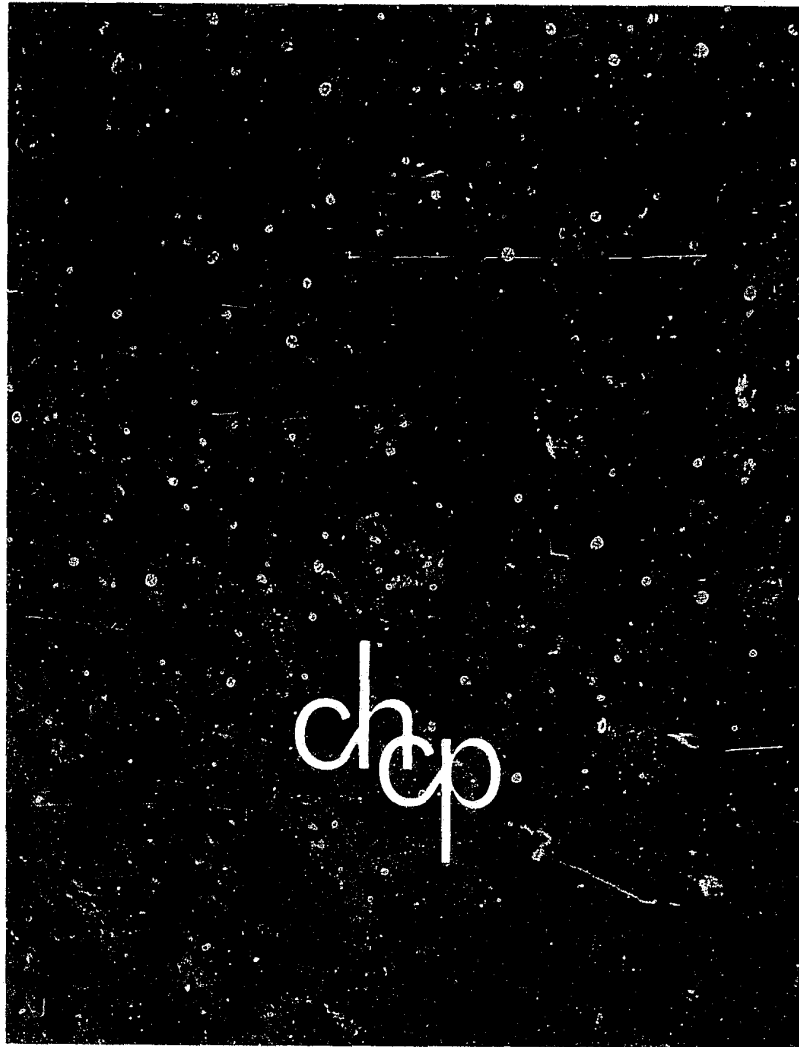


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CORRECTIONAL HEALTH CARE PROGRAM

Correctional Health Care Program

RESOURCE MANUAL

SAMPLE POLICY MANUAL
FOR CORRECTIONAL HEALTH CARE

NCJRS

JUN 25 1980

ACQUISITIONS

MICHIGAN DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH CARE

LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
UNITED STATES DEPARTMENT OF JUSTICE

Correctional Health Care Program
Michigan Department of Corrections
Office of Health Care

SAMPLE POLICY MANUAL
FOR CORRECTIONAL HEALTH CARE

Prepared by:

Office of Health Care
Michigan Department of Corrections

The Correctional Health Care Program is funded by Grant Number 77-ED-99-0026 awarded to the Michigan Department of Corrections by the Law Enforcement Assistance Administration, United States Department of Justice. The primary purpose of this grant is to assist a group of ten states in improving health care services in their correctional systems. Collaborating with the Michigan Department of Corrections on this project are the American Medical Association, the Department of Medical Care Organization of the University of Michigan and the Department of Community Health Science of Michigan State University. Major activities conducted as part of this project include the development of standards for health services in prisons; training programs for administrators, trainers and providers of health services in participating states; and on-site technical assistance in the ten states. This report was prepared as part of the technical assistance phase of the project. Points of view or opinions stated in this report are those of the authors and do not necessarily represent the official opinion of the United States Department of Justice.

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C H C P P R O J E C T S T A F F

Michigan Department of Corrections
Office of Health Care

University of Michigan
School of Public Health
Department of Medical Care Organization

Michigan State University
Colleges of Human and Osteopathic Medicine
Department of Community Health Science

American Medical Association
Division of Medical Practice
Program to Improve Health Care in Correctional Institutions

University Research Corporation

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Make-Buy Decision Analysis for Correctional Health Care

Mid-Level Practitioners in Correctional Institutions: An Analysis of Legislation

Pharmacy Services in Correctional Institutions

Problem Oriented Medical Records in Correctional Health Care

Quality Assurance: A Brief Overview for the Correctional Health Care Administrator

Resident Guide to Self-Care

Sample Policy Manual for Correctional Health Care

FOREWORD

The issues of adequacy, accessibility, and quality of health care service delivery in correctional institutions are increasingly receiving well-merited attention. Long plagued by neglect and paucity of resources, most correctional agencies throughout the country have recognized the need for clear direction in addressing these issues. The unique characteristics of prison populations and facilities pose a problem in applying directly the standards and policies which prevail in community health care settings. Once the basic ingredients common to good health care practice have been identified, the challenge remains of their adaptation without essential compromise to the correctional environment. Implementation of a system which meets statutory and professional standards is the responsibility of correctional health care administrators in the 1980's.

Through a grant from the Law Enforcement Assistance Administration, the Michigan Department of Corrections has provided technical assistance to ten states with a view to improving their health care system for residents of correctional institutions. This manual is one of a series published under auspices of the grant. Together, the manuals will support and extend the training sessions and technical assistance efforts of the past two years. Their purpose is to define concisely the major elements which must constitute a comprehensive health care program for a correctional agency.

There is no substitute for proper planning, adequate resources and good management. These manuals can assist in the planning effort to identify the kind of resources which will comprise an adequate program. In addition, they address the alternatives which must be considered, the integration of various components, and establish a foundation for the decisions which must be made by each agency.

The manuals have been compiled by persons who are experts in their professional field and by persons active in the delivery of health services to correctional residents. There are too many divergencies among correctional agencies to permit a single approach to be universally applicable. For this reason, the manuals are intentionally broad in scope and will require careful analysis and specification by each user.

A health care system does not stand alone and isolated from its environment. It can succeed only through a cooperative and carefully planned effort which involves health care personnel, staff of the correctional system, community health resources, and residents as interested consumers of the services. Where multiple institutions exist within a state correctional agency, appropriate central direction and coordination are essential for coherent and consistent form and quality of the services provided. It is at this level, in particular, that the overall planning, resource development, and management of policy should occur.

These manuals are written in a simple "how-to" format and are intended to be self-explanatory. Local regulatory agencies and other community and professional health resources can be helpful in their interpretation and application.

The goal which has prompted development and issuance of this manual and of others in the series has been attainment of professional quality health care for residents of correctional institutions comparable to that available in the community. The sponsors will consider their efforts well rewarded if, as a result, changes are implemented which improve access and cost-efficient delivery of needed health services.

Jay K. Harness, M.D.
Director
Correctional Health Care Program

P R E F A C E

A policy and procedure manual is essential to the proper management of any organization. It constitutes the written philosophy of management and establishes the rules of behavior for the organization. The Michigan Department of Corrections has long been aware of the value of written policies and procedures, and has developed policies and institutional procedures to govern most aspects of department activity. The Office of Health Care has only recently begun in a systematic way to address policy needs for health care services. This manual contains the first set of policies--still in draft form--developed for the Office of Health Care.

In order to develop the policies needed by the Office of Health Care, it was first necessary to establish a Policy Committee. This committee was composed of the Nursing Directors/Administrators from each major institution in the department. This group met first to determine potential subject areas for policy development, and to prioritize subjects. Because it was believed that a sample policy manual addressing policy issues identified in the American Medical Association's Standards for Health Services in Prisons would be useful to other states which are beginning to develop policies for health care, the Policy Committee agreed to first develop those policies mandated by AMA standards. The Committee used the May 3, 1979 draft of the AMA standards which is included in the Appendix. The final, published version of the standards varies from this draft slightly, but the policies developed need not be changed.

The Policy Committee met five times as a whole over a three month period and several times in various subcommittees to develop the policies contained in this manual. They used a number of resources including existing department policies, the Michigan Public Health Code, Department of Mental Health Administrative Rules and input from various consultants. The policies are in draft form, and must now be disseminated to interested persons and all bureau heads who will be affected by them as specified in the policy on policy development. Upon completion of this review, the policies may be revised before being signed into effect.

This manual contains only policies for the Office of Health Care. The next step is to develop institutional procedures to implement each policy. Each member of the Policy Committee will serve as the chairperson for the Procedure Committee at his/her institution. As procedures are developed at each institution, they will be circulated to other institutions to be critiqued and used as a resource in procedure development at those institutions.

The Policy Committee is now developing policies for other areas of need. First they are developing a policy which establishes the Policy Committee. This policy will define the role of the committee, specify membership and term of office, and establish a meeting schedule. Other subjects for which policies are currently being developed include: body cavity searches, informed consent, employee schedules and compensatory time, medical role in assault and drug cases, uniforms for employees, contractual services, continuing medical education, administrative leave, and staffing critical complement.

The Policy Committee and the Office of Health Care hope that this sample Policy Manual will be of use to other states as a resource. As additional policies are developed they can be made available to anyone interested in them. But at the same time both the Policy Committee and the Office of Health Care hope to benefit from the experience of other states and would like to review policies developed by other departments of correction. Through this mutual sharing of ideas, the most benefit can be achieved with the least expenditure of scarce resources.

Kenneth R. Peterson, R.N.
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Office of Health Care

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Office of Health Care

MICHIGAN DEPARTMENT OF CORRECTIONS

OFFICE OF HEALTH CARE

POLICY AND PROCEDURE

MANUAL

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INTRODUCTION

BACKGROUND

In 1974, Governor William G. Milliken commissioned a study of health care in the state correctional institutions of Michigan. This study was funded by Law Enforcement Assistance Grant #16097-1A 74 in the amount of \$110,582. A nine-member Governor's Advisory Committee for State Correctional Health Care was appointed to oversee the project. The study incorporated five principal elements:

- 1) Development of a set of standards for correctional health care.
- 2) Description of existing arrangements for health care and detailed documentation of inadequacies.
- 3) Assessment of health status of resident population, through extensive physical examination of a stratified random sample of the residents.
- 4) Design of a new health care system, with a series of proposed recommendations.
- 5) Preparation of a set of supportive analyses including legal dimensions, budget and utilization data, resident opinion survey, demographic detail, etc.

Completion of these tasks required nearly a year and involved numerous professional and technical consultants. The final report resulting from this effort was published in January 1975 under the title, Key to Health for a Padlocked Society.

Key to Health for a Padlocked Society recommended that responsibility for health care of residents be transferred from the Department of Corrections to another state agency, or that a special office for correctional health care be created, separate from the other routine operational functions of the department and under the policy direction of an appointed council. It further recommended the appointment of a state correctional health administrator with effective authority over all arrangements for health care.

OFFICE OF HEALTH CARE

In July 1975, the Office of Health Care was established by Director Perry Johnson as the equivalent of a Bureau within the Michigan Department of Corrections. The Michigan Corrections Commission appointed a four-member Health Care Policy Board to provide guidance to the unit. The Office was charged with full responsibility for line administration of all health services within the Department, with the objective of implementing the recommendations contained in Key to Health for a Padlocked Society and achieving a fully adequate system for delivery of health care to residents of the correctional institutions.

Organizationally, each component of the system has a distinct role and function. Policy direction is provided by the Health Care Policy Board. Line responsibility for the health care personnel and budget flows from the Director of the Department

of Corrections to the Director of the Office of Health Care to the institutional Medical Directors. Assurance of safety, security and support services remained the jurisdiction of the institutional Warden or Superintendent.

OFFICE OF HEALTH CARE OBJECTIVES

- A) Health services will be provided at the institutions under the auspices of the correctional health care system and will be limited to the capability of each institution.
- B) The correctional health care system will place maximum reliance on use of community resources in providing comprehensive health services to residents.
- C) All facilities and other resources used in delivery of health care to the correctional population will substantially meet the required or prevailing standards for similar types of health care providers in adequately served sectors of the general community.
- D) A sufficient number of qualified health care professionals and support personnel will be made available through the correctional health care system.
- E) Continuity of care will be a major consideration in arrangement for health care delivery.
- F) Programs to provide information and education on health and health care will be available to residents and to correctional staff.
- G) Thorough, routine and periodic health examinations will be provided.
- H) Concerns of social health of the correctional population will be effectively addressed by the health care system.
- I) There will be a mechanism for effectively influencing the environmental health conditions of state correctional institutions.
- J) Provisions will be made for effective input of residents into formation of policies and decisions relating to health care.

SCOPE OF SERVICES

On-site health care for residents of the Michigan Department of Corrections is comprised of primary and secondary medical and dental care and emergency services. Tertiary care is available at off-site medical facilities. Psychiatric and optometric care are provided on-site at strategically located institutions. On-site support services include: clinical laboratory, x-ray, dietary, pharmacy, medical records and physical therapy. Thirteen (13) on-site medical specialty clinics are conducted on a regularly scheduled basis at the State Prison of Southern Michigan.

Because all services are not available at each institution, particular care is exercised to house residents in institutions suited to serve their medical needs. The State Prison of Southern Michigan Infirmary is the major medical institution for the Department of Corrections and the Riverside Correctional Facility is the major psychiatric institution.

PURPOSE AND USE OF THIS MANUAL

Standard 4009, of the Manual of Standards for Adult Correctional Institutions of the Commission on Accreditation for Corrections, specifies that each department must maintain "... an operations manual that specifies its goals, objectives, policies and procedures." This manual was developed by the Office of Health Care to achieve this purpose and should be used as a tool by all Office of Health Care personnel to guide their daily operational activities. The policy statements of this manual, along with the stated goals and objectives of the Office of Health Care, establish the intentions of the Department in regard to health care services. Procedures developed by each institution serve to direct individual behavior to assure compliance with policy.

To ensure conformance to policy and procedures and to achieve program goals and objectives, it is critical that employees be thoroughly familiar with the Office of Health Care's policy manual and institutional procedures manual. All new health care employees should read the Policy and Procedure manual during their orientation and shall sign a statement attesting to this fact. All continuing personnel in the Office of Health Care shall review the manual annually.

The Office of Health Care Policy and Procedure Manual will be reviewed at least annually by the Policy Development Committee, and will be revised if necessary to reflect the current intentions of the Department. Should a policy or procedure need changing, the procedures governing policy revision will be followed with review by appropriate department personnel. All policies and procedures will be dated at the time they are established and again after each review.

ORGANIZATION OF THIS MANUAL

This manual will contain all of the policy statements of the Office of Health Care of the Michigan Department of Corrections. It also will contain procedures developed by each institution to ensure compliance with Office of Health Care policy. The table of contents lists all policies contained in this manual; they are also indexed by AMA standard number and key words in the title. Each policy specifies its objective, application, policy statement, authority, reference and approval as outlined in Policy Directive DI-01. Additional policies will be added as they are developed.

ACKNOWLEDGEMENTS

Special thanks to the administrators/nursing directors of the State of Michigan prison health care facilities for serving on the Office of Health Care Policy Committee. Their concerned, enthusiastic efforts and hours spent in committee sessions demonstrated their genuine dedication to the formulation of policies for the delivery of health care to the incarcerated residents of the State of Michigan.

The Policy Committee acknowledges the consultation and support of William Byland, Judy Groty, Barbara Hladki, Marilyn Lindenauer, Marsha Tomczyk and Barbara Worgess.

