **Under no circumstances will any visitor or inmate be allowed access to non-prescriptive medications.**
 3. The health care staff may periodically inspect prescription medications and the expiration dates of such medications to ensure that all medications are up-to-date. (NOTE: Detention center inspectors may request to inspect prescriptive medications to ensure that they are being properly stored and maintained).
- b. Individuals Authorized to Prescribe and Order Medication:
1. The following individuals will be the only persons authorized to prescribe medications to inmates confined in the facility:
 - i. Jail physician or licensed nurse.
 - ii. Local dentist.
 - iii. Attending physician at the local hospital to which an inmate may have been transported for care/treatment.(NOTE: Due to the safety and security of other inmates, this is a **non-narcotic facility**. Therefore the physician should prescribe non-narcotic medication to the inmate. Permission from the Detention Center Captain must be obtained to prescribe narcotic medication.)
 2. Detention center officers may advise the jail nurse that an inmate's prescriptive medication needs to be re-ordered
- c. Distribution of Medications to Inmates:
1. Only one officer per shift will be authorized to distribute prescriptive medications for inmates.
 2. At the beginning of each shift, the officer will be responsible for reviewing the medical communication log containing instructions from doctors and the medication log to determine which inmates will require medications during their shift.
 3. The officer will ensure that any inmate requiring medications receive such medication in the proper dosage at the prescribed time. The medications are already packaged by the jail nurse.
 4. The officer will be responsible for retrieving all prescriptive medication packs and distributing them to inmates during their shift.
 5. The officer will visit each inmate requiring medication at his housing unit to distribute medication.
 6. The officer will observe the inmate take his medication to discourage hoarding.
 7. Once an inmate has been provided his medication, the officer will record the following in the shift log:
 - i. Name of inmate.

- ii. Type of medication administered.
 - iii. Dosage amount.
 - iv. Time medication was taken.
8. The officer will also record the time and date on the medication log for each inmate that has medication.
9. Should an inmate refuse to take his medication, the officer will indicate this information in the shift log and on the medication log for the nurse to review.
- d. Handling of Medications Discovered During Admission:
- 1. Should an admitting officer discover prescriptive medications being carried by a newly admitted inmate, the admitting officer will confiscate the medication.
 - 2. The officer will be responsible for contacting the jail nurse to inform them the inmate is carrying medication so that he/she can verify the medication.
 - 3. The medication will either be turned over to the jail nurse so that it can be prepared for distribution by Detention Officer officers or stored within the facility.
- EXCEPTION: NITROGLYCERINE FOR HEART PROBLEMS WILL BE KEPT LOCKED IN THE MEDICINE CABINET FOR THE INMATE TO USE AS NEEDED WHILE THE VERIFICATION IS COMPLETED. IF THEY ARE NOT NEEDED AS PER THE NURSE, THEY WILL BE CONFISCATED.**

REVIEWED: 08/15/2014

REVIEWED AND REVISED 7/5/2016

REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.10
		RESCINDS: None
SUBJECT: Suicidal Inmates		
REVISED: 08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 2

POLICY STATEMENT: Detention center officers will make a reasonable effort to protect inmates who are believed or felt to be potential suicide risks. To this end, Jones County Detention Center officials will ensure that adequate steps are taken by officers to provide for the safety of such inmates.

SPECIFIC PROCEDURES:

1. Officers will be trained during their first year of employment to detect the signs of suicidal behavior. This training will be conducted during Basic Detention center Certification School and will be documented pursuant to the guidelines outlined in Policy 1.04, "Employee Training"
2. Procedures to be followed should an inmate be deemed a suicide risk:
 - a. Upon admission to the facility, all inmates will be screened to assess their potential to commit suicide. This screening will be conducted during the admission process by the admitting officer and will be documented on a Medical Screening Questionnaire. Any inmate deemed to pose a suicide risk will be immediately brought to the attention of the jail nurse and Detention Center Captain..
 - b. Inmates confined to the facility will be observed during security rounds by officers. Any inmate who exhibits any signs or symptoms suggesting that he may pose a threat of suicide will immediately be brought to the attention of the jail nurse or on-call nurse and Detention Center Captain who will provide guidance.
 - c. The jail nurse and Detention Center Captain will make a determination as to the continued confinement of suicidal inmates at the detention center. The Detention Center Captain as directed by the nurse or Sheriff, may:
 - i. Arrange for the inmate to be transferred to the North Carolina Department of Corrections, Central Prison, in "safe keeper" status.
 - ii. Arrange for the inmate to be involuntarily committed to the Department of Mental Health or other mental health care facility for treatment/care.
 - iii. Continue to maintain the inmate on suicide status at the facility until such a time that a physician can examine the inmate and

