SOUTH DAKOTA DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.6.A.01	PAGE NUMBER 1 OF 8
		DISTRIBUTION:	Public
		SUBJECT:	Medical Scope of Service
RELATED STANDARDS:	**ACA 5-ACI**: 2C-13, 6A-01 (M), 6A-03, 6A-04, 6A-05, 6A-07, 6A-08 (M), 6A-10 (M), 6A-18 (M), 6A-20, 6A-40, 6A-41 (M), 6B-09, 6C-01, 6C-03, 6C-04 (M), 6C-06, 6C-10, 6C-14 (M), 6C-15 **PREA: 115.83**	EFFECTIVE DATE:	01/01/2024
		SUPERSESSION:	New Policy
DESCRIPTION: Healthcare - Access to Services	REVIEW MONTH: December	**KELLIE WASKO** **SECRETARY OF CORRECTIONS**	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to ensure that offenders have unimpeded access to a continuum of clinical services so that healthcare needs, including prevention and health education, are met in a timely and efficient manner.

II. PURPOSE

The purpose of this policy is to establish the medical scope of services that will be provided to DOC offenders.

III. DEFINITIONS

Health Care Practitioner:

Licensed providers who diagnose and treat patients, e.g., physicians, dentists, psychiatrists, optometrists, nurse practitioners, and physician assistants.

IV. PROCEDURES

1. Overview:

A. The director of Clinical and Correctional Services and the chief medical officer are responsible for the development and maintenance of procedures that provide medical levels of services.

B. Clinical Services Access to Care:
   1. Services will be provided to ensure the maintenance of basic health and the prevention of health deterioration.
   2. ***At the time of admission/intake all offenders are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an offender's ability to pay. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each offender. When a literacy or language problem prevents an offender from understanding written information, a staff member or translator assists the offender*** **[ACA 5-ACI-6A-01 (M)].**
      a. Access to care information is provided upon intake and is available on the offender kiosk or offender tablets in the Offender Living Guide.
      b. Interpreter services are utilized for those in need.

3. Unimpeded access to care by offenders to clinical services will be assured by requiring that only healthcare professionals make the determinations regarding the medical appropriateness of healthcare delivered. Medical treatment decisions by health care professionals are not subject to alteration or reversal by non-medical DOC employees and contract workers.

C. Continuity of Care:
   1. Medical Codes and Classifications.
      a. ***Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Offender healthcare records should be reviewed by the facility's qualified healthcare professional*** (healthcare practitioner) ***upon arrival from outside healthcare entities including those from inside the correctional system*** **[ACA 5-ACI-6A-04].**
         1) Offenders are assigned medical, dental, and behavioral health codes at intake.
         2) Codes are updated with health status changes by a healthcare practitioner.
   2. Special Needs.
      a. ***There is consultation between the facility and program administrator (or a designee) and the responsible healthcare practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas: housing assignments, program assignments, disciplinary measures, and transfers to other facilities. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than seventy-two (72) hours*** **[ACA 5-ACI-6C-06].**
         1) Primary consultation will occur during Multi-Disciplinary Teams (MDT) meetings between the associate warden, the health services administrator (HSA), the behavioral health supervisor, unit managers, and other invitees as determined.
         2) This code is updated with changes in status as necessary.
         3) Interdepartmental communications will occur for offenders with higher level needs or status changes such as severely worsening medical conditions, concerns with behavioral health, limitations for housing assignments, difficult program assignments, consideration of medical and behavioral health with the implementation of disciplinary measures, determining the need for an unscheduled transfer to another facility, or other determined need for MDT members to discuss and agree on a plan of action.
      b. Offenders with special medical needs whose care is unable to be managed in their current facility will be moved to a facility that can care for them appropriately.
      c. The chief medical officer will make final determinations for plans unable to be determined through MDT.
   3. Release.
      a. Prior to an offender's release to community/parole, it is the intent of the DOC to link offenders with treatment options for conditions, that if not treated are reasonably expected to deteriorate and/or will result in permanent loss of function. Unless otherwise authorized, offenders under the supervision of the Division of Parole are responsible for their own medical care.

D. Preventive Care:
   1. Preventive care will include health screenings upon admission and medical screenings of offenders transferred between correctional facilities in accordance with DOC policy 1.6.A.04 - *Offender Health Examination*. Preventive care includes but is not limited to, health education, immunizations, tuberculosis testing, public health measures to prevent the spread of disease, and instruction in self-care of health and illness. Women's health care will be provided to female offenders which will include, but not limited to, pap smears and mammograms.
   2. ***An ongoing program of health education and wellness information is provided to all offenders*** **[ACA 5-ACI-6A-20]** which include the following components:
      a. Initial admission orientation sessions.
         1) Distribution of instructional health materials by print and/or electronically.
         2) Education that includes but is not limited to first aid and emergency procedures, personal hygiene, self-care for chronic illness, drug and alcohol abuse, communicable disease control to include tuberculosis, sexually transmitted infections, AIDS, HIV,

hepatitis A, B, and C, dental hygiene, the dangers of self-medication, and annual diabetic training.