Special thanks to the wardens and superintendents of the various institutions for their cooperation and understanding.

The formulation of this policy manual represents an enormous co-operative effort of the Michigan Department of Corrections health care personnel.

POLICY COMMITTEE


Harry G. Scott, Chairperson

Diane Haynor, Secretary

Donna Barnes
Grace Burkholder
Ellen Covell
Michael Gallagher

Grace McCarthy
Kenneth Peterson
Janice Wine

POLICIES

 <p>MICHIGAN DEPT. OF CORRECTIONS</p> <p>POLICY DIRECTIVE</p>	EFFECTIVE DATE NOT DETERMINED	NUMBER D1-01
	Office of Health Care	SUPERSEDES: NO. NEW
		DATED August 28, 1979
SUBJECT POLICY DIRECTIVES AND OPERATING PROCEDURES FOR THE OFFICE OF HEALTH CARE		PAGE 1 OF 4

OBJECTIVE: To provide written guidelines for communicating and implementing the policies and goals of the Office of Health Care.

APPLICATION: All employees of Michigan Department of Corrections.

POLICY: All Departmental employees must be informed as to the policies and objectives of the Office of Health Care along with the necessary procedures for meeting these objectives, including the legal constraints within which they are to function.

All staff shall be advised of the special importance attached to compliance with Health Care policy and laws in the field of corrections because, in addition to the usual sanctions, non-compliance may leave the employee vulnerable to prosecution and civil suit.

POLICY DIRECTIVE

The "Policy Directive" is the formal statement of the Office of Health Care's policy on a given subject and shall include the following elements:

1. Objectives - This statement should define as clearly as possible what the Office of Health Care is trying to achieve. Unless the objective can be stated in some clearly understandable manner, employees will be unable to determine what they can do to contribute to the overall objective and the Office of Health Care will be unable to evaluate its own effectiveness in meeting goals.
2. Application - It is essential that the extent and limits of application be known. Some policies will apply to all employees and/or all residents, but wherever specific limitations of application exist, these limitations should be clearly outlined in this sub-heading.
3. Policy - This sub-heading should include the reason or rationale for the policy, which indicates the reasoning and intent of the Office of Health Care at the time of enactment. This statement should indicate legal and policy constraints or limits, and establish any standards or qualifications that are required. The actual policy should be stated as clearly and concisely as possible. Matters contained in the Department's Administrative Rules will not be duplicated in policy directives; however, information necessary to clarify or implement a rule may be appropriate.

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4. Authority - The source or basis of the author's authority for issuing the policy should be cited. This may include enabling statutes, administrative rules, actions of the Corrections Commission and/or the Director as well as the proper delegatory policy directives.

Policy Directives may be issued by the Director of the Office of Health Care, the Regional Health Care Administrators, or Institutional Medical Directors on any subject or domain over which the author has statutory or delegated policy-making authority.

All policy directives issued are subject to the approval of the next higher authority, but prior authorization is required at that level only when the authority for the policy is uncertain or the policy may have some impact outside that authority's jurisdictional domain. Each policy directive will be reviewed by the next higher authority to determine that its content is consistent with the philosophy of the Department, and that the author, in fact, has the authority to issue such a policy statement.

Policy directives will be reviewed annually by the Office of Health Care and will be updated as changes dictate. Certification of annual review will be submitted to the Director's office no later than January 15 of each year.

NOTICE OF PROPOSED POLICY DIRECTIVES

Prior to approving a new policy directive, the Director's Office will send a copy of the draft to the government agencies required by law and to any person who has made a written request to receive proposed Health Care policies, unless disclosure of the policy directive would be exempt under the State Freedom of Information Act. Persons receiving proposed policy directives will have at least 30 days to send written comments to the Director's Office.

DISSEMINATION OF ADOPTED POLICY DIRECTIVES

Adopted policy directives are public records. Copies shall be sent to the government agencies required by law and to any person who has made written request for notice of proposed policy directives. Other persons may receive copies under provisions of the Freedom of Information Act. Medical Directors, Administrators, Nursing Directors, Depart-

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ment Heads and Supervisors shall be responsible for the distribution and dissemination of appropriate information pertaining to policy directives and operating procedures to ensure sufficient communication to each employee within their respective units. Policy directives must be available to all employees. Distribution of policy directives authorized by the Department shall be on file with the Management Services Division of the Administrative Services Bureau. Each recipient on this distribution list will be responsible for the review of each new or revised policy directive and must:

1. Determine the changes that affect their area of responsibility.
2. Take necessary steps to promptly implement these changes.

All personnel designated to receive policy directives will maintain a book of the directives and have on hand sufficient documentation to confirm proper follow-up and to demonstrate that their subordinates have been fully advised as to the policy directives' contents. Medical Directors, Administrators, Nursing Directors, Department Heads and Supervisors will establish operating procedures to implement this confirmation requirement.

OPERATING PROCEDURES

While policy directives constitute the what and why of management decisions, operating procedures identify who does what and when to implement and carry out these policies. The "playscript" format will be followed for all operating procedures regardless of the point of origin.

Of particular importance is the fact that operating employees as well as supervisors and managers will have the opportunity to participate in and contribute to the development of work-related operating procedures.

JOB OUTLINES

A job outline tells the individual employee, in a step-by-step description, how to do a specific job; in this respect it is similar to a procedure and may, in fact, be a portion of a procedure.

MEMORANDA

Memoranda from the Director of the Office of Health Care and Institutional Medical Director will be used to communicate policy or information which is temporary in nature, or is directed to a specific

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event or incident that does not lend itself to inclusion in the policy directive form. Memoranda will be numbered in annual sequence for reference convenience. Management Services Division will assign numbers to documents originating in the Central Office; however, the author of the document must designate the proper subject category for that document. It will be the responsibility of each institution to assign the appropriate number to documents originating at the institutional level, but the Department-approved numbering system must be followed.

The Management Services Division of the Bureau of Administrative Services is designated to act as a consultant on questions relating to the development of this Department Documentation System and the distribution and follow-up process; but, the development and writing of these documents will be done at the unit level under the control and direction of the author or signing authority.

Written policies and procedures shall be developed to include minimally those policies required by the American Medical Association Standards for Health Services in Prisons, and American Correctional Association Standards for Adult Correctional Institutions.

AUTHORITY: Corrections Commission: May 24, 1973, January 1978
MCLA 791.202, .203, .204; MCLA 15.243; MCLA 24.224, .225
PD-DWA-11.09, Office of Health Care
PD-DWA-13.01, Department Documentation System-Policy Directives and Operating Procedures

REFERENCE: AMA Standards 105, 106

APPROVED: _____
Jay K. Harness, M.D. Date
Director, Office of Health Care



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

Office of
Health Care

NUMBER
D1-02

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

SUPPORT SERVICES AND LIASON STAFF

PAGE 1 OF 1

OBJECTIVE: To provide adequate staff, space, equipment, supplies and materials for the performance of health care services.

APPLICATION: All Michigan Department of Corrections facilities.

POLICY: The health authority, in cooperation with the facility administrator of each institution, shall be responsible for the provision of adequate staffing, space, equipment, supplies and materials, depending on the level of health care services and the capabilities of the health providers consistent with AMA Standard 142. In institutions without full time qualified health personnel, the health delivery services will be coordinated by a health trained staff member under the joint supervision of the responsible physician and facility administrator.

Within the limitations of security considerations, space should be provided to ensure examination and treatment with professional consideration for the dignity and feelings of the resident.

All health facilities should provide the basic equipment necessary for examination and treatment. This is to include but not be limited to the following:

Thermometers	Scale
B/P Cuffs	Examining Table
Stethoscopes	Gooseneck Light
Ophthalmoscope	Wash Basin
Otoscope	Transportation Equipment
Percussion Hammer	e.g. wheel chair, litter

Institutional health authorities are encouraged to make use of approved available community health resources, as needed.

AUTHORITY: PD-DWA 11.09, Office of Health Care

REFERENCE: AMA Standards 107, 108

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

NUMBER
D1-03

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

MEDICAL PEER REVIEW

PAGE 1 OF 1

OBJECTIVE: To provide the assurance of appropriate and quality health care to the residents of the Michigan Department of Corrections.

APPLICATION: All employees of the Office of Health Care, Michigan Department of Corrections.

POLICY: The health authority for each institution shall make provision for appropriate methods of monitoring all aspects of health care. The monitoring utilized is to assure that appropriate and quality health care is provided to residents.

The standard(s) for appropriate and quality health care in the correctional setting shall be comparable to that in the community. The health authority should utilize and incorporate community Professional Standard Review Organizations into the monitoring of the health care in their institution.

AUTHORITY: PD-DWA 11.09, Office of Health Care

REFERENCE: AMA Standard 109

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE

NOT DETERMINED

NUMBER

D1-04

Office of
Health Care

SUPERSEDES: NO,
NEW

DATED

August 28, 1979

SUBJECT

PUBLIC INFORMATION POLICY
ACCESS TO DEPARTMENT DOCUMENTS

PAGE 1 OF 3

OBJECTIVE: To establish guidelines to fully implement the Freedom of Information Act concerning access to public records held by the Michigan Department of Corrections; to identify and safeguard categories of records exempt from disclosure. Every effort will be made to fully comply with requests.

APPLICATION: All employees of the Michigan Department of Corrections

POLICY: I. Access to Department Documents.

All documents in the department's files are public documents and subject to disclosure under the state Freedom of Information Act (FOIA) MCLA 15.231 - .246. Questions should be referred to the appropriate FOIA coordinator or the Public Information Office. Policy directives and operating procedures which do not compromise security shall be available to residents and a copy shall be placed in institutional libraries.

All holders of security-related Policy Directives and Operating Procedures shall use reasonable security measures to prevent access by residents to their contents. All requests for these documents from residents, the public public officials, courts, attorneys, and, the Attorney General's Office shall be referred to the institution FOIA coordinator.

Appropriate fees should be honored.

II. Access to Resident Files.

Files of residents, probationers or parolees will be available to:

- (1) Department employees pursuing legitimate work activities.
- (2) Persons employed contractually by the department who require access for their particular job assignment.
- (3) Persons assigned to approved department research projects.
- (4) Other government agencies.

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- (5) The public in accord with the Freedom of Information Act, MCLA 15.231 - .246.

The public may not have access to information in a resident's file that:

- (a) Would be an unwarranted invasion of the resident's privacy if released;
- (b) Is privileged information, such as juvenile history, pre-sentence report, and Department of Mental Health records; or
- (c) Is a medical or psychological evaluation of the resident.

The health record will be maintained as a confidential document and will be accessible only to properly authorized personnel.

For purposes of verbal public information, only those employees designated by the institution heads, Medical Directors, regional administrators, or the Office of Health Care Director can provide the following types of information to media representatives and other persons:

- (a) Copies of material in files shall be provided only in accordance with the state's Freedom of Information Act. Questions about exempt material should be directed to the designated FOIA coordinators or to the Office of Public Information.


Each bureau, institutional head and field supervisor has designated responsible and authoritative employees who are familiar with resident files to be FOIA coordinators and to conduct interviews and answer specific inquiries. Other employees are prohibited from providing any information to the public from resident files.

A written record shall be kept in the resident's file of all access to that file by persons not employed by the department along with the reason for the access.

- (6) The resident may have access to his or her own file in accordance with the Freedom of Information Act.

The resident may challenge the factualness of information contained in his or her file, but not the opinions, impressions and judgments. It will be the resident's

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		Office of Health Care	NEW
<p>responsibility to present evidence in support of the challenge. Clear and convincing evidence refuting the factualness of the information will result in correction or expungement; where evidence is not conclusive, both the information and the prisoner's challenge will remain in the file.</p>			
AUTHORITY:	PD-DWA 11.09, Office of Health Care PD-DWA 23.04, Public Information Policy 1 - Access to Department Documents MCLA 15.231 - .246; MCLA 791.202 - .203; Corrections Commission August 12, 1973.		
REFERENCE:	AMA Standard 111		
APPROVED:	<div style="display: flex; justify-content: space-between;"><div>Jay K. Harness, M.D. Director, Office of Health Care</div><div>Date</div></div>		

 <p>MICHIGAN DEPT. OF CORRECTIONS</p> <h1>POLICY DIRECTIVE</h1>	<p>EFFECTIVE DATE NOT DETERMINED</p>	<p>NUMBER D1-05</p>
	<p>Office of Health Care</p>	<p>SUPERSEDES: NO. NEW</p>
	<p>DATED August 28, 1979</p>	
<p>SUBJECT DECISION-MAKING: PSYCHIATRIC PATIENTS</p>		<p>PAGE 1 OF 2</p>
<p>OBJECTIVE: To assure that residents identified as needing psychiatric care are afforded appropriate treatment.</p> <p>APPLICATION: All employees of Michigan Department of Corrections facilities.</p> <p>POLICY: It is the joint responsibility of the health authority and institutional administrator or their designees, to consider special psychiatric needs in the decision making process affecting the following areas:</p> <p>A. <u>Housing</u>: Medical and institutional staff will confer as to the appropriate housing setting for such residents. A variety of levels of support will be made available, including the following:</p> <ol style="list-style-type: none"> 1. Inpatient psychiatric setting (either within the Michigan Department of Corrections or the Department of Mental Health). 2. Protective environment setting. 3. General population setting with appropriate out-patient services. <p>Transfers to and from in-patient psychiatric settings and protective environment settings are to be authorized only by the physician.</p> <p>B. <u>Programming</u>: The selection of residents for participation in programs available for the general population is to be based on the recommendations of the medical/clinical staff familiar with the particular resident with the final decision to be made by the institutional staff.</p> <p>For residents in the in-patient or protective environment units, programming is the responsibility of the staff assigned to those units.</p> <p>C. <u>Disciplinary Measures</u>: Upon the request of institutional staff, the medical/clinical staff will evaluate the possible impact of disciplinary measures on the resident's health and may recommend that alternative measures be used.</p> <p>D. <u>Transfers in and out of institutions</u>: Residents with special psychiatric needs being transferred must be evaluated by medical staff prior to transfer to allow for medication adjustment or other special considerations to assure the safety of both the resident and personnel.</p>		



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

Office of
Health Care

NUMBER
D1-06

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

TRANSFER OF RESIDENTS WITH ACUTE ILLNESSES

PAGE 1 OF 1

OBJECTIVE: To protect the health and well-being of the individual with an acute medical/psychiatric or dental condition and to assure timely transfer or commitment of the individual to a facility where their specific needs can most effectively be met.

APPLICATION: All employees of Michigan Department of Corrections facilities.

POLICY: Medical Directors or their designees are responsible for the referral of acute medical, psychiatric or dental conditions that are beyond the diagnostic and treatment resources available at their facility.

Expediency in serving the medical needs shall be assured by using an established procedure for prior acceptance of residents at the receiving facility, coordinating actions with prison officials, and using established institutional transportation procedures.

In an emergent situation where time is of essence, the highest ranking medical staff member present shall initiate a transfer to an appropriate facility, coordinating the action with the designated prison staff.


AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 113

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date

 MICHIGAN DEPT. OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE NOT DETERMINED	NUMBER D1-07
	Office of Health Care	SUPERSEDES: NO. NEW
		DATED August 28, 1979
SUBJECT MONITORING OF SERVICES		PAGE 1 OF 1
<p>OBJECTIVE: To assure proper delivery of appropriate care by health care providers other than physicians and dentists.</p> <p>APPLICATION: All employees of the Office of Health Care, Michigan Department of Corrections.</p> <p>POLICY: A licensed physician shall be the responsible health authority.</p> <p>It is the responsibility of the health authority to review health services provided in the institution in accordance with the following schedule:</p> <ul style="list-style-type: none">- at least once per month in institutions with less than 50 residents- at least every two weeks in institutions with 50-200 residents- at least weekly in institutions with more than 200 residents <p>AUTHORITY: PD-DWA-11.01, Reception and Guidance Center Function PD-DWA-11.09, Office of Health Care</p> <p>REFERENCE: AMA Standard 114</p> <p>APPROVED: _____ Jay K. Harness, M.D. Date Director, Office of Health Care</p>		



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE

NOT DETERMINED

NUMBER

D1-08

Office of
Health Care

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

TRAINING OF EMPLOYEES IN FIRST AID AND EMERGENCY SITUATIONS

PAGE

1

OF

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OBJECTIVE: To provide all employees with basic health training, incorporated in the Probationary Training Program, to achieve the skills and knowledge necessary to provide first aid in emergency situations.

APPLICATION: All employees of Michigan Department of Corrections facilities.

POLICY: The health authority of each facility will cooperate with the training administrator to provide training for employees to respond to health related situations comparable to that defined by the American Red Cross. This training shall include but not be limited to an awareness of potential emergency situations, response to life-threatening conditions, and responsibility for the early detection of illness or injury.

It is essential that the first aid training course for employees include a certified course in CPR with periodic inservice training to maintain certification.

AUTHORITY: PD-DWA-11.09, Office of Health Care

REFERENCE: AMA Standards, 115, 128, 129

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

NUMBER
D1-09

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

ACCESS TO DIAGNOSTIC SERVICES AND CONSULTANTS

PAGE 1 OF 1

OBJECTIVE: To assure access to comprehensive health care services for all Michigan Department of Corrections residents.

APPLICATION: All residents of Michigan Department of Corrections facilities.

POLICY: The health authority shall assure that necessary diagnostic and consultant services are made available to residents even if access requires transporting the resident to another Michigan Department of Corrections facility with such services or to a community provider.

1. Qualified consultants will be selected within the local area when available to provide specialized treatment.
2. Department guidelines for contracting these services must be followed.
3. Suitable travel arrangements shall be made with custody.
4. Instructions will accompany transporting personnel.
5. Pertinent health record information shall be provided by health services employees to the consultant services, i.e. physician, laboratory, x-ray, etc.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 117

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE

NOT DETERMINED

Office of
Health Care

NUMBER

D1-10

SUPERSEDES: NO.
NEW

DATED

August 28, 1979

SUBJECT

TRANSPORTATION OF RESIDENTS

PAGE 1 OF 1

OBJECTIVE: To assure that the health of residents being transported to other facilities is maintained and protected.

APPLICATION: All employees and residents of Michigan Department of Corrections facilities.

POLICY: Routine transfer of residents must be accomplished in accordance with Michigan Department of Corrections policies and procedures governing transfer of residents.

Institutional medical authorities shall be responsible for evaluations and medical clearance for travel. Residents requiring medication must be provided this medication along with instructions in its use.

The transportation section must be advised of any patient's medical condition that would impact upon the method of transportation or security measures.

Residents requiring ambulance transfer must be transported in a manner consistent with good emergency medical techniques and state ambulance regulations, laws and licensure requirements.


AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-BCF-33.01, Resident Transportation
PD-BCK-34.01, Prisoner Placement and Inter-Institutional Transfer

REFERENCE: AMA Standard 118

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date

	MICHIGAN DEPT. OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE NOT DETERMINED	NUMBER D1-11
		Office of Health Care	SUPERSEDES: NO. NEW
		DATED August 28, 1979	
SUBJECT DEATHS, HOMICIDES, SUICIDE ATTEMPTS AND SERIOUS INJURIES WITHIN CORRECTIONAL FACILITIES; NOTIFICATION OF NEXT OF KIN		PAGE 1 OF 2	
<p>OBJECTIVE: To assure immediate response to the serious injury or apparent death of any resident of Michigan Department of Corrections institutions, and to provide guidelines for the notification of the next of kin.</p>			
<p>APPLICATION: All employees of Michigan Department of Corrections facilities.</p>			
<p>POLICY: <u>DEATHS AND HOMICIDES</u></p>			
<ol style="list-style-type: none"> 1. Health care staff shall be called to the scene of any apparent death immediately. 2. The county medical examiner and the state police will be notified in accordance with department policy, PD-BCF-30.01. 3. No employee of the Michigan Department of Corrections can be designated as a representative of the county medical examiner for the purpose of investigating deaths at correctional facilities since this arrangement could create an unavoidable conflict of interest. 4. State law forbids the moving of a deceased person's body without authorization from the medical examiner. 5. An autopsy will be conducted in all deaths occurring in Michigan Department of Corrections institutions. 			
<p><u>SUICIDE ATTEMPTS</u></p>			
<p>All suicide attempts shall be considered genuine attempts until determined to be otherwise by medical or psychiatric staff. Health care staff will be called to the scene of a suicide attempt immediately to initiate any life saving measures deemed necessary. Institutional procedures will be developed to specify mechanisms for transfer of the resident to the infirmary or outside medical facility as appropriate.</p>			
<p><u>SERIOUS ILLNESS AND INJURY</u></p>			
<p>All seriously ill or injured residents must be given expedient medical attention. The seriously ill or injured resident should be transported immediately to an appropriate treatment area unless moving him/her would endanger his/her life. Injuries will be reported in accordance with Department Policy, PD-DWA-12.01.</p>			

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		BUREAU/INST. NUMBER	SUPERSEDES NO.
		Office of Health Care	NEW

NOTIFICATION OF NEXT OF KIN

In the event of a resident death, serious illness or injury, the next of kin will be notified in accordance with department policy, PD-BCF-30.01. The responsible health authority, in cooperation with institutional administration, will develop a list of conditions serious enough to warrant notification of next of kin and a list of acceptable response actions by the next of kin (i.e., visiting privileges, etc.).

AUTHORITY: PD-DWA-11.09, Office of Health Care
 PD-DWA-12.01, Critical Incident Reporting
 PD-BCF-30.01, Deaths, Homicides, Suicide Attempts, and Serious Illnesses within Correctional Facilities
 MCLA 750.411
 Corrections Commission Meeting - July 17, 1974

REFERENCE: AMA Standards 119, 120.

APPROVED:

Jay K. Harness, M.D.
 Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

Office of
Health Care

NUMBER
D1-12

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

DISASTER PLAN

PAGE 1 OF 1

OBJECTIVE: To provide timely and orderly emergency medical services in the event of a natural or man made disaster.

APPLICATION: All Michigan Department of Corrections facilities.

POLICY: The medical authority and facility administrator of each institution shall be responsible to provide an operational procedure for the timely and orderly delivery of medical services in the event of a natural or man made disaster. This procedure shall include but not be limited to the following:

1. Alert system
2. Emergency equipment and supplies
3. Health care staff assignments
4. Triage area
5. Safety and security of staff and patient area
6. Ambulance services
7. Medical supplies, storage, maintenance, delivery
8. Practice drills: staff training
9. Health record
10. Disposition: wounded, mordant, deceased
11. Communications between:
 - a. Triage area
 - b. Custody - Security
 - c. Inside ambulance service
12. Effort should be made to incorporate available community support to include:
 - a. Fire department
 - b. Civil defense
 - c. Hospitals
 - d. Private physician
 - e. Ambulance
13. Provide for release of public information in accordance with Michigan Department of Corrections guidelines and Policy PD-DWA-23.04.

AUTHORITY: PD-DWA-11.09, Office of Health Care

REFERENCE: AMA Standard 121

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE

NOT DETERMINED

Office of
Health Care

NUMBER

DL-13

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

HEALTH APPRAISAL PERSONNEL

PAGE 1 OF 1

OBJECTIVE: To assure that only qualified or trained personnel assist in the collecting and recording of health appraisal data.

APPLICATION: All Michigan Department of Corrections facilities.

POLICY: All health appraisal data is to be collected by qualified or trained personnel.

1. Qualified Health Personnel: Refers to personnel who are legally recognized (by licensure, registration or certification) to perform direct or supportive health appraisal functions.
2. Trained Personnel: Refers to personnel who meet training standards as approved by the health care authority and are delegated specific health appraisal functions as delineated in institutional procedures.

All data collected is to be recorded on forms approved by the health care authority.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-01.16, Health Examination and Evaluation of Employees

REFERENCE: AMA Standard 126

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

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EFFECTIVE DATE

NOT DETERMINED

NUMBER

D1-14

Office of
Health Care

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

TRAINING OF EMPLOYEES IN MEDICATION
DISTRIBUTION AND/OR ADMINISTRATION

PAGE

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OBJECTIVE: To provide training for correctional employees involved in the distribution and/or administration of medication to residents; to assure residents receiving medication that all personnel involved in the medication distribution system are qualified.

APPLICATION: All Michigan Department of Corrections employees involved in the distribution and/or administration of medications to residents who are not licensed/certified to deliver such service.

POLICY: The health care authority of each institution, in cooperation with the institutional administrator, shall provide a procedure for the training of employees who are involved in the medication distribution system in their institution.

Training for applicable employees shall include, but not be limited to, pharmacology, administration and/or distribution of medications, security constraints and documentation of delivery.

AUTHORITY: PD-DWA-11.09, Office of Health Care

REFERENCE: AMA Standard 127

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

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NUMBER

D1-15

Office of
Health Care

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

TRAINING OF EMPLOYEES REGARDING MENTAL
ILLNESS AND CHEMICAL DEPENDENCY

PAGE

OF

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OBJECTIVE: To provide employees with the assessment tools necessary to recognize signs and symptoms of chemical dependency, emotional disturbances, developmental disabilities and aberrant behavior.

APPLICATION: All employees of Michigan Department of Corrections facilities.

POLICY: The health authority or his designee and institutional training personnel shall collaborate in the training of employees by developing a training package which will address recognition of signs and symptoms of chemical dependency, emotional disturbances, developmental disabilities and aberrant behavior of residents.


AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions


REFERENCE: AMA Standard 130

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date

 <p>MICHIGAN DEPT. OF CORRECTIONS</p> <p>POLICY DIRECTIVE</p>	EFFECTIVE DATE	NUMBER
	NOT DETERMINED	D1-16
	Office of Health Care	SUPERSEDES: NO. NEW
		DATED
		August 28, 1979
SUBJECT		PAGE OF
HEALTH AND HYGIENE REQUIREMENTS OF FOOD SERVICE WORKERS		1 1
<p>OBJECTIVE: To assure that all personnel employed in food service areas are free from illness transmissible by food or utensils.</p> <p>APPLICATION: All employees and residents of Michigan Department of Corrections institutions employed in any aspect of food service work.</p> <p>POLICY: All resident and civilian food service employees shall have a pre-service physical prior to engaging in any food service work. Yearly re-examinations shall be conducted on all such employees. The pre-service examinations and annual re-examinations shall be done in accordance with the requirements of the local health department.</p> <p>Personal hygiene and health requirements of the local health departments, including proper hand washing procedures, shall be maintained in all correctional food service operations. Employees and residents shall be released from food service work during illnesses transmissible by food or utensils.</p> <p>Adherence of all food service employees to health and hygiene requirements is the responsibility of the food service supervisor in conjunction with the health authority at each institution.</p> <p>The pre-service and annual medical examinations are the responsibility of the institutional Medical Director.</p> <p>AUTHORITY: PD-DWA 11.09, Office of Health Care Public Act 368, 1978 House Bill 4070</p> <p>REFERENCE: AMA Standard 131</p> <p>APPROVED: _____</p> <p>Jay K. Harness, M.D. Date Director, Office of Health Care</p>		

 MICHIGAN DEPT. OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE NOT DETERMINED	NUMBER D1-17
	Office of Health Care	SUPERSEDES: NO. NEW
		DATED August 28, 1979
SUBJECT VOLUNTEER PROGRAM		PAGE 1 OF 1
<p>OBJECTIVE: To provide an opportunity for greater involvement of responsible citizens in the correctional process to increase and enhance the present services and programs offered to offenders; to promote understanding, communications and a positive relationship between the medical department and the community.</p> <p>APPLICATION: All Michigan Department of Corrections institutions.</p> <p>POLICY: Volunteers may be used in Health Services with the approval of the health authority in accordance with the Michigan Department of Corrections policy.</p> <p>AUTHORITY: MCL 791.203 and .206. PD-DWA-11.08, Statement of Purpose PD-DWA-11.09, Office of Health Care PD-DWA-30.04, Institution Visitors, Volunteers and Tours PD-DWA-40.01, Programs for Rehabilitation PD-BCF-43.01, Institutional Use of Lay Group Counselors OP-BCF-63.03, Prohibited Visitors List</p> <p>REFERENCE: AMA Standard 132</p> <p>APPROVED: _____ Jay K. Harness, M.D. Date Director, Office of Health Care</p>		



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

NUMBER
D1-18

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

RESIDENT WORKERS IN HEALTH CARE

PAGE 1 OF 1

OBJECTIVE: To assure that resident workers are not performing tasks in a manner that would violate state laws, invite litigation or bring discredit to the correctional health care field.

APPLICATION: All resident workers in Michigan Department of Corrections institutions.

POLICY: Where possible, health services may use resident employees, however, precautionary measures should be taken to assure that residents do not: 1) perform direct patient care services; 2) schedule health care appointments; 3) determine access of other residents to health care services; 4) handle or have access to surgical instruments, syringes, hypodermic needles, or medication; 5) handle or have access to health records, or 6) operate equipment for which they are not trained.

The Office of Health Care retains the authority to waive resident employee restrictions depending upon individual merit and the needs of the medical department.

Institutional health care authorities are responsible for generating procedures which list tasks that may be performed by residents and describe the conditions under which resident workers can perform those tasks and the screening process by which resident workers are selected.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-BCF-41.01, Institutional Work Assignment Wages and School Stipends

REFERENCE: AMA Standards 133

APPROVED:

Jay K. Harness, Director
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

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NOT DETERMINED

Office of
Health Care

NUMBER
D1-19

SUPERSEDES: NO.
PD-DWA-42.04

DATED
August 28, 1979

SUBJECT

RESIDENT HEALTH RECORD

PAGE 1 OF 2

OBJECTIVE: To provide written documentation of all health care services rendered to residents; to provide a means of communication to assure continuity of care; to serve as a basis for planning individual resident care; to provide a tool for evaluation of quality of care; to assist in protecting the medico-legal interests of the resident, institution, and care providers; and, to serve as a basis for statistical analysis and clinical data for use on program planning and education.

APPLICATION: All employees providing health care services in Michigan Department of Corrections institutions.

POLICY: To comply with accepted standards of care and statutory requirements, all residents will have a health record. It will be initiated during the Reception process and include documentation of all services provided by health care staff or other correctional personnel providing health aid or screening. The health record will be organized in a unit, modified problem-oriented format. It will include documentation of all occasions of service provided to MDOC residents both on-site and off-site for in-patient or ambulatory encounters. It will be initiated at the time of resident arrival in the Reception area, and include medical, surgical, psychiatric, dental, optometric and podiatry services.


Documentation is to be done within the health record on the appropriate forms. It will be complete and current in order to facilitate accurate communication concerning the resident's present and past health status, as well as the plan of care.

Health records will be maintained in a consistent and standardized format as prescribed by the Office of Health Care. Health record services will be available at all major MDOC institutions.

The health record will accompany the resident to all major MDOC facilities. The appropriate health record summary will be sent in lieu of the original record to camps and community resident centers. Records or summaries will be maintained securely and in a confidential manner during the transfer process.

The health record will be maintained as a confidential document, stored securely so that access is controlled by the health service record administrator-technician/administrator or medical director. Information from the health record that clearly affects the safety and security of the institution or resident, or is required for clearance for institutional transfers or program assignments will be communicated to appropriate staff.