- make a determination as to his condition and potential treatment.
- iv. Arrange for the inmate (if a new admission) to be released from custody through the court.
 - d. Until a determination is made concerning the inmate, he she will be placed under constant observation by the Detention Officer. Officers will be required to directly observe inmates placed on suicide status a minimum of every 15 minutes. All observations shall be documented on the shift log.
 - e. Inmates placed on suicide status will not be allowed to possess any items of personal property. The only items they may have are clothing and lace-less shoes.
 - f. Detention Officers will be responsible for advising all the Detention Officers on the next shift that an inmate has been placed on suicide status to ensure that they watch for signs of any potential problems.
 - g. An official Incident Report will be required to be completed any time an inmate is deemed to pose a threat of suicide. Either the detention officer will be responsible for completing this report and providing a copy to the Detention Center Captain. A copy of the Incident Report will be filed in the inmate's Confinement record and the inmates medical record.
3. Procedures to be Followed in the Event of an Actual Suicide:
- a. Should an officer discover an inmate who has committed suicide, the procedures outlined in Policy 11.05, "Death, Suicide or Attempted Suicide in Detention center" will be immediately enacted.

REVIEWED: 08/15/2014

REVIEWED 7/5/2016

REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.11
		RESCINDS: None
SUBJECT: Acquired Immune Deficiency Syndrome (AIDS)		
REVISED: 08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 8

POLICY STATEMENT: In an effort to promote and protect the health, well-being, safety and welfare of inmates and staff of the Jones County Detention Center, officers will ensure, to the extent possible, that reasonable steps are taken to prevent the spread of AIDS/HIV among inmates and staff. To this end, the facility will ensure that all officers receive training during their first year of employment relative to AIDS and the ways it can be transmitted. Officers will periodically receive information about AIDS and HIV infection during their course of employment. **As a rule, all officers employed by the facility will be required to follow universal safety precautions in order to prevent the infection and spread of AIDS/HIV disease. UNDER NO CIRCUMSTANCES WILL ANY INMATE BE SEGREGATED OR TRANSFERRED SOLELY BECAUSE THEY ARE INFECTED WITH AIDS OR HIV. Any officer found to have revealed that an inmate is HIV infected or has AIDS will be subject to disciplinary action.**

SPECIFIC PROCEDURES:

1. Training:
 - a. All Detention center officers will receive, during their first year of employment, basic training concerning AIDS and HIV infection; the transmission of these diseases; and, the universal safety precautions necessary to be followed to protect against possible transmission. This training will be conducted during the state mandated Basic Detention center Certification School.
 - b. In addition to the above, all detention center officers will be required to read and become familiar with the contents of this policy during their first week of employment.
 - c. The receipt of all training will be documented pursuant to the procedures outlined in Policy 1.04, "Employee Training."
 - d. Detention center officers will be provided with information concerning AIDS and HIV infection periodically throughout the course of their employment. Detention center officers will be required to sign for the receipt of such materials and for signing that they have read and understood all information provided to them. As required by state statute, this training should be provided by the County Health Department or a representative thereof.
2. Definitions: The following definitions will be used throughout this policy:

- i. AIDS- AIDS is a fatal disease with no known cure. AIDS affects an individual's ability to fight off disease and, therefore, permits the contraction of other diseases and illnesses that can cause serious illness and death.
 - ii. Asymptomatic-Infected with HIV but shows none of the signs or symptoms with the infection or with AIDS.
 - iii. Human Immune Virus (HIV)-The virus that causes AIDS.
 - iv. High Risk Behavior-Any behavior or activity that may involve the exchange of blood or bodily fluids. All sexual contact is considered high risk behavior.
 - v. HIV Positive or HIV (+)-Infected with HIV. A person who is HIV positive may be either asymptomatic or symptomatic.
 - vi. Symptomatic- Infected with HIV and has begun or has the physical symptoms associated with AIDS, to include, excessive weight loss, night sweats, diarrhea, recurrent fevers, and fatigue.
 - vii. Universal Precautions-All actions required to be taken by officers to prevent transmitting infections, to include, wearing disposable rubber gloves when handling or coming in contact with blood or body fluids.
3. AIDS Policy Development:
- a. The Detention Center Captain will be responsible for the annual review and revision, if necessary, of this policy. Changes may be made to this policy at any time that new information concerning AIDS is received that may change the scope of the information contained in this policy.
 - b. The initial AIDS policy and any changes made to the same will be submitted to a licensed health care physician for review and subsequent signature. Upon his/her review, the Detention Center Captain will be responsible for forwarding this policy to the health department for approval. Signature blocks for the licensed health care physician and Health Department official have been provided at the end of this policy or this purpose.
4. Screening of New Admissions:
- a. Pursuant to the procedures outlined in Policies 2.11, "Preliminary Health Screening," and 4.14, "Medical Records," the admitting officer will be responsible for making a visual inspection of each newly admitted inmate and for reporting any noted observations or any statements made by the inmate that may suggest or confirm that the inmate has HIV or AIDS.
 - b. The procedure concerning confidentiality and filing of any information pertaining to an inmate either believed or admitting to being infected with AIDS or HIV outlined in Policies 2.11 and 4.14, noted above, will be strictly adhered to by all and comply with HIPAA policies. **Information of this type will be strictly confidential. Any officer who is found to be disclosing this information to another individual will be subject to disciplinary action. Under no circumstances will any information either suggesting or diagnosing an inmate to be HIV (+) or AIDS infected be included in the inmate's confinement record. Rather, all**

such information will be placed in the inmate's confidential medical record ONLY.

5. Testing of Inmates for HIV/AIDS Infection:
 - a. The routine testing of newly admitted inmates for HIV infection or AIDS will be strictly prohibited.
 - b. The licensed jail physician may request an inmate to consent to receive a test for HIV or AIDS if he/she feels that the test is necessary for appropriate treatment. Testing will **not** be conducted should the inmate refuse the test. (NOTE: The licensed physician should have the inmate sign a refusal of treatment form for filing in the inmate's medical record.
 - c. The licensed physician can require an inmate to submit to a test to detect HIV or AIDS should an inmate, officer or other person to be exposed to the inmate's blood or bodily fluid and it is felt that the exposure poses a threat/risk of transmitting HIV or AIDS. Should an inmate refuse to be tested, the licensed physician may obtain a court order to require the inmate to be tested or the physician may make all reasonable attempts to contact the inmates previous physician to determine the status of the inmate.
 - d. Should the inmate request to be tested for HIV/AIDS, the licensed physician will arrange for the test to be conducted.
 - e. **The laboratory results of any inmate tested for HIV/AIDS will be held strictly confidential and will be filed and maintained in the inmate's confidential medical record only. Any employee found to have revealed the medical status of any inmate housed at the facility will be subject to disciplinary action. The only exception to this will be in cases where another inmate or officer may have been exposed to an inmate's blood or bodily fluid and it is felt that the exposure poses a threat/risk of transmitting HIV or AIDS. In these cases, the inmate may be tested (see #5[C], above) and the licensed physician will be responsible for revealing the results of the test to the exposed person. The exposed person will be instructed as to the confidentiality of the test result information and will be provided the opportunity to be tested for the HIV/AIDS virus.**
6. Housing of Inmates with HIV/AIDS:
 - a. Inmates who are HIV (+) and asymptomatic will not be segregated or transferred from the facility solely because of their condition. However, the Detention Center Captain, as directed by the sheriff, may make the determination to segregate or transfer an inmate who is HIV (+) and asymptomatic for any of the following reasons:
 - i. To protect the inmate from other inmates (protective custody).
 - ii. For engaging in violent, sexually assaultive, sexually active, or other high risk behaviors within the facility.
 - iii. Pending transfer to another facility (the inmate may be placed in segregation).
 - iv. Upon the recommendation of the licensed physician, for the benefit of the inmate's treatment.