3. ***Written policy, procedure, and practice provide education, equipment, and facilities, and the support necessary for offenders with disabilities to perform self-care and personal hygiene in a reasonably private environment*** **[ACA 5-ACI-2C-13]**.

E. Emergency Care:
   1. Emergency care and assessment will be provided in each facility.
   2. Clinical Services at each facility will establish an Emergency Plan.
      a. ***A written plan for access to twenty-four (24) hour emergency medical, dental, and mental health services availability. The plan includes:***
         1) ***On-site emergency first aid and crisis intervention.***
         2) ***Emergency evacuation of the offender from the facility.***
         3) ***Use of an emergency medical vehicle.***
         4) ***Use of one or more designated hospital emergency rooms or other appropriate health facilities.***
         5) ***Emergency on-call or available 24 hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community.***
         6) ***Security procedures providing for the immediate transfer of offenders, when appropriate***
         7) ***Emergency medications, supplies, and medical equipment*** **[ACA 5-ACI-6A-08 (M)].**
            a) ***First aid kits are available in designated areas of the*** (non-twenty-four (24) hour) ***facility based on need and an automatic external defibrillator is available for use at the facility. The*** designated ***health authority,*** the HSA in conjunction with the warden, ***approves the contents, number, location, and procedures for monthly inspection of the kit(s) and develops written procedures for the use of the kits by non-medical staff*** **[ACA 5-ACI-6B-09].**
               i. First aid kits will be sealed and maintained by clinical services.
               ii. First aid kits will be visually inspected for an intact seal daily by designated DOC employees or contract workers.
               iii. First aid kits will be located in the master control and/or control center of offender housing unit (s).
               iv. DOC employees will determine the use of kit materials based on skills obtained through First Aid training.
            b) Diabetic Kits
               i. Diabetic kits are available in designated areas of facilities without twenty-four (24) hour medical, based on need determined by clinical services.
               ii. Diabetic kits will be sealed and maintained by clinical services.
               iii. Diabetic kits will be visually inspected for an intact seal daily by designated DOC employees or contract workers.
               iv. Diabetic kits will be located in the master control and/or control center of offender housing unit (s).
               v. Offenders will notify a custody/control employee when experiencing a potential diabetic emergency. The DOC staff will utilize materials and skills obtained through First Aid training to recognize the potential and extent of the emergency.
               vi. The officer in charge (OIC) will be responsible for ensuring the procedure is followed by custody/control employees during the assigned shift, ensuring kit accessibility for staff/offenders, accountability of contents, documentation, communication to the on-call clinical services staff, and implementing of actions

according to the direction of the clinical services on-call staff (i.e., utilizing the kit contents or arranging emergency transport).

vii. If the diabetic kit is found to be unsealed without documentation and information regarding its use having been called to the on-call clinical services staff, the finding will be reported to the OIC and the HSA immediately. The OIC will complete an incident report with the details of the occurrence.

viii. First Aid Training: Facilities will provide First Aid training to all DOC employees and contract workers upon hire and annually. This training will include response to diabetic emergencies and the use of equipment within the diabetic test kits. The First Aid/Diabetic Kit training is to be documented in the DOC training records.

c) Automated external defibrillator(s) (AEDs) are also available at all DOC facilities in designated areas as determined and maintained by clinical services.

3. Intoxication/Withdrawal
   a. If an offender has a significant drug overdose, or if an offender requires detoxification, he/she may be transferred to a local hospital or to a facility capable of providing appropriate care and monitoring.
   b. ***Withdrawal management is done only under medical supervision in accordance with local, state, and federal laws. Withdrawal management from alcohol, opiates, hypnotics, stimulants, and sedative-hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community treatment center. Specific guidelines are followed for the treatment and observation of offenders manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Offenders experiencing severe, life-threatening intoxication (and overdose), or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available*** **[ACA 5-ACI-6A-41 (M)].** The policy of the SD DOC is to send all withdrawal patients to the emergency room.
4. Sexual Assault
   a. ***Victims of sexual assault are referred under appropriate security provisions to a community facility for treatment and gathering of evidence*** **[ACA 5-ACI-6C-14 (M)].**
   b. Medical evaluation and treatment will be available to offenders who have been victimized by sexual abuse in any facility in accordance with DOC Policy 1.3.D.06 *Prison Rape Elimination Act (PREA)*. The care will be consistent with the community level of care (Code of Federal Regulations Title 28 Chapter I (28 CFR), Part 115.83(a), 115.83(c)) and will include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to other facilities or their release from custody (28 CFR 115.83(b))

F. Routine/Acute Care
1. Clinic outpatient care will be provided at each facility, including but not limited to:
   a. Clinical Services/Sick Call.
      1) ***There is a process for all offenders to initiate requests for health services on a daily basis. The requests are triaged daily by qualified healthcare professionals or health-trained personnel. A priority system is used to schedule clinical services. Clinical services are available to offenders in a clinical setting at least five (5) days per week and are performed by a health care practitioner or other qualified health care professional*** **[ACA 5-ACI-6A-03].**
         a) The kite requests system is a process for all offenders to initiate requests for clinical services.
      2) Chronic Care
      3) Chronic disease care will be provided by physicians or advanced practice providers to offenders in all facilities.
      4) Chronic conditions and the health classification of offenders may affect permanent facility assignment.