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POLICY DIRECTIVE	NOT DETERMINED	D1-19	
		BUREAU/INST. NUMBER Office of Health Care	SUPERSEDES NO. PD-DWA-42.04
<p>All inactive health records for the male population will be maintained in the original by SPSM Health Record Service. They will be maintained in the original form for a minimum of ten (10) years. Microfilming may be used in lieu of the original after three (3) years inactive status. All inactive health records for the female population will be maintained in the original by Huron Valley Women's Facility for the same period of time as cited above.</p> <p>A resident must be assured that he will face no reprisal for seeking health care services. Thus, no information derived solely from the health record or from the provision of care will be used to initiate or support prosecution or disciplinary action against a patient.</p> <p>The State Prison of Southern Michigan, Infirmary, Health Record Services or other appointed institution will maintain all original health records of residents transferred to sites other than a major MDOC facility.</p> <p>AUTHORITY: MCL 791.203-204 MDPH Administrative Rules: R 325.1028(8); 325.1058; 325.1060, 10.61 - 10.63 PD-DWA-11.09, Office of Health Care</p> <p>REFERENCE: AMA Standards 137, 138, 139, 140</p> <p>APPROVED: _____ Jay K. Harness, M.D. Date Director, Office of Health Care</p>			

	MICHIGAN DEPT. OF CORRECTIONS POLICY DIRECTIVE	EFFECTIVE DATE NOT DETERMINED	NUMBER DI-20
		Office of Health Care	SUPERSEDES: NO. NEW
			DATED August 28, 1979
SUBJECT PHARMACY POLICY, OFFICE OF HEALTH CARE		PAGE 1 OF 6	
<p>PRINCIPLES: Comprehensive health care services require the availability of pharmaceutical services as part of the total system of diagnosis, prevention and treatment of diseases in accordance with ethical and professional practices.</p> <p>OBJECTIVE: To assure the protection of residents receiving pharmaceutical services.</p> <p>To assure that written procedures and systems are available related to the total acquisition, stock maintenance and distribution methods.</p> <p>To assure conformity with state and federal statutes.</p> <p>To assure that pharmacy services will be organized, directed and integrated with the total health care delivery system of the Michigan Department of Corrections, Office of Health Care.</p> <p>To assure that precautions will be taken in the safe storage of pharmaceutical items.</p> <p>APPLICATION: All Michigan Department of Corrections facilities.</p> <p>DEFINITIONS:</p> <ol style="list-style-type: none"> 1. <u>Controlled Substance</u> means a drug, substance or immediate precursor in Schedules I through V of the Michigan Controlled Substances Act. 2. <u>Federal Caution or Legend Drug</u> means any drug bearing the statement "Caution--Federal Law Prohibits Dispensing Without Prescription." 3. <u>Device</u> means instruments, apparatus and contrivances, including their components, parts and accessories, intended for use in the diagnosis, care, mitigation, treatment or prevention of disease in man or affecting the structure of any function of the body of man. 4. <u>Restricted Drug</u> means any drug that lends itself to abuse by residents and is designated "restricted" by the Office of Health Care. 5. <u>Pharmacy and Therapeutics Committee</u> means a formal committee at the division level that minimally consists of the Director of the Office of Health Care or his designee, an appointed Director of Nursing, the Clinical Administrator, the Assistant Deputy Director or his designee, and chaired by an appointed department pharmacist. 			

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6. Institutional Pharmacy and Therapeutics Committee
means a formal committee at the facility level that minimally consists of the Medical Director, the Director of Nursing, the Administrator, the Warden or Superintendent or appointed representative, and chaired by the facility pharmacist.

POLICY:

1. There will be mandated adherence to licensure rules as established by the Federal Controlled Substance Act and the Michigan Public Health Code.
2. The Pharmacy and Therapeutics Committee will be formalized at all facilities and will minimally meet quarterly with recorded minutes. This group will perform specific functions that may include but not be limited to:
 - a) advisory functions to medical staff and the pharmacist on matters pertaining to the choice of drugs.
 - b) serving as a liaison body with the state level committee in communicating formulary, policy, procedure and related needs.
 - c) making recommendations concerning drugs to be stocked on nursing units, in emergency night cabinets and at other approved locations.
 - d) monitoring unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients.
 - e) the establishment of standards concerning the use and control of investigational drugs and research in the use of recognized drugs.
3. A Registered Pharmacist will direct pharmaceutical services.
 - a) The pharmacist will approve and provide the supervision of all pharmacy activities and approve all procedures and monitoring of the prescribed drug therapy programs.
 - b) The pharmacist will assure that periodic checks are made of all dated medications following the established procedure for the removal and return of those products which are outdated.

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c) Where pharmacy technicians and aides are employed, they will work under the supervision of a pharmacist and will not be assigned duties that should be performed only be registered pharmacists.

d) Clerical and stenographic assistance will be provided to assist with records, reports, and correspondence.

e) Where the institutional structure does not have an organized pharmacy, such services will be obtained from an institutional facility having such service or from a commercial pharmacy on contract.

f) The pharmacy will maintain a current pharmaceutical reference library, as required by licensure, and other texts and reference books relative to pharmaceutical theories and practice.

g) The pharmacist will have authoritative and current antidote and emergency reference information available in the pharmacy and at other locations in the facility along with the telephone number of the regional poison control center.

h) The pharmacist will offer consultation services to residents and the medical staff when appropriate.

i) The pharmacist will give inservice training to clinical employees.

4. The uniform formulary of the Office of Health Care is to be used for those medications that are routinely available for the treatment of residents.

a) The formulary will list all drugs by:

Trade name
Generic name
Combination products
Therapeutic category

b) Where appropriate, dispensing information should be included with the drug listing.

c) The formulary is to include a specific list of controlled substances, banned drugs, restricted drugs, and non-prescription (over-the-counter) drugs.

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d) The Institutional Pharmacy and Therapeutic Committee will promulgate a procedure based on this portion of the policy.

e) The Institutional Pharmacy and Therapeutics Committee will develop procedures necessary to meet drug needs in those circumstances beyond the reach of the formulary.

5. Procedures are to be available that address the pre-prescribing of medications and that assure the monitoring of these actions on a regular basis.

a) Prescription medications will be ordered only by the attending physician, dentist or physician's assistant under the physician's supervision.

b) Controlled substances will be prescribed only by the attending physician/dentist and will not be ordered for a period exceeding 72 hours without review and renewal by a physician/dentist.

c) A specific policy and functional procedure will be developed and directed toward the prescribing, dispensing and administration or delivery of all restricted drugs, including those that alter mood or behavior, present significant toxicity dangers or that may otherwise be subject to abuse. This policy and procedure will particularly mandate:

1. Medication will be prescribed by a physician only after an evaluation, which should include history, physical examination and diagnosis, and only when the physician is involved in a professional-patient relationship for a bonafide medical reason.
2. Assured ingestion of medication by the resident: when available and feasible, liquid forms of medication shall be used.
3. Individual dispensing.
4. Prescription limitation of 30 days.

d) Non-prescription (over-the-counter) medications may be ordered by adequately trained and authorized medical personnel.

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- e) Non-prescription (over-the-counter) medications may be made available in all facilities at places other than the health care services area, with the approval of the Medical Director.
- 6. All ordered medications, including non-prescription medications, will be delivered or administered only by adequately trained personnel.
 - a) Labeling instructions:
 - 1) Institutional name
 - 2) Client identification: name, number, housing
 - 3) Name and strength of drug
 - 4) Expiration date
 - 5) Instructions for use
 - 6) Lot number
 - b) Safety containers will be used in packaging legend drugs for clients who are going on parole, to court, discharge, etc. The container will contain full labeling information as in (a).
 - c) Each administration of medication will be appropriately documented for inclusion in the medical record.
 - d) All ordered medications not administered will be returned to the pharmacy.
 - e) Where the size, function or geographic location of the facility or components of the area served does not warrant sufficient health care services staffing for the administration of medication, such delivery may be carried out by adequately trained non-health personnel. The medication will be adequately sealed when delivered.
- 7. The pharmacist will be responsible for on-the-job training and inservice education of a pharmacist aide and any other personnel associated with this service.
- 8. The Pharmacy and Therapeutic Committee will develop procurement procedures to assure that:
 - a) Drugs and devices will be ordered from Central Unit Packaging Services (C.U.P.S.) within the constraints of time and availability.
 - b) Efforts will be made to secure drugs in tablet

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or liquid form rather than in two-part capsules that may be subject to abuse.

- c) Local purchases will fulfill the short-term emergency needs for drugs and devices not stocked by C.U.P.S.
 - d) Procurement and dispensation of Controlled Substances Act drugs will be maintained in a manner that will permit an audit at any time as set forth in C.S.A. of 1972, Act 196 P.S. 1971 and Michigan Public Health Code, Act 368 P.A. 1978.
9. There will be a secure area for the storage of all medications, physically separate from all other health care services.
- a) The storage areas will be provided under proper conditions of space, sanitation, temperature, light and moisture.
 - b) The pharmacist or his designee must make periodic inspections of all drug storage and medication areas to verify conformity to sound practices, maintaining records of the inspection findings.
 - c) Procedures must be developed for the maximum security storage of all controlled substances. This calls for attention to the unique physical plant characteristics. The procedures must address limited access, inventories, safety and security.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-BCF-30.02, Custody & Security Measures
Michigan Public Health Code
Board of Pharmacy Acts Code

REFERENCE: AMA Standard 141

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
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NUMBER
D1-21

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

LEVELS OF CARE

PAGE 1 OF 1

OBJECTIVE: To provide guidance in assuring that residents of the Michigan Department of Corrections have all appropriate levels of health care available for their utilization when needed.

APPLICATION: All Michigan Department of Corrections facilities.

POLICY: The health authority for each institution(s), in cooperation with the institutional administrator, shall make available and provide a procedure for assuring expedient access to the following levels of health care:

- 1) Self Care: Care for a condition which can be treated by the resident and may include "over-the-counter" medications.
- 2) First Aid: Care for a condition which requires immediate assistance from a person trained in first aid procedures.
- 3) Emergency Care: Care for an acute illness or unanticipated health care need which requires the attention of a qualified health care provider and cannot be deferred until the next scheduled access period or clinic.
- 4) Clinic Care: Care for the ambulatory resident with health care complaints which are evaluated and appropriate disposition rendered.
- 5) Infirmiry Care: Inpatient bed care for an illness or diagnosis which requires observation and/or medical management, but does not require admission to an acute care hospital.

NOTE: An infirmiry is defined as an area established within the correctional facility which maintains and operates two or more inpatient beds and provides for skilled nursing care on a 24 hour basis.

Hospitalization is defined as inpatient care for an illness or diagnosis which requires optimal observation and/or medical management in a facility licensed to provide such service.

AUTHORITY: PD-DWA-11.09, Office of Health Care

REFERENCE: AMA Standard 142

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Jay K. Harness, M.D.

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NUMBER

D1-22

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

HEALTH CARE TREATMENT PHILOSOPHY

PAGE 1 OF 1

OBJECTIVE: To assure that residents that are recipients of health care delivered in the correctional facilities are treated with consideration for their dignity and feelings.

APPLICATION: All employees of the Office of Health Care, Michigan Department of Corrections.

POLICY: All employees involved in the delivery of health services within the Michigan Department of Corrections shall treat all residents who are receiving health care with professional consideration for their dignity and feelings.

Privacy for the resident should be a primary consideration when providing medical treatment or procedures.

The resident shall be informed of the medical treatment and procedures to be performed and their consent shall be obtained prior to its initiation.

NOTE: In life threatening situations where consent cannot be expeditiously obtained prior to initiation of treatment to sustain life, informed consent is exempt.

AUTHORITY: PD-DWA-11.09, Office of Health Care

REFERENCE: AMA Standard 143

APPROVED:

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Director, Office of Health Care

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D1-23

Office of
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SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

CONTINUITY OF MEDICAL CARE

PAGE 1 OF 1

OBJECTIVE: To assure that there is continuity of medical care provided to the residents of the Michigan Department of Corrections.

APPLICATION: All employees of the Michigan Department of Corrections.

POLICY: The health authority of each institution, with the cooperation of the institutional administration, shall provide a procedure(s) to assure that residents will have continuity of medical care.

The procedures shall include but not be limited to:

1. Providing adequate access to health care and appropriate health care providers.
2. Timely initiation and follow through of medical treatment.
3. Expeditious referral to off-site health care providers when indicated.
4. Process for continuity of on-going medical care when the resident is transferred to other facilities.
5. Provision for supplying adequate information regarding the health status of the resident during referrals to off-site providers and inter-institutional transfers.

AUTHORITY: PD-DWA-11.09, Office of Health Care

REFERENCE: AMA Standard 144

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Office of Health Care

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NUMBER
D1-24

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

COMMUNICATION ON ACCESS TO TREATMENT

PAGE 1 OF 1

OBJECTIVE: To communicate to residents the availability of health services within the institution and how to obtain the services.

APPLICATION: All employees of Michigan Department of Corrections facilities.

POLICY: Upon arrival at the given facility, residents shall receive a verbal briefing or orientation as to the availability of and how to apply for health services.

Written instructions shall be placed in the resident manual and posted in the resident living areas. Interpreters shall be made available for residents with language barriers.

Availability is dictated by DOC Policy (PD-DWA-64.02) to provide health care consistent with the prevailing standards for non-prison institutional settings.


AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-40.02, Psychological and Psychiatric Evaluations Disclosure
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 145

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date

 <p>MICHIGAN DEPT. OF CORRECTIONS</p> <h1>POLICY DIRECTIVE</h1>	EFFECTIVE DATE NOT DETERMINED	NUMBER D1-25
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SUBJECT RECEIVING SCREENING, DELOUSING AND INITIAL HEALTH APPRAISAL		PAGE 1 OF 2
<p>OBJECTIVE: To protect the health and well being of the individual and the correctional community through the early detection and appraisal of the health status of each arriving resident; to establish baseline data for use in subsequent care and treatment; to provide data for appropriate classification and program planning.</p> <p>APPLICATION: All Michigan Department of Corrections institutions receiving new residents, returned parole violators, and other appropriate returnees.</p> <p>POLICY: <u>RECEIVING SCREENING</u></p> <p>Receiving screening will occur at the time of the resident's arrival at the correctional institution. This screening will include:</p> <ol style="list-style-type: none"> 1. initial screen for urgent psychiatric and medical needs; 2. visual inspection for signs of trauma, recent surgery, abscesses, open wounds, drug tracks, jaundice, pediculosis, and communicable diseases; and 3. diphtheria and tetanus immunizations or boosters, and the tuberculin skin test (PPD) will be given unless contraindicated. <p><u>DELOUSING</u></p> <p>Upon arrival at the reception center, all residents will be deloused as deemed appropriate by the responsible health care authority.</p> <p><u>INITIAL HEALTH APPRAISAL</u></p> <p>The initial health appraisal shall be completed within the first 30 days of incarceration. The goal of the health services unit will be to reduce this time frame to 14 days.</p> <p>The initial health appraisal will include:</p> <ol style="list-style-type: none"> 1. self-administered health questionnaire, with assistance available if necessary; 2. urine and blood analysis, including syphilis screen; 3. chest x-ray; 4. dental screen; 		

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5. optometric screen;
6. physical examination with vital signs and description of all findings; and
7. written summary of the above data with identification of problems, immediate plans, treatment plans and referral, special needs, health and duty status.