- b. Inmates who are symptomatic and have HIV or AIDS may be placed on medical segregation upon the direct recommendation of the licensed physician.
 - c. An inmate who is HIV (+) and has been recommended for transfer may be placed on medical segregation status pending transfer to this facility.
 - d. Any inmate placed on medical segregation will be given the opportunity to participate, to the extent possible, in regular facility programs and services (e.g., visitation, recreation, etc.).
 - e. **Should any employee of the facility be found segregating an inmate within the facility solely because the inmate is HIV infected or has AIDS, he/she will be subject to disciplinary action.**
7. Housing of Detained Defendants for Investigation and/or HIV Testing:
- a. Pursuant to statute, a judge may order a defendant to be detained for up to 24 hours for investigation by public health officials or for a possible HIV test. Should an inmate be admitted to the facility for this purpose, the admitting officer will immediately notify the Detention Center Captain.
 - b. The Detention Center Captain will contact the jail nurse and the health department and advise them of the detainee.
 - c. Detention center officers will afford public health officials reasonable access to the detainee.
 - d. Should any individual contact the facility to find out the status of any test conducted on a detainee, detention center officers will refer all such inquiries to local public health department authorities.
8. Program Participation for HIV/AIDS Inmates:
- a. An inmate who is HIV infected or has AIDS will **not** be denied the same access to programs and services as other inmates housed in the general population at the facility. The only exception to this will be in cases where the licensed physician has determined that an inmate should not participate in a certain program, activity or service due to medical reasons.
9. Safety Equipment and Universal Safety Precautions:
- a. The following safety equipment will be readily available for officer's use at the facility:
 - i. Disposable latex or rubber gloves.
 - ii. Disposable paper towels and cleaning supplies.
 - iii. Plastic bags labeled as containers for biohazardous waste.
 - b. Detention center officers will be trained in the purpose and use of such equipment and in universal safety precaution during their first year of employment at the state mandates Basic Detention center Certification School and during first aid training.
 - c. Detention center officers will not wear protective equipment while performing their normal job duties at the facility.
 - d. The following universal safety precautions will be exercised whenever an officer comes, or expects to come, in contact with blood or bodily fluids:
 - i. Detention center officers will wear disposable or rubber gloves when handling objects; conducting cell searches; handling inmate laundry; handling disruptive, assaultive, or violent inmates; and/or,

- when physically required to handle inmates (e.g., during frisk searches).
- ii. Detention center officers will ensure that any area on their body, another individual's body, object or area exposed to blood or bodily fluids be thoroughly cleansed with warm water and soap.
 - iii. Detention center officers will ensure that any cuts, sores or breaks in the skin are covered with water resistant bandages.
 - iv. Detention center officers should avoid situations where there is likelihood that they could be punctured with sharp objects, to include knives, razors and needles. To this end, the officer should ensure that they use a flashlight and mirror if they are entering or searching in an area where their sight is obstructed.
 - v. Detention center officers will ensure that sharp objects are placed in puncture resistant containers, whenever possible.
 - vi. Detention center officers will wear disposable or rubber gloves and will use a disinfectant composed of a 1:10 solution of bleach and water when cleaning up spills and surfaces exposed to blood or bodily fluids.
 - vii. Detention center officer will place contaminated items in plastic bags or containers and will mark the containers "CONTAMINATED."
 - viii. Detention center officers will use a pocket mask or a pocket mask with a one-way valve when performing CPR on any individual, including another employee (**NOTE: Any officer refusing to perform CPR on an inmate with the use of a pocket mask will be subject to disciplinary action**).
- e. Steps to be Taken Upon Exposure to Blood or Bodily Fluids:
Any exposure to blood or bodily fluids should be immediately washed and cleansed from the exposed area with warm water and soap. Officers exposed to blood and/or bodily fluids will be provided the opportunity to schedule an appointment with the licensed medical physician at his/her earliest convenience to discuss the likelihood of transmission.
- f. Detention center officers will be required to complete an official Incident Report anytime they have been exposed to blood and/or bodily fluids of another individual while at the facility. If medical attention was provided to detention center officers by a licensed physician, they will also be required to complete a Workman's Compensation form.
 - g. Copies of the Incident report and, if completed, the Worker's Compensation form will be submitted to the Detention Center Captain for review and for necessary distribution, maintenance and filing.
 - h. Detention center officers exposed to blood and/or body fluids may request that they be tested for HIV infection. The results of any such test do not need to be reported to the facility.
10. Confidentiality:
- a. All detention center officers will be instructed never to reveal any information pertaining to the HIV or AIDS status of any inmate to any