All of the above procedures will be completed and documented in the health record prior to transfer of the resident to other than receiving areas. If an infirmity referral is indicated, the infirmity staff will be requested to complete the health appraisal. Otherwise, every effort should be made to process each resident through the initial health appraisal prior to transfer.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-11.09, Reception and Guidance Center Function
PD-DWA-40.02, Psychological and Psychiatric Evaluations Disclosure
PD-BCF-42.01, Medical Examination of Returned Escapers and Temporary Releases
MCL 791.203-240
MDPH Administrative Rules: R325.1028(8); 325.1058;
325.1060, 10.61-10.63

REFERENCE: AMA Standards 148, 149, 150

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Jay K. Harness, M.D.
Director, Office of Health Care

Date



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NUMBER

D1-26

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

DENTAL SERVICES

PAGE 1 OF 3

OBJECTIVE: To relieve pain and treat infections, to restore and maintain the mouth and teeth in a healthy condition which allows adequate mastication and function, and to provide reasonable prosthetic appliances as needed.

APPLICATION: All residents of Michigan Department of Corrections institutions.

POLICY: Dental services are provided under the statewide direction and supervision of a Director of Dental Services, who is a dentist licensed by this state. A licensed dentist at each institution supervises the dental services provided at that institution and coordinates dental services with other health service units.

INITIAL SCREENING

Initial screening will be conducted within the first five days of incarceration, and will include:

1. x-ray examination;
2. visual inspection for obvious caries, missing teeth, prostheses, and teeth in obvious need of extraction; and
3. dental history questionnaire to be completed by the examiner.

Screening will be performed by a legally qualified provider (i.e., dental aide, dental hygienist or dentist), and all findings will be documented on the designated health record forms. A copy of all documented findings will be furnished to the resident. Based on the findings, each resident will be assigned a treatment priority according to the classification system listed below.

All residents will attend an orientation session, conducted by a dental hygienist or dental aide. Residents will be furnished information both verbally and in writing on dental services available and instruction on proper oral hygiene.

DENTAL CLASSIFICATION SYSTEM

Class 1. This category indicates teeth requiring extraction.

- a. Teeth decayed beyond possibility of filling and/or injurious to the individual's health.
- b. Root fragments remaining indicate pathology

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and/or interfere with construction of prosthetic appliance.

- c. Impactions creating pathology to the hard and soft tissues.
- d. Severe periodontal condition with extreme involvement of bone loss and mobility of the teeth.
- e. Suspected ulcerative lesions or growths.

Class 2. Teeth with carious lesions that can be restored.

Class 3. This category indicates cases requiring prosthetic procedures.

- a. Edentulous mouth without dentures or ill fitting dentures.
- b. Prosthetic appliance(s) needing repair or reline.
- c. Partial removable appliance(s) to replace missing teeth.

Class 4. This category indicates cases requiring oral prophylaxis and/or oral hygiene instruction.

- a. Scaling and prophylaxis by the dentist or hygienist.
- b. Education in proper care using dental floss, proper brushing and massaging techniques.
- c. Attempt to reverse developing periodontal problems.

Class 5. The examination reveals no need for dental work at this time.

DENTAL EXAMINATION

Upon arrival at the assigned institution, the resident will be scheduled according to the priority of treatment listed and a complete dental examination will be conducted.

1. Additional x-rays will be taken if needed.

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2. Initiation of a treatment plan.

3. The resident will be briefed on appointment procedures.

Residents on waiting lists for services will be seen in the order of placement on the lists.

Emergency cases will be seen at Dental scheduled access, by kites, or upon the request of resident unit manager or work supervisor.

DENTAL SERVICES

Dental services available are:

1. Teeth beyond restoring will be extracted.
2. Complete dentures will be available for the edentulous patient or the patient with teeth beyond restoring.
3. Partial dentures will be available for missing anterior teeth or when there is an insufficient number of posterior teeth for proper mastication.
4. Teeth that are restorable will be restored by silver alloy.
5. Oral prophylaxis service will be available and provided by the hygienist or dentist.
6. When resources permit, and conditions are favorable, endodontic and periodontic service will be available.
7. Surgical cases beyond the scope of our dentists will be referred to specialists.
8. Gold and ceramic service is not available.

AUTHORITY: PD-DWA-11.09, Office of Health Care
Michigan Public Health Code of 1978, Act 368, Part 135, 161, 166.

REFERENCE: AMA Standard 151

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



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D1-27

Office of
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SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

INTERIM HEALTH APPRAISAL OF MENTALLY ILL AND RETARDED

PAGE 1 OF 1

OBJECTIVE: To assure that psychiatric services are available to residents during the intake process and as indicated on a continuing basis.

APPLICATION: All Michigan Department of Corrections facilities.

POLICY: Psychiatric screening and treatment services will be provided to all residents, including specific measures addressing emergencies and suicidal problems.

AUTHORITY: PD-DWA-11.05, Reception and Guidance Centers Purpose and Organization
PD-DWA-11.09, Office of Health Care
PD-DWA-42.02, Treatment of the Mentally Ill and Mentally Retarded Offender
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 152

APPROVED:

Jay K. Harness, M.D.
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Date



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D1-28

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

TRIAGING OF MEDICAL COMPLAINTS AND SCHEDULED
ACCESS TO HEALTH SERVICES

PAGE 1 OF 2

OBJECTIVE: To assure timely access to health care personnel through triage, scheduled access, and treatment as required.

APPLICATION: All residents of Michigan Department of Corrections facilities.

POLICY: TRIAGING

All resident health complaints shall be referred promptly to health trained personnel in accordance with institutionally developed procedures.

Institutional health services shall develop procedures for daily and timely triaging of resident health complaints by qualified personnel as designated by the Medical Director or his designee.

The institutional procedures for unscheduled and emergency triaging of complaints shall include details of communication methods to be used by residents and prison employees. This procedure shall also address varying procedural differences on shifts weekends, and holidays.

SCHEDULED ACCESS TO HEALTH SERVICES

All institutions shall provide scheduled access to health services. The health services unit shall provide a system through which each resident reports for and receives appropriate health services for non-emergency illness or injury.

The organization of this system may vary with institution but is to be explicitly described in each institutional procedural manual and shall detail:

- A. Time(s) and site(s).
- B. The population(s) served.
- C. Special calls or appointment systems that are utilized for specialty care, follow-up care, other examination or treatments.

Each institution shall strive toward the use of experienced health care staff for the first contact made.

A physician and/or physician's assistant should be available to see immediate referrals.

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The approved Michigan Department of Corrections health record shall be standardized. All medical contacts with residents shall be recorded using the state-wide recording format (POMR).

Each institution shall develop a tracking system to assure follow up care including scheduled consultations.

Each institution shall develop a system that will address the specific handling of laboratory and x-ray reports, to assure a review of findings by medical staff, and the filing of reports in the medical record. The resident shall be notified of the findings, even when no follow up care is indicated.

All residents shall be given instructions relative to access to health care as cited in policy D1-24.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standards 153, 154

APPROVED: _____

Jay K. Harness, M.D. Date
Director, Office of Health Care



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NUMBER
D1-29

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

SEGREGATION/DETENTION MEDICAL ACCESS

PAGE 1 OF 1

OBJECTIVE: To assure the daily monitoring of the health complaints of those residents who are unable to have routine access to health care services.

APPLICATION: All residents of Michigan Department of Corrections institutions.

POLICY: A health care staff member shall make daily rounds of all segregation/detention units to make general observations of conditions and individual resident's health status. Resident complaints and individual findings will be documented in the resident's health record. Significant problems shall be brought to the attention of the officer in charge.

Access to health services shall conform to the general triage policy (D1-28) with certain modifications:

- where space is available, a private examining room should be located within the segregation unit; this room should be medically equipped and supplied within security guidelines;
- where a separate examining room is not available for medical purposes, a plan shall be developed to meet the needs of residents, health care staff and custody.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 155

APPROVED:

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Director, Office of Health Care

Date



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NUMBER

DI-30

Office of
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SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

MANAGEMENT OF CHEMICALLY DEPENDENT RESIDENTS
AND DETOXIFICATION

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OBJECTIVE: To provide guidelines for detoxification and clinical management of chemically dependent residents.

APPLICATION: All residents of Michigan Department of Corrections facilities who are physically and/or psychologically dependent on the following: alcohol, opium derivatives, synthetic drugs with morphine like properties (opioids), stimulants or depressants.

POLICY: The health authority of each institution will be responsible for providing a procedure for the clinical management of chemically dependent residents.

The clinical management will be under the direction of a physician with regard to:

1. Diagnosis of chemical dependency.
2. Nonpharmacological or pharmacologically supported care.
3. Individualized treatment plan.
4. Utilization of community resources when possible.

Provision for detoxification should be performed at a local facility under medical supervision or at off-site facilities in hospitals or community detoxification centers.

Referral to community resources upon release is desirable.

NOTE: Special consideration should be given to detoxification of those patients who may pose special risks, e.g., psychotic, seizure prone, pregnant, juvenile or geriatric.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standards 156, 157

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Director, Office of Health Care

Date



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NUMBER
D1-31

Office of
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SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

SPECIAL MEDICAL PROGRAMS

PAGE 1 OF 1

OBJECTIVE: To assure that residents with an identified and ongoing medical/psychiatric problem are afforded a planned and supervised medical program.

APPLICATION: All residents of Michigan Department of Corrections facilities who require close medical/psychiatric supervision.

POLICY: The intent of this policy is to encourage the institutions to develop case identification techniques and to use innovative planning in establishing programs that are responsive to the resident, staff, housing and security needs.

An individual, comprehensive treatment plan shall be written for all residents by a physician.

Specialty medical program services shall be maintained at select locations within the state.

If transfers to a specialty unit are not possible, the local institutions shall provide alternative medical/psychiatric supervisory plans.

The institutional clinic staff shall work toward the development and presentation of a uniform flow plan for monitoring the medical/psychiatric problems, and an involvement with multi-discipline planned programming.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 158

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DL-32

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

INFIRMARY CARE

PAGE 1 OF 1

OBJECTIVE: To provide 24 hour inpatient care for residents.

APPLICATION: All residents of Michigan Department of Corrections institutions.

POLICY: Twenty-four hour inpatient infirmary care will be made available for all residents of Michigan Department of Corrections institutions. Procedures which guide inpatient services and define the scope of services available will be developed by each institution. If inpatient infirmary services are not available in the institution where the resident is housed, procedures will specify the transfer mechanism for moving the resident to a facility which can provide inpatient services.

The responsibility for the quality of care in the infirmary is assigned to the Medical Director of the institution. A physician will be on call 24 hours a day, seven days a week.

Nursing services are under the direction of a full-time registered nurse with health care personnel on duty 24 hours a day. A written manual of nursing care procedures is available and should be consistent with professionally recognized standards of nursing practice and in accordance with the Michigan Nurse Practice Act. They should be developed on the basis of current scientific knowledge and should take into account new equipment and current practices.

A separate, individual and complete health record will be kept for each resident in the infirmary and will document their care.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 159

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DL-33

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SUPERSEDES: NO.

NEW

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August 28, 1979

SUBJECT

PREVENTIVE CARE

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OBJECTIVE: To provide medical preventive maintenance, including health education, to residents of Michigan Department of Corrections institutions.

APPLICATION: All residents of Michigan Department of Corrections institutions.

POLICY: Medical preventive maintenance shall be available and include: health education and medical services such as inoculations, immunizations, and instructions in self care for chronic conditions.

Subjects for health education may include:

1. Personal hygiene;
2. Nutrition;
3. Venereal disease;
4. Tuberculosis and other communicable diseases;
5. Effects of smoking;
6. Self examination for breast cancer;
7. Dental hygiene;
8. Drug abuse and danger of self medication;
9. Family planning including, as appropriate, both services and referrals.
10. Physical fitness;
11. Chronic diseases and/or disabilities.


AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 161

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Director, Office of Health Care

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 <p style="font-size: 1.2em; margin: 0;">MICHIGAN DEPT. OF CORRECTIONS</p> <h1 style="margin: 0;">POLICY DIRECTIVE</h1>	EFFECTIVE DATE NOT DETERMINED	NUMBER DI-34
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		DATED August 28, 1979
SUBJECT EMERGENCY SERVICES		PAGE OF 1 1

OBJECTIVE: To provide for adequate emergency medical and dental services on a 24 hour basis.

APPLICATION: All employees of Michigan Department of Corrections facilities.

POLICY: The responsible health authority, in consultation with the facility administrator, will generate procedures to assure that emergency medical and dental services are provided with efficiency and expediency on a 24 hour basis. These procedures will include:

1. Emergency evacuation of the resident from within the facility when indicated;
2. Use of an emergency medical vehicle;
3. Use of one or more designated hospital emergency rooms or other appropriate health facilities;
4. Emergency on-call physician and dentist services when the emergency health facility is not located in a nearby community;
5. Security procedures to provide for the immediate transfer of the resident when appropriate.

AUTHORITY: PD-DWA-11.09, Office of Health Care
 PD-DWA-64.02, Right of Clients to Humane Treatment and Living Conditions
 PD-BCF-33.01, Resident Transportation

REFERENCE: AMA Standard 162

APPROVED: _____

Jay K. Harness, M.D.
 Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

NUMBER
D1-35

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

CHRONIC AND CONVALESCENT CARE

PAGE 1 OF 1

OBJECTIVE: To assure that appropriate medical support services are available to residents requiring convalescent or chronic care.

APPLICATION: All employees of Michigan Department of Corrections institutions.

POLICY: There will be medical support services made available to those residents requiring chronic or convalescent care.

- A. Chronic care is considered medical services rendered over a period of time to residents for support or rehabilitation to a point of their maximum level of independence.
- B. Convalescent Care is considered medical services rendered to residents to assist in the recovery from an illness or injury.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-44.02, Dentures and Eyeglasses for Residents
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions

REFERENCE: AMA Standard 163

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



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POLICY DIRECTIVE

EFFECTIVE DATE
NOT DETERMINED

NUMBER
D1-36

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

PREGNANT RESIDENTS

PAGE 1 OF 2

OBJECTIVE: To provide pregnant residents with comprehensive medical care, including counseling, regarding all the alternatives for dealing with pregnancy (including obstetrical care), infant placement, and abortion.

APPLICATION: All pregnant residents of Michigan Department of Corrections facilities.

POLICY: Pregnant residents. Obstetrical care. Infant placement.

The Michigan Department of Corrections will be responsible for providing obstetrical care to pregnant residents.

An off-site facility approved by the Office of Health Care will be designated by the medical director for specialty care and deliveries. In the event that elective demand for obstetrical services is frequent, the services should be considered on-site on a regularly scheduled basis, e.g., prenatal visits.

A high risk clinic for management of complications in pregnancy will be utilized as necessary.

Detailed written procedures will be developed to assure efficient off-site referral services.

The contract with the off-site facility should include consulting services of an obstetric nurse and a social worker to act as a liaison with the Department of Social Services for adoption/foster care planning and placement of infants.

The resident may designate a member of her family for temporary infant placement. Completion of a social assessment of the family member will assist the Department of Social Services in infant planning.

ABORTION. Abortion is legal as a result of the Supreme Court abortion decisions of January, 1973, and July, 1976.

Pregnant residents have a right to obtain an abortion in consultation with a physician under safe, legal conditions. They should be fully informed and counseled concerning the nature, consequences, and risks of the procedure with full knowledge of the alternatives available when making a decision to continue or terminate a pregnancy.

Abortion must always be a matter of personal choice. The in-

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		Office of Health Care	NEW

stitution has a responsibility to guard equally against coercion or denial in connection with a resident's decision about continuing a pregnancy. This procedure will not be performed in the correctional institution.

In accordance with the law, the following guidelines shall serve as a criteria for performance of legal abortions;

1. During the first trimester (first three months of pregnancy) residents will be afforded the opportunity to request an abortion.
2. After the first trimester regulation for performance of abortions will be determined by the referral agency.
3. After viability (usually twenty-four to twenty-eight weeks) all abortion requests will be denied except those necessary to protect the resident's life or health. (Viability varies with each pregnancy and will be determined by the referral agency's attending physician).

A notarized written statement of intent to have an abortion must be submitted by the resident requesting the service.

The referral agency will be responsible for providing pre-abortion and post abortion counseling.

The post termination examination and need for further counseling sessions will be determined on an individual basis by the Michigan Department of Corrections' institutional Medical Director.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-64.02, Rights of Clients to Humane Treatment and Living Conditions
Administrative Rules and Statutes 791.667
MCL 791.202, .203, and .206
MCL Michigan Public Health Code 333.2835, 333.2685

REFERENCE: AMA Standard 164

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

EFFECTIVE DATE

NOT DETERMINED

NUMBER

D1-37

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED

August 28, 1979

SUBJECT

NUTRITIONAL REQUIREMENTS

PAGE 1 OF 1

OBJECTIVE: To assure that proper nutrition is provided to all residents through the use of formalized nutrient standards. These standards are to serve as a model for menu planning and to assure the adequacy of institutional meals.

APPLICATION: All residents of Michigan Department of Corrections who are on non-prescribed general diets.

POLICY: Each institution shall follow the prescribed nutrient standards. Resident non-consumption or meal avoidance notwithstanding the nutrition standards will be regarded as the minimum acceptable levels. The nutrient standards will be based on the National Research Council's Recommended Daily Allowances. The standard for the reference male shall be used in male institutions and the standard for the reference female shall be used for all non-pregnant female residents.

Adequacy of diets will be expressed on a weekly average basis. Menus will be analyzed four times each year and are subject to review and analysis at any time.

Menus, as actually served, shall be retained at each institution for a period of one month. Menus will be forwarded monthly to the Office of Health Care for review by a trained nutritionist.

Adherence to the nutritional standards is the responsibility of the food service department with review and direction from the medical director and/or dietitian.

The nutritional standards will be updated as new information and nutrient levels are prepared.


AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-BCF-50.10, Meals - Nutrient Standards for Resident Meals
Public Act 368, 1978 House Bill 4070

REFERENCE: AMA Standard 165

APPROVED:

Jay K. Harness, M.D.
Director, Office of Health Care

Date

 <p>MICHIGAN DEPT. OF CORRECTIONS</p> <h1>POLICY DIRECTIVE</h1>	<p>EFFECTIVE DATE NOT DETERMINED</p>	<p>NUMBER DL-38</p>
	<p>Office of Health Care</p>	<p>SUPERSEDES: NO. NEW</p>
		<p>DATED August 28, 1979</p>
<p>SUBJECT THERAPEUTIC DIETS</p>		<p>PAGE 1 OF 1</p>
<p>OBJECTIVE: To provide therapeutic diets to those residents whose health condition necessitates alteration from the regular institutional diet.</p> <p>APPLICATION: All residents of Michigan Department of Corrections institutions who are in need of a therapeutic diet as ordered by a treating or responsible physician or dentist.</p> <p>POLICY: To comply with existing standards of health care, all therapeutic diets are to be prepared and served in accordance with the procedures outlined in the Office of Health Care Diet Manual. Physicians will order all therapeutic diets in accordance with the diet manual. All therapeutic diets will be served in accordance with the written order of a physician or dentist in the resident's health record.</p> <p>Special diet preparation and service is the responsibility of the food service department.</p> <p>All therapeutic diets, unless otherwise indicated in the diet manual, will be nutritionally adequate, based on a recognized standard.</p> <p>AUTHORITY: PD-DWA-11.09, Office of Health Care</p> <p>REFERENCE: AMA Standard 166</p>		
<p>APPROVED: _____ Date _____</p> <p>Jay K. Harness, M.D. Director, Office of Health Care</p>		



MICHIGAN DEPT. OF CORRECTIONS

POLICY DIRECTIVE

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NOT DETERMINED

NUMBER
D1-39

Office of
Health Care

SUPERSEDES: NO.
NEW

DATED
August 28, 1979

SUBJECT

USE OF RESTRAINTS - MEDICAL

PAGE 1 OF 1

OBJECTIVE: To provide guidelines for circumstances under which medical restraints are employed on residents in an authorized and safe manner as part of a health care regimen.

APPLICATION: All employees of the Office of Health Care, Michigan Department of Corrections.

POLICY: Only medical restraints will be used for residents assigned to an in-patient setting. Exceptions must be approved by the health care authority.

Medical restraints are limited to include only those devices approved by the health care authority of each institution.

When restraints are used for other than medical reasons it is not to be initiated by the medical staff.

Procedures governing the use of medical restraints will comply with the Michigan Department of Corrections Policy (PD-DWA-32.02) and the Department of Mental Health Administrative Rules (R. 330.7243).

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-32.02, Use of Force
Mental Health Administrative Rules (R. 330.7243)

REFERENCE: AMA Standard 167

APPROVED: Jay K. Harness, M.D.
Director, Office of Health Care

Date



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Office of
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NUMBER

D1-40

SUPERSEDES: NO.

NEW

DATED

August 28, 1979

SUBJECT

PERSONAL HYGIENE, EXERCISE, MEDICAL AND DENTAL PROSTHESIS

PAGE OF

1 1

OBJECTIVE: To ensure personal hygiene, exercise and medical and dental prosthesis necessary to maintain the health of the resident.

APPLICATION: All residents of Michigan Department of Corrections institutions.

POLICY: PERSONAL HYGIENE

Provisions shall be made for the resident's personal cleanliness, attire and appearance. Each resident shall be allowed to bathe/shower at least twice a week, and more frequently when circumstances dictate (e.g., hot weather).

Necessary toilet articles and other hygiene implements will be available for purchase in the resident store. These items will be supplied to indigent residents.

EXERCISE

Each resident shall be allowed a daily minimum of one hour of exercise involving large muscle activity.

GLASSES

Each resident shall be entitled to an eye examination and one pair of glasses during the resident's current incarceration, unless visual status changes.

PROSTHESES

Each resident shall be provided with artificial devices to replace missing body parts or to compensate for defective body processes as deemed necessary by the institutional health authority.

Dental prostheses shall be provided as outlined in the policy on dental services, D1-26.

AUTHORITY: PD-DWA-11.09, Office of Health Care
PD-DWA-40.01, Programs for Rehabilitation

REFERENCE: AMA Standards 168, 169 and 179

APPROVED:

Jay K. Harness, M.D.

Date

Director, Office of Health Care

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APPENDIX

AMERICAN MEDICAL ASSOCIATION
STANDARDS FOR HEALTH SERVICES IN PRISONS

AMERICAN MEDICAL ASSOCIATION STANDARDS

FOR HEALTH SERVICES IN PRISONS

Preface

The AMA Standards for Health Services in Prisons is the result of deliberations by the AMA Advisory Committee to Improve Medical Care and Health Services in Correctional Institutions, three special national task forces and AMA staff; equally important, several hundred correctional health care administrators and health care providers throughout the United States have contributed substantially to the Prison Standards. Prison is defined as an adult post-conviction correctional facility, under the management of a state or federal agency.

The Standards reflect the viewpoint of organized medicine regarding the definition of "adequate" medical care and health services insisted upon by the courts. Many correctional facilities are under one form or another of legal actions for failure to provide adequate health care. The trend in court decisions has been to respond positively to systems which are attempting to improve health care services even though they have not meet minimum standards.

The health service program must function as part of the overall institutional program. The Standards call for close cooperation and coordination between the medical staff, other professional staff, correctional personnel and facility administration.

Past experience has shown that AMA Standards for Health Services in Jails have been met by jails which range from the smallest local to the largest metropolitan facilities. The AMA Standards for Health Services in Prisons, basically similar to the jail health service standards, are also expected to serve equally well for varying sized facilities.

Implementation of the Standards ensures that the mechanisms for the delivery of adequate health care are operational. In most instances, compliance with a standard can be obtained in a variety of ways. Regardless of the approach taken, those responsible for the health care system should strive to meet both the letter and spirit of each standard. In the event that state and local jurisdictions have enacted standards which exceed the AMA Standards, the state and local standards should prevail.

The Standards may be construed broadly, bearing in mind the intent from which they were developed. Compliance is measured in terms of the specific language. Thus, if the language of a standard requests a written policy and defined procedure which requires screening of each inmate for designated conditions within a specific period after arrival to the facility, it is necessary that the facility have not only the policy and procedure but also operate the program as outlined in the procedure for each eligible

inmate. In other words, there is supported documented evidence of the implemented procedure.

The "Discussion" is intended to set the tone or spirit of the standard and, in some instances, provides descriptive information to aid in the interpretation of the standard. .

Facility administrators and health professionals will find the Standards helpful in providing services to inmates. Practitioners will be assisted by them in establishing priorities, allocating resources and training staff. Administration will be assisted from provided information for program planning and budgeting.

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RESPONSIBLE HEALTH AUTHORITY

- 101 The facility has a designated health authority with responsibility for health care services pursuant to a written agreement, contract or job description. The health authority may be a physician, health administrator or agency. When this authority is other than a physician, final medical judgments rest with a single designated responsible physician licensed in the state.

Discussion: Health care is the sum of all action taken, preventive and therapeutic, to provide for the physical and mental well-being of a population. Health care, among other aspects, includes medical and dental services, personal hygiene, dietary and food services, and environmental conditions.

The health authority responsibility includes arranging for all levels of health care and assuring quality and accessibility of all health services provided to inmates. It may be necessary for the facility to enter into written agreements with outside providers and facilities in order to meet all levels of care.

A responsible physician is required in all instances; he or she makes the final medical judgments. In most situations the responsible physician will be the health authority. In many instances the responsible physician also provides primary care.

MEDICAL AUTONOMY

- 102 Matters of medical and dental judgment are the sole province of the responsible physician and dentist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Discussion: The provision of health care is a joint effort of administrators and health care providers and can be achieved only through mutual trust and cooperation. The health authority arranges for the availability of health care services; the official responsible for the facility provides the administrative support for accessibility of health services to inmates.

Health personnel have been called upon to provide non-medical services to inmates: "talking to troublemakers," providing special housing for homosexuals or scapegoats in the infirmary or to medicate unruly inmates. These are examples of inappropriate use of medical care.

ADMINISTRATIVE MEETINGS

- 103 Health services are discussed at least quarterly at documented administrative meetings between the health authority and the official legally responsible for the facility.

Discussion: Administrative meetings held at least quarterly are essential for successful programs in any field. Problems are identified and solutions sought. Health care staff are also encouraged to attend other facility staff meetings to promote a good working relationship among all staff.

Regular staff meetings which include the health authority and facility administrator and discussion of health care services meet compliance.

ADMINISTRATIVE REPORTS

- 104 There is, minimally, a quarterly report on the health care delivery system and health environment and an annual statistical summary.

Discussion: The health authority submits a quarterly report to the facility administrator which includes the effectiveness of the health care system, description of any health environment factors which need improvement, changes effected since the last reporting period and recommends corrective action, if necessary.

The annual statistical report indicates the number of inmates receiving health services by category of care, as well as other pertinent information (e.g., operative procedures, referrals to specialists, ambulance services, etc.).

Reports done more frequently than quarterly or annually satisfy compliance.

POLICIES AND PROCEDURES

- 105 There is a manual of written policies and defined procedures approved by the health authority which includes the following:
- Peer review (Standard 109)*
 - Sharing of information (111)
 - Decision making: psychiatric patients (112)

*Denotes standard to which policy and/or procedures pertain.

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cont.

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POLICY, PROCEDURE, PROGRAM UPDATING

- 106 Each policy, procedure and program in the health care delivery system is reviewed at least annually and revised as necessary under the direction of the health authority. Each document bears the date of the most recent review or revision and signature of the reviewer.

Discussion: Regular review of policies, procedures and programs is considered good management practice. This process allows the various changes made during the year to be formally incorporated into the agency manual instead of accumulating a series of scattered documents. More importantly, the process of annual reviews facilitates decision making regarding previously discussed but unresolved matters.

SUPPORT SERVICES

- 107 If health services are delivered in the facility, adequate staff, space, equipment, supplies and materials as determined by the health authority are provided for the performance of health care delivery.

Discussion: The type of space and equipment for the examination/treatment room will depend upon the level of health care provided in the facility and the capabilities and desires of health providers. In all facilities, space should be provided where the inmate can be examined and treated in private.

Basic equipment generally includes:

- Thermometers;
- Blood pressure cuffs;
- Stethoscope;
- Ophthalmoscope;
- Otoscope;
- Percussion hammer;
- Scale;
- Examining table;
- Goose neck light;
- Wash basin; and
- Transportation equipment, e.g., wheelchair and litter.

If female inmates receive medical services in the facility, appropriate equipment should be available for pelvic examinations.

LIAISON STAFF

- 108 In facilities without any full-time qualified health personnel, a health trained staff member coordinates the health delivery services in the facility under the joint supervision of the responsible physician and facility administrator.

Discussion: Invaluable service can be rendered by a health trained corrections officer or social worker who may, full or part-time, review receiving screening forms for follow-up attention, facilitate sick call by having inmates and records available for the health provider, and help to carry out physician orders regarding such matters as diets, housing and work assignments.

Qualified health personnel are physicians, dentists and other professional and technical workers who by state law engage in activities that support, complement or supplement the functions of physicians and/or dentists and who are licensed, registered or certified as appropriate to their qualifications to practice.

Health trained staff may include correctional officers and other personnel without medical licenses who are trained in limited aspects of health care as determined by the responsible physician.

PEER REVIEW

- 109 Written policy defines the medical peer review program utilized by the facility.

Discussion: Quality assurance programs are methods of insuring the quality of medical care. Funding sources sometimes mandate quality assurance review as a condition for funding medical care.

The American Medical Association Resolution 121 (A-76) on quality assurance passed by the AMA House of Delegates (1976) reads, "RESOLVED, That the American Medical Association endorse the principle that correctional facilities provide adequate medical care to their inmates which is subject to physician peer review in each community."

PUBLIC ADVISORY COMMITTEE

- 110 When the facility has a public advisory committee, the committee

CONTINUED

1 OF 2

- 110 has health care services as one of its charges. One of the committee members is a physician.
- Cont.

Discussion: Correctional facilities are public trusts but are often removed from public awareness. Advisory committees fill an important need in bringing the best talent in the community to help in problem-solving. The role of the advisory committee is to review the facility's program and advise those responsible. Such a monitoring process helps the staff identify problems, solutions and resources.

The committee may be an excellent resource for support or facilitation of medical peer review processes which are carried out by the medical society or other peer review agencies.

The composition of the committee should be representative of the community and the size and character of the correctional facility. The advisory committee should represent the local medical and legal professions and may include key lay community representatives.

SHARING OF INFORMATION

- 111 Written policy requires that the responsible physician or his designate has access to information contained in the inmate's confinement record when the physician believes that information contained therein is relevant to the inmate's health.

Discussion: Arrested persons frequently are in a state of high anxiety and forget details of their lives which may be important from a health standpoint. A review of the record regarding previous drug and alcohol arrests, condition at the time of arrest and possession of medications, may be important to the physician in determining the inmate's total health picture. Additionally, particularly in states which have decriminalized public inebriacy, information on previous alcohol usage, diagnosis and treatment should be reviewed.

DECISION MAKING -- PSYCHIATRIC PATIENTS

- 112 Written policy requires consultation between the facility administrator and the responsible physician prior to the following actions being taken regarding psychiatric patients:
- Housing assignments;
 - Program assignments;
 - Disciplinary measures;
 - Transfers in and out of institution.

112
Cont.

Discussion: Maximum cooperation between custody personnel and health care providers is essential so that both groups are made aware of movements and decisions regarding psychiatric patients. Patients problems may complicate work assignments or disciplinary management. Medications may have to be adjusted for safety at the work assignment or prior to transfer.