- other, inmate or individual. Any person found disclosing such information will be immediately reported to the Sheriff and/or Detention Center Captain and may be subject to disciplinary action.
- b. Licensed medical personnel may reveal the HIV/AIDS status of an inmate to any of the following individuals or for any of the following reasons:
- i. To another health care provider who will be responsible for caring or providing services to the inmate.
 - ii. To another individual with the written permission of the inmate.
 - iii. To the Director of Health services, North Carolina Department of Corrections, and to the receiving facility administrator, and once an inmate is transferred to the North Carolina Department of Corrections for housing.
 - iv. Pursuant to the mandates of a court order or subpoena for such information.
 - v. Pursuant to any other requirements stipulated in G.S. 130A-143 or by the regulations adopted by the Commission for Health services.
- c. Should an inmate or other individual inadvertently reveal the HIV/AIDS status of an inmate to another person, they will be required to treat this information as confidential and will not disclose this information to any other individual. Disclosure of such information may result in disciplinary action.

REVIEWED: 08/15/2014

REVIEWED 7/5/2016

REVIEWED 6/14/17

JONES COUNTY DETENTION CENTER

**"CERTIFICATION OF RECEIPT AND UNDERSTANDING OF INFORMATION
CONCERNING AIDS AND HIV"**

I, _____

HEREBY CERTIFY THAT I WAS PROVIDED THE BELOW LISTED
INFORMATION CONCERNING AIDS AND HIV INFECTION AND THAT I

READ AND UNDERSTOOD THIS INFORMATION:

SIGNED: _____

DATE: _____

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION:4.12
		RESCINDS: None
SUBJECT: Communicable Diseases		
REVISED: 08/15/2014		
APPROVED:		DATE: 12/01/2006

NO. OF PAGES: 2

POLICY STATEMENT: Upon admission to the detention center, all inmates will be medically screened. Any newly admitted inmate who appears to be suffering from or has admitted to having a contagious/communicable disease will be immediately referred to jail nurse or County Health Department for evaluation. If, upon evaluation by a jail nurse, it is determined that the inmate does have a contagious/communicable disease, the Detention Center Captain will arrange for the inmate to be transported to the North Carolina Department of Corrections for housing.

SPECIFIC PROCEDURES:

1. Detention center officers will ensure that all newly admitted inmates are screened for health/medical problems pursuant to the procedures contained in policy 2.11, "Preliminary Health Screening." **Should an inmate reveal that he has a communicable and/or contagious disease; the admitting officer should ensure that this information is noted on a separate Medical Screening Questionnaire and filed in the inmate's medical record only.** The officer will then refer the inmate to the jail nurse for further evaluation no later than the next working day.
2. Any inmate who admits or appears to be suffering from a communicable or contagious disease will be separated from the detention center population until such a time that they are examined by a licensed nurse or physician.
3. If, upon examination by a nurse or physician, it is determined that the inmate is suffering from a communicable/contagious disease, the Detention Center Captain or Sheriff will arrange for the inmate to be transported to the North Carolina Department of Corrections for housing.
4. *Any record(s) of information that would identify an inmate as having a communicable or contagious disease will be kept strictly confidential and will be maintained and filed in the inmate's medical file only. Under no circumstances will information that identifies an inmate as having a communicable disease be placed in the inmate's confinement record.*
5. Detention center officers shall follow universal safety precautions (see Policy 4.11, "(AIDS)" when coming in contact with any items that may be considered contagious. When requested, the nurse from the Jones County Health Department will provide training in the prevention of AIDS, Hepatitis, and Blood Borne Pathogens. The health department will also provide masks, gloves, and

safety glasses to prevent officers from contracting contagious diseases from inmates.

6. Detention center officers will receive formal training regarding communicable/contagious diseases during their first year of employment through instruction at Basic Detention center Certification School.