TRANSFER OF PATIENTS WITH ACUTE ILLNESSES

113 Written policy and defined procedures require that patients with acute psychiatric and other illnesses who require health care beyond the resources available in the facility, are transferred or committed to a facility where such care is available.

Discussion: All too often seriously ill inmates have been maintained in correctional facilities in unhealthy and anti-therapeutic environments. The following conditions should be met if treatment is to be provided in the facility:

- 1) Safe, sanitary, humane environment as required by sanitation, safety and health codes of the jurisdiction.
- 2) Adequate staffing/security to help inhibit suicide and assault, i.e., staff within sight or sound of all inmates.
- 3) Trained personnel available to provide treatment and close observation.

MONITORING OF SERVICES

114 The monitoring of health services rendered by providers other than physicians and dentists is performed by the responsible physician who reviews the health services delivered, as follows:

- At least once per month in facilities with less than 50 inmates;
- At least every two weeks in facilities of 50 to 200 inmates; and
- At least weekly in facilities of over 200 inmates.

Discussion: The responsible health authority must be aware that patients are receiving appropriate care and that all written instructions and procedures are properly carried out.

HEALTH TRAINED CORRECTIONAL OFFICERS

115 Written policy and defined procedures exist regarding the provision of an adequate number of health trained correctional officers as

115 follows:

Cont. Inmates are within sight or sound of at least one health trained correctional officer at all times; and
Minimally, one health trained correctional officer per shift is trained in basic cardiopulmonary resuscitation (CPR) and recognition of symptoms of illnesses most common to the inmates.

Discussion: Health protection can best be achieved through the providing of an adequate number of correctional officers who are trained in health care.

FIRST AID KITS

116 First aid kit(s) are available in designated areas of the facility. The health authority approves the contents, number, location and procedure for monthly inspection of the kit(s).

ACCESS TO DIAGNOSTIC SERVICES

117 Written policy and defined procedures require the outlining of access to laboratory and diagnostic services utilized by facility providers.

Discussion: Specific resources for the studies and services required to support the level of care provided to inmates of the facility, e.g., private laboratories, hospital departments of radiology and public health agencies, are important aspects of a comprehensive health care system and need to be identified and specific procedures outlined for their use.

ROUTINE TRANSFER OF INMATES

118 Written policy and defined procedures govern medical aspects of routine transfer of inmates to other facilities.

Discussion: The medical aspects may address:
Suitability for travel based on medical evaluation;
Preparation of a summary or copy of pertinent health record information;
Medication or other therapy required en route;
Instructions to transporting personnel regarding medication or other special treatment.

NOTIFICATION OF NEXT OF KIN

- 119 Written policy and defined procedures require notification of the next of kin or legal guardian in case of serious illness, injury or death.

POSTMORTEM EXAMINATIONS

- 120 Written policy and defined procedures require that in the event of an inmate death:

The medical examiner or coroner is notified immediately; and
A postmortem examination is requested by the responsible health authority if the death is unattended or under suspicious circumstances.

Discussion: If the cause of death is unknown or occurred under suspicious circumstances or the inmate was unattended from the standpoint of not being under current medical care, a postmortem examination is in order.

DISASTER PLAN

- 121 Written policy and defined procedures require that the health aspects of the facility's disaster plan are approved by the responsible health authority and facility administrator.

Discussion: Policy and procedures for health care services in the event of a man-made or natural disaster, riot or internal or external (e.g., civil defense, mass arrests) disaster must be incorporated in the correctional system plan and made known to all facility personnel.

LICENSURE

- 122 State licensure, certification or registration requirements and restrictions apply to health care personnel who provide services to inmates. Verification of current credentials is on file in the facility.

Discussion: When applicable laws are ignored or not applied the quality of health care is compromised.

Verification may consist of copies of current credentials, or a letter from the state licensing or certifying body regarding current credentials status.

Health care employees in Federal institutions must meet USPHS Commission Corps or Federal Civil Service Commission requirements for the job in which they are functioning.

JOB DESCRIPTIONS

- 123 Written job descriptions define the duties and responsibilities of personnel who provide health care and reflect their roles in the facility's health care system. These are approved by the health authority.

STAFF DEVELOPMENT AND TRAINING

- 124 A written plan approved by the health authority provides for all health services personnel to participate in orientation and training appropriate to their health care delivery activities.

Discussion: Providing health services in a detention/correctional facility is a unique task which requires particular experience or orientation for personnel. These needs should be formally addressed by the health authority based on the requirements of the institution.

All levels of the health care staff require regular continuing staff development and training in order to provide the highest quality of care. The written plan should outline the frequency of continuing training sessions for each staff position.

Proper initial orientation and continuing staff development and training may serve to decelerate "burn-out" of health providers and help to re-emphasize the goals and philosophy of the health care system.

PROFESSIONAL PUBLICATIONS

- 125 Professional staff have available for reference standard and current publications as determined by the responsible health authority.

HEALTH APPRAISAL PERSONNEL

- 126 Written policy and defined procedures for the collection and recording of health appraisal data require that:
The forms are approved by the health authority;
Health history and vital signs are collected by health trained or qualified health personnel; and,
Collection of all other health appraisal data is performed only by qualified health personnel.

Discussion: Please refer to Standard 108 for definitions of the different levels of health personnel.

Please refer to Standard 150 for a definition of health appraisal.

MEDICATIONS ADMINISTRATION TRAINING

- 127 Written policy and defined procedures guide the training of personnel who administer or distribute medication and require:
Training from the responsible physician and the official responsible for the facility or their designees;
Training regarding:
Accountability for administering or distributing medications in a timely manner, according to physician orders; and,
Recording the administration or distribution of medications in a manner and on form approved by the health authority.

Discussion: Training from the responsible physician encompasses the medical aspects of the administration of distribution of medications; training from the official responsible for the facility encompasses security matters inherent in the administration or distribution of medications in a correctional facility.

The concept of administration or distribution of medications according to orders includes performance in a timely manner.

TRAINING FOR EMERGENCY SITUATIONS

- 128 Written policy and a training program established by the responsible health authority in cooperation with the facility administrator guide the training of correctional personnel to respond to health related emergency situations. The training covers at least the following:

Types of and action required for potential emergency situations;

Signs and symptoms of an emergency;

Administration of first aid;

Methods of obtaining assistance; and

Procedures for patient transfers to appropriate medical facilities or health care providers.

Discussion: It is imperative that the facility personnel be made aware of potential emergency situations, what they should do in facing life-threatening conditions and of their responsibility for the early detection of illness or injury.

FIRST AID TRAINING

129. Written policy requires that all facility personnel have been trained within the past five years in basic first aid equivalent to that defined by the American Red Cross.

TRAINING OF STAFF REGARDING MENTAL ILLNESS AND CHEMICAL DEPENDENCY

- 130 Written policy requires that all facility staff are trained by the responsible physician or designee to recognize signs and symptoms of chemical dependency and emotional disturbance and/or developmental disability, particularly mental retardation.

Discussion: This training is essential for the recognition of inmates who need evaluation and possible treatment, which, if not provided, could lead to life threatening situations.

HEALTH AND HYGIENE REQUIREMENTS -- FOOD SERVICE WORKERS

- 131 Written policy and defined procedures concerning adequate health protection for all inmates and staff in the facility and inmates and other persons working in the food service require:

A pre-service physical examination;
Periodic re-examinations conducted in accordance with local requirements regarding restaurant and food service employees in the community;
That when the facility's food services are provided by an outside agency or individual, the facility has written verification that the outside provider complies with the state and local regulations regarding food service; and,
That all food handlers wash their hands upon reporting to duty and after using toilet facilities.

Discussion: All inmates and other persons working in the food service should be free from diarrhea, skin infections and other illnesses transmissible by food or utensils.

UTILIZATION OF VOLUNTEERS

- 132 Written policy and defined procedures approved by the health authority and facility administration for the utilization of volunteers in health care delivery include a system for selection, training, length of service, staff supervision, definition of tasks, responsibilities and authority.

Discussion: To make the experience of volunteers productive and satisfying for everyone involved -- patients, staff, administration and the public -- goals and purposes must be clearly stated and understood and the structure of the volunteer program well defined.

Volunteers are an important personnel resource in the provision of human services. As demands for service increase, volunteers can be expected to play an increasingly important part in health care service delivery.

The most successful volunteer programs treat volunteers like staff for all aspects except pay; this includes requiring volunteers to safeguard the principle of confidentiality as do staff.

INMATE WORKERS

- 133 Written policy requires that inmates are not used for the following duties:

Performing direct patient care services;
Scheduling health care appointments;
Determining access of other inmates to health
care services;
Handling or having access to:
Surgical instruments,
Syringes,
Needles,
Medications,
Health records; and,
Operating equipment for which they are not trained.

Discussion: Understaffed correctional institutions are inevitably tempted to use inmates in health care delivery to perform services for which civilian personnel are not available.

Their use frequently violates state laws, invites litigation and brings discredit to the correctional health care field, to say nothing of the power these inmates can acquire and the severe pressure they receive from fellow inmates.

INFORMED CONSENT

134

All examinations, treatments and procedures governed by informed consent standards in the jurisdiction are likewise observed for inmate care. In the case of minors, the informed consent of parent, guardian or legal custodian applies when required by law.

Health care rendered against the patient's will is in accord with state and federal laws and regulations.

Discussion: Informed consent is the agreement by the patient to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination or procedure. Medical treatment of an inmate without his or her consent (or without the consent of parent, guardian or legal custodian when the inmate is a minor) could result in legal action.

Drug dependent inmates are protected by regulations of the United States Public Health Service, Department of Health, Education and Welfare, concerning informed consent.

Obtaining informed consent may not be necessary in all cases. These exceptions to obtaining informed consent should be reviewed in light of each state's laws as they vary considerably. Examples of such situations are:

- a) An emergency which requires immediate medical intervention for the safety of the patient.
- b) Emergency care involving patients who do not have the capacity to understand the information given.
- c) Public health matters, such as communicable disease treatment.

Physicians must exercise their best medical judgment in all such cases. It is advisable that the physician document the medical record for all aspects of the patient's condition and the reasons for medical intervention. Such documentation facilitates review and provides a defense from charges of battery. In certain exceptional cases, a court order for treatment may be sought, just as it might in the free community.

The law regarding consent to medical treatment by juveniles, and their right to refuse treatment, varies greatly from state to state. Some states allow juveniles to consent to treatment without parental consent, as long as they are mature enough to comprehend the consequences of their decision; others require parental

consent until majority, but the age of majority varies among the states. The law of the jurisdiction within which the facility is located should be reviewed by legal counsel, and based upon counsel's written opinion, a facility policy regarding informed consent should be developed. In all cases, however, consent of the person to be treated is of importance.

NOTIFICATION OF COURT: PSYCHIATRIC ILLNESS

- 135 Written policy and defined procedures require notification of the court of jurisdiction if a psychiatric illness is diagnosed in a pretrial detainee.

Discussion: It is essential that the court be notified of psychiatric illness. Many such afflicted individuals are incapable of communicating effectively with their attorneys. The unique circumstances of the correctional setting and the criminal justice system place an added burden on the facility medical staff to provide information on the patient's unique problems to those who have responsibility for the patient's future. Medical staff should not assume that the patient's behavior and symptoms and relationship to psychiatric illness are self-evident to judges, attorneys, etc. The patient's psychiatric condition may have a profound impact on his/her status at trial and at sentencing. The psychiatric services staff are not expected to provide forensic testimony, i.e., competency and insanity, but rather to render psychiatric care in the facility. The court has the obligation to provide psychiatric experts for forensic purposes.

MEDICAL RESEARCH

- 136 Any research done on inmates is done in compliance with state and federal legal guidelines and with the involvement of appropriate Human Subjects Review Committees.

Discussion: This standard recognizes past abuses in the area of research on involuntarily confined individuals and stresses the very narrow guidelines under which any such research should be done.

137

The health record file contains:

- The completed receiving screening form;
- Health appraisal data forms;
- All findings, diagnoses, treatments, dispositions;
- Prescribed medications and their administration;
- Laboratory, X-ray and diagnostic studies;
- Signature and title of documentor;
- Consent and refusal forms;
- Release of information forms;
- Place, date and time of health encounters;
- Discharge summary of hospitalizations; and,
- Health service reports, e.g., dental, psychiatric and consultation.

The method of recording entries in the record, and the form and format of the record, are approved by the health authority.

Discussion: The problem-oriented medical record structure is suggested; however, whatever the record structure, every effort should be made to establish uniformity of record forms and content throughout the correctional system. The record is to be complete and all findings recorded including notations concerning psychiatric, dental, and consultative services. A health record file is not necessarily established on every inmate. Any health intervention after the initial screening requires the initiation of a record. The receiving screening form becomes a part of the record at the time of the first health encounter.

CONFIDENTIALITY OF HEALTH RECORD

138

Written policy and defined procedures which effect the principle of confidentiality of the health record require that:

- The active health record is maintained separately from the confinement record;
- Access to the health record is controlled by the health authority.

Discussion: The principle of confidentiality protects the patient from disclosure of confidences entrusted to a physician during the course of treatment.

Any information gathered and recorded about alcohol and drug abuse patients is confidential under federal law and cannot be disclosed without written consent of the patient or the patient's parent or guardian.

The health authority should share with the facility administrator information regarding an inmate's medical

management and security. The confidential relationship of doctor and patient extends to inmate patients and their physician. Thus, it is necessary to maintain active health record files under security, completely separate from the patient's confinement record.

TRANSFER OF HEALTH RECORDS

139 Written policy and defined procedures regarding the transfer of health records require that:

Summaries or copies of the health record are routinely sent to the facility to which the inmate is transferred;

Written authorization by the inmate is necessary for transfer of health record information unless otherwise provided by law or administrative regulation having the force and effect of law; and,

Health record information is also transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.

Discussion: An inmate's health record or summary follows the inmate in order to assure continuity of care and to avoid the duplication of tests and examinations.

RECORDS RETENTION

140 Written policy and defined procedures regarding records retention require that:

Inactive health record files are retained as permanent records; and,

Legal requirements of the jurisdiction are followed.

Discussion: Regardless of their being maintained separately or combined with confinement records, inactive health records need to conform with legal requirements for record retention.

MANAGEMENT OF PHARMACEUTICALS

141 Written policy and defined procedures require that the proper management of pharmaceuticals includes:

- A formulary specifically developed for the facility;
- Adherence to regulations established by the Federal Controlled substances Act relating to controlled substances and state law as related to the practice of pharmacy;
- Prescription practices which require that:
 - Psychotropic medications are prescribed only when clinically indicated, as one facet of a program of therapy and are not allowed for disciplinary reasons;
 - The long term use of minor tranquilizers is discouraged;
 - "Stop order" time periods are stated for behavior modifying medications and those subject to abuse.
- Re-evaluation by the prescribing provider prior to renewal of a prescription;
- Procedures for medication dispensing and administration or distribution; and,
- Maximum security storage and weekly inventory of all controlled substances, syringes and needles.

Discussion: A formulary is a written list of prescribed and non-prescribed medications stocked in the facility or obtained in the community for use in the facility. Prescribing providers may order only those medications contained in the formulary for the treatment of inmate patients.

Dispensing is the issuance of one or more doses of medication from a stock or bulk container. The dispensed medication should be correctly labeled to indicate the name of the patient, the contents and all other vital information needed to facilitate correct patient usage and drug administration or distribution.

Medication administration or distribution is the act in which a single dose of an identified drug is given to a patient.

A controlled substance is a medication that requires a written prescription listing the prescribing physician's or dentist's Drug Enforcement Administration registration number.

CONTINUITY OF CARE

- 144 Written policy and defined procedures require continuity of care from admission to discharge from the facility, including referral to community care when indicated.