REVIEWED: 08/15/2014

REVIEWED 7/5/2016

REVIEWED 6/14/17

	<p>JONES COUNTY DETENTION CENTER</p>	<p>CHAPTER: MEDICAL</p>
		<p>SECTION: 4.13</p>
		<p>RESCINDS: None</p>
<p>SUBJECT: Transportation of Inmates for Medical Care</p>		
<p>REVISED: 08/15/2014</p>		
<p>APPROVED:</p>		<p>DATE: 12/01/2006</p>

NO. OF PAGES: 2

POLICY STATEMENT: In order to ensure, to the extent possible, that thorough health care delivery services are provided to inmates, detention center officers will arrange for the transportation of inmates to outside medical care providers for both routine appointments and for emergency purposes. In an effort to ensure that officers are not going to perform duties that would interfere with the continuous supervision of inmates housed at the facility, inmates being transported outside the facility will be required to be accompanied by another Jones County Sheriff's Office Detention Officer or Deputy at all times.

SPECIFIC PROCEDURES:

1. Transportation for Routine Medical Care:
 - a. The Detention Center Captain/Lieutenant will be responsible for coordinating the transportation of inmates outside the facility for routine medical care with either the Detention Center Captain, Lieutenant, detention officers or deputies from the Jones County Sheriff's Office.
 - b. Once transportation arrangements have been made, the Detention Center Captain or designee will advise inmates with medical appointments, but will not give them a time or date due to the safety and security of the detention center.
 - c. The Detention Center Captain or designee will ensure that all officers providing transportation for an inmate is provided with a copy of the inmate's Prisoner Medical Referral Form for delivery to the health care provider.
 - d. The detention officer or deputy will be required to remain with the inmate at all times when the inmate is not within the confines of the facility. However, inmates will be allowed privacy during medical examinations and conferences with qualified medical personnel.
 - e. All inmates being transported outside the facility for routine medical care will be required to be physically restrained with handcuffs and/or belly chains and leg irons, **unless the use of such restraints has been prohibited for medical reasons.** After completion of the medical examination, the physician or attending medical person will record any instructions that may need to be followed by Detention Officers or medical staff to care for the inmate (e.g., prescriptive medications, special housing,

etc.) on the Prisoner Medical Referral Form. A copy of this form will then be made and provided to the transporting officer. The original form will be retained by the physician/medical provider and will be used to record the diagnosis of the inmate.

- f. The licensed physician or physician extender will retain the original Prisoner Medical Referral Form for his/her records and will not provide this form to the transporting officer for return to the facility inasmuch as it will contain information pertaining to the inmate's diagnosis. Information pertaining to diagnosis will not, under any circumstances, be returned to the facility as it would constitute a breach of confidentiality.
2. Transportation of Inmates for Emergency Medical Care:
- a. The emergency transportation of any inmate to an outside health care provider will be conducted by EMS personnel or Jones County Detention Officer or Deputy.
 - b. Depending on the situation, either a detention officer or deputy will provide transportation of an inmate to an outside health care provider or emergency medical services (EMS or ambulance) will provide transportation. The Detention Center Captain will be responsible for coordinating emergency transportation through the Jones County Sheriff's Office. Should EMS be used, a Jones County Deputy will be required to escort the ambulance to its destination.
 - c. In all emergency situations, the Detention Center Captain and/or Sheriff will be contacted immediately to advise them of the situation.
 - d. Should an inmate be transported and a determination be made that the inmate should remain hospitalized, the detention officer or deputy who escorted or provided transportation for the inmate will be required to contact the Detention Center Captain and/or Sheriff and advise them of the situation. The deputy will provide for the supervision of the inmate until such a time that the Detention Center Captain and /or Sheriff send another off-duty officer or deputy to relieve this person.
 - e. The Detention Center Captain or the Sheriff will be responsible for notifying the next-of-kin of any inmate requiring hospitalization.

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REVIEWED 7/5/2016

REVIEWED 6/14/17

	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.14
		RESCINDS: None
SUBJECT: Medical Records		
REVISED: 08/15/2014		
APPROVED:		DATE: 12/01/2013

NO. OF PAGES: 3

POLICY STATEMENT: In order to protect the privacy of inmates and to comply with state and federal statutes and case law, inmate medical records will be filed and maintained in a secure area separate from inmate confinement records. Medical personnel will be responsible for the maintenance of inmate medical records and will be the only individuals allowed access to inmate medical records.

SPECIFIC PROCEDURES:

1. **Inmate Medical Records:**
 - a. During the admission process, the admitting officer will ensure that a medical record is established for each inmate confined to the facility. A copy of the inmate's Medical Screening Questionnaire will be included in the medical record and another in the inmate's confinement record.
 - b. The medical Screening Questionnaire should be the only medical document filed in the inmate's confinement record. No part of an inmate's medical file should be made a part of his/her confinement record. Copies of any instructions written by an attending physician for detention center officers to follow (e.g. inmate medication schedules; special housing authorizations; etc.) may also be filed in the inmate's confinement record inasmuch as officers do require access to this information. **HOWEVER, UNDER NO CIRCUMSTANCES WILL ANY MEDICAL INFORMATION OR DOCUMENT THAT MAY CONTAIN INFORMATION ABOUT AN INMATE'S DIAGNOSIS BE FILED IN AN INMATES'S CONFINEMENT RECORD.**
 - c. Should an inmate disclose information during the admissions process that may suggest that he is infected with any disease or condition deemed confidential either by state or federal statute, case law, standard, or regulation, the officer will ensure that this information is recorded on a separate Medical Screening Questionnaire and filed only in the inmate's medical record (see Policy, 2.11, "Preliminary Health Screening")
 - d. The following documents/information will be required to be filed in the inmate's medical record:
 - i. Medical Screening Questionnaire.
 - ii. Medical evaluation results.
 - iii. Medical information/prescription information.

- iv. Reports of laboratory, x-ray and any diagnostic tests.
 - v. Progress notes.
 - vi. Inmate consent and refusal of treatment forms.
 - vii. Release of information forms.
 - viii. Hospital discharge forms.
 - ix. Special treatment plans.
 - x. Medical appointment information, to include the time, place, date and with whom the appointment is with.
- e. Any information pertaining to an inmate's diagnosis, evaluation or test results, progress, etc. be filed in the medical records in a locked cabinet in the medical office. The jail nurse or physician will be responsible for maintaining the information.
2. Access to Medical Records:
- a. A locked filing cabinet will be maintained in the facility for the purposes of filing inmate medical records.
 - b. Only the following individuals will be allowed access to medical records under the following circumstances:
 - i. Unlimited access to inmate medical record will be granted to authorized medical personnel.
 - ii. Limited access will be granted to the Detention Center Captain and/or Sheriff during emergency situations when either the physician or other medical personnel is unavailable at the facility to access such records.
 - iii. Upon written consent of an inmate, a detention center inspector may have access to an inmate's medical record. Pursuant to state law, an inmate must be given written notice of his right to object prior to allowing a detention center inspector access to his record. **(NOTE: This information is provided to inmates in the Inmate Handbook.)**
 - c. Authorized medical personnel and the Detention Center Captain and/or Sheriff will be the only individuals provided keys to the filing cabinet where the inmate medical records are maintained.
3. Release of medical Information/Records to Other Authorities:
- a. Medical records should not be allowed outside the facility. However, in special situations (e.g., an attorney may request a medical record for a legal case involving the inmate; another healthcare provider may request the file), it may become necessary to release an inmate's medical record to an outside authority. In these cases, the inmate must provide written consent releasing his/her medical record. **Under no circumstance will any inmate medical record be released to any authority without the written consent of an inmate.**
 - i. Medical information for inmates being transferred to another correctional facility will be handled in the following manner: A sealed written statement from the jail nurse or physician may be provided to the transporting officer for delivery to the receiving institution's health care provider. The written statement will include

- general information concerning the inmate's medical history and will authorize the receiving facility's medical staff to contact the physician for more information.
- ii. Should a sealed written statement not be provided to the transporting officer, the jail nurse or physician will contact the receiving facility's medical staff and verbally provide information concerning the inmate's medical history to him/her.
 - b. The jail nurse or physician will be responsible for advising the Director of Health Services, Division of Prisons, whenever an inmate is transferred from the facility to the department of Corrections, who is known to be infected with HIV or AIDS.
4. Retention of Inmate Medical Records:
- a. Inmate medical records will be maintained for a period of at least three (3) years as required by state standards.
 - b. Licensed medical personnel at the County Health Department will be responsible for ensuring that all confidential inmate medical records which are stored at the Health Department pursuant to state standards.