Discussion: As in the community, health providers should obtain information regarding previous care when undertaking the care of a new patient; likewise, when the care of the patient is transferred to providers in the community, appropriate health information is shared with the new providers in accord with consent requirements.

ACCESS TO TREATMENT

- 145 Written policy and defined procedures require that information regarding access to and the processing of complaints regarding health care or services is communicated orally and in writing to inmates upon arrival at the facility.

Discussion: The facility should follow the policy of explaining access procedures orally to inmates unable to read and where the facility frequently has non-English speaking inmates, procedures should be explained and written in their language. Signs posted in the day room/living area do satisfy compliance; signs posted in the booking area do not satisfy compliance.

DIRECT ORDERS

- 146 Treatment by health care personnel other than a physician or dentist is performed pursuant to direct orders written and signed by personnel authorized by law to give such orders.

Discussion: Medical and other practice acts differ in various states as to issuing direct orders for treatment and therefore laws in each state need to be studied for implementation of this standard.

STANDING ORDERS

- 147 If standing medical orders exist, they are signed by the responsible physician.

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Discussion: Standing medical orders are written for the definitive treatment of identified conditions and for on-site treatment of emergency conditions for any person having the condition to which the order pertains.

RECEIVING SCREENING

148

Written policy and defined procedures require receiving screening to be performed by health trained or qualified health care personnel on all inmates, including transfers, upon arrival at the facility with the findings recorded on a printed screening form approved by the health authority. The screening includes at least:

Inquiry into:

- Current illness and health problems, including venereal diseases;
- Medications taken and special health requirements;
- Use of alcohol and other drugs which includes types of drugs used, mode of use, amounts used, frequency used, date or time of last use and a history of problems which may have occurred after ceasing use (e.g., convulsions);
- Other health problems designated by the responsible physician.

Observation of:

- Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;
- Body deformities, ease of movement, etc.;
- Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

Disposition:

- General population; or
- General population and later referral to appropriate health care service; or
- Referral to appropriate health care service on an emergency basis.

Discussion: Receiving screening is a system of structured inquiry and observation designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the facility's general population and to rapidly get newly admitted inmates to medical care. Receiving screening can be performed by health personnel or by a trained correctional officer at the time of booking/admission.

Facilities which have reception and diagnostic units and/or a holding room must conduct receiving screening on all inmates upon arrival at the facility, as part of the booking/admission procedures. In short, placing two or more inmates in a holding room pending screening the next morning fails to meet

DELOUSING

- 149 Written policy approved by the responsible physician defines delousing procedures used in the facility.

HEALTH APPRAISAL

- 150 Written policy and defined procedures require that health appraisal for each inmate is completed within 14 days after arrival at the facility; in the case of an inmate who has received a health appraisal within the previous 90 days, a new health appraisal is not required except as determined by the physician or his designate. Health appraisal includes:

- Review of the earlier receiving screening;
- Collection of additional data to complete the medical, dental, psychiatric and immunization histories;
- Laboratory and/or diagnostic test results to detect communicable disease, including venereal diseases and tuberculosis;
- Recording of height, weight, pulse, blood pressure and temperature;
- Other tests and examinations as appropriate;
- Medical examination with comments about mental and dental status;
- Review of the results of the medical examination, tests and identification of problems by a physician; and,
- Initiation of therapy when appropriate.

Discussion: Information regarding the inmate's physical and mental status may dictate housing and activity assignments. It also assures the inmate that his health status is recorded.

The extent of health appraisal, including medical examination, is defined by the responsible physician.

When appropriate, additional investigation should be carried out regarding:

- The use of alcohol and/or drugs, which includes types of substances abused, mode of use, amounts used, frequency of use, and date or time of last use.
- Current or previous treatment for alcohol or drug abuse and if so, when and where.
- Whether the inmate is taking medication for an alcohol or drug abuse problem such as disulfiran, methadone hydrochloride and those under clinical investigation, naltrexone or LAAM (levo-alpha-acetylmethadol).
- Whether the inmate is taking medication for a psychiatric disorder and if so, what drugs, and for what disorder.
- Current or past illnesses and health problems related to

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cont.

the substance abuse such as hepatitis, seizures, traumatic injuries, infections, liver diseases, etc.

Further assessment of psychiatric problems identified at reception screening or after admission is provided by either the medical staff or the psychiatric services staff within 14 days. In most facilities it can be expected that assessment will be done by a general practitioner or family practitioner.

Psychiatric services staff are psychiatrists, general-family physicians with psychiatric orientation, psychologists, psychiatric nurses, social workers and trained correctional counselors.

DENTAL CARE

151 Written policy and defined procedures require that the program of dental care for all inmates is as follows:

The program is under the direction of a designated dentist;

Dental care is provided under the direction and supervision of a dentist licensed in the state;

Dental examination within 14 days of admission;

A defined classification system which identifies the oral health condition and specifies the priorities of treatment by category;

Treatment in accordance with a treatment plan not limited to extractions, that is considered appropriate for the needs of the individual as determined by the treating dentist; and

Consultation with referral to recognized specialist in dentistry.

Discussion: The dental examination should include taking or reviewing the patient's dental history, and examination of hard and soft tissue of the oral cavity by means of an illuminator light, mouth mirror, and explorer. X-rays for diagnostic purposes should be available if deemed necessary. The results are recorded on an appropriate uniform dental record utilizing a number system such as the Federal Denture International system.

Dental examination and treatment are performed only by a dentist or as state law permits a qualified assistant or hygienist.

INTERIM HEALTH APPRAISAL: MENTALLY ILL AND RETARDED

- 152 Written policy and defined procedures require post-admission screening and referral for care of mentally ill or retarded inmate whose adaptation to the correctional environment is significantly impaired.

The health authority provides a written list of specific referral resources.

Discussion: Psychiatric problems identified either at receiving screening or after admission must be followed up by medical staff. The urgency of the problems determines the response. Suicidal and psychotic patients are emergencies and require prompt attention.

Inmates awaiting emergency evaluation should be housed in a specially designated area with constant supervision by trained staff. Inmates should be held for only the minimum time necessary but no longer than 12 hours before emergency care is rendered.

All sources of assistance for mentally ill and retarded inmates should be identified in advance of need, and referrals should be made in all such cases.

DAILY TRIAGING OF COMPLAINTS

- 153 Written policy and defined procedures require that inmates' health complaints are processed at least daily, as follows:
Health trained personnel solicit and act upon all inmate health complaints with referral to qualified health care personnel; and
Appropriate triage and treatment follow immediately, performed by qualified health personnel as designated by the responsible physician.

SICK CALL

- 154 Written policy and defined procedures require that sick call, conducted by a physician and/or other qualified health personnel, is available to each inmate as follows:
In small facilities of less than 100 inmates sick call is held once per week at a minimum;
Medium-sized facilities of 100 to 300 inmates sick call is held at least three times per week; and
Facilities of over 300 inmates hold sick call a minimum of four times per week.

- 154 cont. If an inmate's custody status precludes attendance at sick call, arrangement are made to provide sick call services in the place of the inmate's detention.

Discussion: Sick call is the system through which each inmate reports for and receives appropriate medical services for non-emergency illness or injury.

MEDICAL EVALUATION - INMATES IN SEGREGATION

- 155 Written policy and defined procedures require that inmates removed from the general population and placed in segregation are evaluated at least three (3) times weekly by qualified health care personnel.

Discussion: Due to the possibility of injury and/or depression during such periods of isolation, daily health evaluations should include notation of bruises or other trauma markings, and comments regarding attitude and outlook.

Carrying out this policy may help to prevent suicide or an illness from becoming serious.

CHEMICALLY DEPENDENT INMATES

- 156 Written policy and defined procedures regarding the clinical management of chemically dependent inmates require:
- Diagnostic of chemical dependency by a physician;
 - A physician deciding whether an individual requires non-pharmacological or pharmacologically supported care;
 - An individualized treatment plan which is developed and implemented;
 - Referral to specified community resources upon release when appropriate.

Discussion: Existing community resources should be utilized if possible.

The term chemical dependency refers to individuals who are psychologically and/or physiologically dependent on alcohol, opium derivatives and synthetic drugs with morphine-like properties (opioids), stimulants and depressants.

DETOXIFICATION

- 157 Written policy and defined procedures require that detoxification

157 from alcohol, opioids stimulants and sedative hypnotic drugs is
cont. effected as follows:

When performed at the facility it is under medical supervision; and,

When not performed in the facility it is conducted in a hospital or community detoxification center.

Discussion: Detoxification refers to the process by which an individual is gradually withdrawn from a drug by administering decreasing doses either of the same drug upon which the person is physiologically dependent or one that is cross-tolerant to it or a drug which has been demonstrated to be effective on the basis of medical research. The detoxification of patients who may pose special risks, e.g., psychotics, seizure-prone, pregnant, juvenile, geriatric, require special attention.

Opioids refers to derivatives of opium (e.g., morphine, codine) and to synthetic drugs with morphine-like properties.

Detoxification in alcohol dependent individuals does not involve administering decreasing doses of alcohol; it does involve administering decreasing doses of drugs which are cross-tolerant (antagonistic) with alcohol, e.g., benzodiazepines.

SPECIAL MEDICAL PROGRAM

158 Written policy and defined procedures guide the special medical program which exists for inmates requiring close medical supervision. A written individual treatment plan exists for these patients, developed by a physician, which includes directions to health care and other personnel regarding their roles in the care and supervision of these patients.

Discussion: The special medical program services a broad range of health problems, e.g., seizure disorders, diabetes, potential suicide, chemical dependency, psychosis. These are some of the special medical conditions which dictate close medical supervision. In these cases, the facility must respond appropriately by providing a program directed to these needs.

The program need not necessarily take place in an infirmary, although a large facility may wish to consider such a setting for the purposes of efficiency. When a self-contained (infirmary) type program exists, the following are provided:

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Correctional officer staff trained in health care;
Sufficient staff to help prevent suicide and assault;
at a minimum, all inmate patients are within sight
of a staff person;
Trained professional personnel to provide treatment.

A treatment plan is a series of written statements which specify the particular course of therapy and the roles of medical and non-medical personnel in carrying out the current course of therapy. It is individualized and based on assessment of the individual patient's needs and includes a statement of the short and long term goals, and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitation services, e.g., individual or group counseling and/or self-help groups that the physician deems appropriate.

INFIRMARY CARE

159 Written policy and defined procedures guide infirmary care and require:

Definition of the scope of infirmary care services available;
A physician on call 24 hours per day;
Nursing service under the direction of a registered nurse on a full-time basis;
Health care personnel on duty 24 hours per day;
A manual of nursing care procedures; and,
A separate individual and complete medical record for each inmate.

Discussion: An infirmary is defined as an area established within the correctional facility which maintains and operates organized bed care facilities and services to accommodate two or more inmates for a period of 24 hours or more and which is operated for the express or implied purpose of providing skilled nursing care for persons who are not in need of hospitalization.

Advancement of the quality of care in this type of facility begins with the assignment of responsibility to one physician. Depending on the size of the facility, the physician may be employed part or full-time.

Nursing care policies and procedures should be consistent with professionally recognized standards of nursing practice, and in accordance with the Nurse Practice Act of the state. They should be developed on the basis of current scientific knowledge and take into account new equipment and current practice.

HOSPITAL CARE

- 160 If a facility operates a hospital it meets the legal requirements for a licensed general hospital in the state.

Discussion: Compliance with this standard can only be achieved by meeting state legal requirements, even though the facility is statutorially exempted from such provisions.

PREVENTIVE CARE

- 161 Written policy and defined procedures require that medical preventive maintenance is provided to inmates of the facility.

Discussion: Medical preventive maintenance includes health education and medical services, such as inoculations and immunizations, provided to take advance measures against disease, and instruction in self-care for chronic conditions.

Subjects for health education may include: Personal hygiene and nutrition; venereal disease, tuberculosis and other communicable diseases; effects of smoking; self-examination for breast cancer; dental hygiene; drug abuse and danger of self-medication; family planning, including, as appropriate, both services and referrals; physical fitness; and chronic diseases and/or disabilities.

EMERGENCY SERVICES

- 162 Written policy and defined procedures require that the facility provide 24-hour emergency medical and dental care availability as outlined in a written plan which includes arrangements for:

- Emergency evacuation of the inmate from within the facility;
- Use of an emergency medical vehicle;
- Use of one or more designated hospital emergency rooms or other appropriate health facilities;
- Emergency on-call physician and dentist services when the emergency health facility is not located in a nearby community; and
- Security procedures providing for the immediate transfer of inmates when appropriate.

Discussion: Emergency care must be provided with efficiency and speed.

CHRONIC AND CONVALESCENT CARE

- 163 Written policy and defined procedures require that chronic and convalescent care are provided to inmates of the facility.

163
cont.

Discussion: Chronic care is medical service rendered to a patient over a long period of time; treatment of diabetes, asthma and epilepsy are examples.

Convalescent care is medical service rendered to a patient to assist the recovery from illness or injury.

PREGNANT INMATES

164

Written policy and defined procedures require that comprehensive counseling and assistance are provided to pregnant inmates in keeping with their expressed desires in planning for their unborn children, whether desiring abortion, adoption service, or to keep the child.

Discussion: It is advisable that a formal legal opinion as to the law relating to abortion be obtained, and based upon that opinion, written policy and defined procedures should be developed for each jurisdiction.

Counseling and social services should be available from either facility staff or community agencies.

NUTRITIONAL REQUIREMENTS

165

The food provided to inmates meets National Research Council Standards for Recommended Daily Amounts of Nutrients.

Discussion: Conditions such as pregnancy and obesity require individualized attention.

Menus should be retained for at least one month for compliance auditing.

Proper nutrition is essential for good health and morale.

SPECIAL DIETS

166

Written policy and defined procedures guide the provision of special medical and dental diets and require that they are prepared and served to inmates according to the orders of the treating physician or dentist or as directed by the responsible physician.

USE OF RESTRAINTS

167

Written policy and defined procedures guide the use of medical restraints.

167
cont.

Discussion; This standard applies to those situations where the restraints are part of a health care treatment regimen and should identify when, where, duration, authorization needed and how they may be used.

The health care staff should not participate in disciplinary restraint of inmates.

PROSTHESES

- 168 Written policy and defined procedures require that medical and dental prostheses are provided when the health of the inmate-patient would otherwise be adversely affected as determined by the responsible physician or dentist.

Discussion: Prostheses are artificial devices to replace missing body parts or compensate for defective body processes.

EXERCISING

- 169 Written policy and defined procedures outline a program of exercising and require that each inmate is allowed a daily minimum of one hour of exercise involving large muscle activity, away from the cell, on a planned basis.

Discussion: It is recognized that many facilities do not have a separate facility or room for exercising and that the dayroom adjacent to the cell will be used for this purpose. This meets compliance if planned, programmed activities are directly supervised by staff and/or trained volunteers; otherwise, the designated hour would not be different from any of the other hours of the day. Examples of large muscle activity include walking, jogging in place, basketball, ping pong, and isometrics. Television and table games do not meet compliance.

PERSONEL HYGEINE

- 170 Written policy and defined procedures outline a program of personal hygiene and require that:

Every jail/detention facility that would normally expect to detain an inmate at least 72 hours, furnishes bathing facilities in the form of either a tub or shower with hot and cold running water;

Regular bathing is permitted twice a week;

In facilities without air temperature control, daily bathing is permitted in hot weather;

The following items, if not furnished by the inmate, are provided by the facility:

170
cont.

Soap,
Toothpaste or powder,
Toilet paper,
Sanitary napkins, when required, and
Laundry services at least weekly.

Haircuts and implements for shaving are made available to inmates,
subject to security regulations.

END