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	JONES COUNTY DETENTION CENTER	CHAPTER: MEDICAL
		SECTION: 4.15
		RESCINDS: None
SUBJECT: Medical Co-Payments		
REVISED: 08/15/2014		
APPROVED:		DATE: 10/01/2008

NO. OF PAGES: 3

POLICY STATEMENT: Inmates receiving self-initiated non-emergency medical care, including dental care, will be assessed a \$20.00 co-payment for each service or visit. This fee will be charged against the inmate's cash account. No inmate will be denied medical care, including dental and mental health care, because of an inability to pay. No co-payment fee will be assessed for emergency care, substance, abuse treatment, mental health care, pre-natal care, laboratory tests ordered by medical staff, medications, routine physicals or follow-up visits.

PENELOGICAL INTEREST

It is in the penelogical interest of the Jones County Detention Center for inmates to be actively engaged in making decisions concerning their own health care and to bear some of the responsibility for it.

DEFINITIONS

A medical emergency is any medical event requiring immediate medical intervention including, but not limited to, unconsciousness or semi-consciousness, breathing difficulties, and shortness of breath, chest pain, uncontrolled bleeding, head injury, broken bones, burns, uncontrolled pain, severe swelling, mouth or dental injury, severe alcohol or drug-induced intoxication, suicidal or self-destructive behavior, disorientation, exaggerated mood swings, delusions or hallucinations (auditory, visual, tactile, etc.,) intense fear, depression, anxiety or panic, and/or any other symptoms or complaints that indicates an inmate requires immediate medical care.

A medical non-emergency is any medical event that does not require immediate medical intervention including but not limited to, minor aches and pains, insomnia, minor injuries or cuts non-serious bleeding, skins disorders, mild to moderate depression or anxiety, and/or any other symptoms or complaints that do not indicate an inmate requires emergency medical care.

PROCEDURE:

Inmates Will Be Notified of Medical Co-Payment

Inmates will be notified of the medical co-payment fee in one or more of the following ways:

- A. Inmates will be informed of the co-payment during the booking process and will acknowledge receiving this information by signing a form.
- B. Inmates will receive a copy of the policy. It will contain a notice concerning the co-payment fee.
- C. Inmates will be informed of the co-payment fee by the Detention Staff during the initial screening interview.
- D. Signs will be posted in the intake area.
- E. Sick call slips will include a notice informing inmates of the co-payment fee for non-emergency care.
- F. If inmate obtains medical care and is assessed a co-payment fee, the detention center staff will provide the inmate with a copy of the sick call slip. This will serve as an invoice, informing him that a co-payment fee will be deducted from his cash account.

Unless there is some compelling evidence to believe otherwise, officers will presume that all inmates are aware of the medical co-payment fee.

Indigent Inmates Will Not Be Charged for Free Services

No co-payment fee will be assessed for the following medical services:

- A. Initial intake Screening
- B. Tuberculosis tests;
- C. Over-The-Counter or prescription medicine dispensed by the Detention center Staff
- D. Pre-existing condition or follow-ups:
- E. Emergency care (Medical, mental health, or dental)
- F. Mental Health services
- G. Dental Follow-up services
- H. Substance abuse treatment
- I. Medical equipment or supplies prescribed by a physician;
- J. Pre-natal care;
- K. Laboratory tests ordered by a physician
- L. A physical exam after fourteen (14) consecutive days of confinement;
- M. Any physical examination or test required for inmate worker status;
- N. Any inmate work-related injury; or
- O. Medical services (including dental services) referred by a physician or other professional health care provider outside the normal physicians.

Self-Initiated Non-Emergency Medical Services Requiring Co-Payment Fee

Co-payment fees will be assessed for self-initiated, non-emergency medical care and dental care including treatments provided by physician.

If the inmate is escorted to the clinic and refuses medical services for any reason, the inmate will be assessed a co-payment fee. An inmate will not be assessed a medical fee if he submits a sick call slip and later refuses to attend a physician.

Detention Center Captain Will Determine Payment of Fee

The Detention Center Captain will evaluate each situation on a case-by-case basis and will determine if an inmate will be assessed a co-payment fee. No fee will be assessed for any emergency of "free" service (See above.) Inmates may register complaints through the inmate grievance system.

No fee will be assessed until services have been rendered. The Detention Center Captain will deduct the co-payment fees from the inmates' cash account. If the account has insufficient funds, the account will be noted as such. If funds are deposited into the account at a later time or during a subsequent incarceration, the fee will be received from the account.

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REVIEWED 6/14/17