5) ***There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, serious mental illness, and other diseases that require periodic care and treatment. The plan must address the monitoring of medications, laboratory testing, use of chronic care clinics, health record forms, and the frequency of specialty consultation and review*** **[ACA 5-ACI-6A-18 (M)].**
    a) A chronic care treatment plan will be approved by the appropriate healthcare practitioner.
6) Pregnancy Management
7) ***If female offenders are housed, access to pregnancy management is specific as it relates to the following:***
    a) ***Pregnancy testing,***
    b) ***Routine prenatal care,***
    c) ***High-risk prenatal care,***
    d) ***Management of the chemically addicted pregnant offender,***
    e) ***Postpartum follow-up,***
    f) ***Unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth*** **[ACA-5-ACI-6A-10 (M)].**

2. Hospitalization:
    a. Acute care hospitalizations are provided in contracted community hospitals for both emergency (non-planned) care and planned procedures. These facilities will meet the legal requirements for a licensed general hospital with respect to the services it offers.
        1) The approval of non-emergent surgery by the chief medical officer is governed by specific criteria as documented in the managed care preauthorization material.
        2) Convalescent care which includes post-surgical recovery, injury recovery, or care following a lengthy illness will, in general, be provided at facilities capable of medical housing. Based upon medical/mental health acuity, an offender may be referred back to the facility clinic or out to an appropriate medical facility.
3. Treatment Plans:
    a. ***A written individualized treatment plan is required for offenders requiring healthcare supervision, including chronic and convalescent care. The plan includes directions to healthcare and other personnel regarding their role in the care and supervision of the patient and is developed by the appropriate healthcare practitioner for each offender requiring a treatment plan*** **[ACA 5-ACI-6A-07].**
4. Exercise:
    a. ***Exercise areas are available to meet exercise and physical therapy requirements of individual offender treatment plans*** **[ACA 5-ACI-6C-15].**
        1) Physical, occupational, and speech therapy will be offered by a qualified healthcare professional or contract employee onsite or through community resources.
5. Prostheses and Orthodontic Devices:
    a. ***Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary, as determined by the responsible health care practitioner being governed by institutional policy respecting treatment classification, resource availability, and treatment planned time frames*** **[ACA 5-ACI-6A-40].** As outlined in policy 1.6.A.05 *Healthcare Appliances*.
6. Medical observation:
    a. Medical observation will only occur in facilities that have twenty-four (24) hour onsite nursing and requires approval by the medical practitioner prior to initiating.
    b. Offenders may be placed in medical observation when their medical condition is stable but requires ongoing low-level care. This includes end of life care for offenders with a terminal illness.
    c. Medical observation requires the following conditions:
        1) Definition of the scope of medical observation healthcare services available.
        2) A physician is on-call or available twenty-four (24) hours per day.
        3) Healthcare personnel will have access to a physician, advanced practice practitioner, or registered nurse twenty-four (24) hours per day.

4) All offenders are within sight or sound of health service employees, medical contract workers, and custody/control staff.
5) The sufficient number of appropriately qualified healthcare professionals in the medical housing unit is determined by the number of patients, the severity of their illnesses, and the level of care required for each.
6) Medical observation beds are equipped with a call button such that offenders can readily communicate their needs to clinic personnel at any time.
7) Compliance with applicable state statutes and local licensing requirements.

G. Referral and Transportation of offenders to receive clinical services:
1. Referral.
a. Specialty care is provided by contracted practitioners. Primary care practitioners will refer offenders to specialists as needed.
1) Treatment of an offender's condition is not limited solely by the resources and services available onsite. ***Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually*** **[ACA 5-ACI-6A-05].**
2. Transportation.
a. Offenders will be transported safely, securely, and in a timely manner to all authorized outside medical appointments by institutional staff.
b. The HSA or designee will determine the urgency of the transport and will collaborate with custody/control staff to determine when to transport and escort an offender to medical appointments.
c. Transport of an offender, including emergency transport, will be executed in a safe, secure, and timely manner and shall be in accordance with restraint and supervision requirements approved by DOC Policy 1.3.A.07 *Offender Transport & Escort* and with consideration for the medical or psychological needs of the offender.
d. Clinical services staff will communicate to security staff transporting the offender any medical-related accommodations and needs that apply to the transport and escort of the offender, including instructions for any necessary medications or health interventions required by the offender while in route, or specific instructions, such as requiring staff to wear masks or gloves during the transport and/or escort of the offender.

H. Offender Treatment
1. Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws. Offenders are provided:
a. Confidentiality.
1) Confidentiality is maintained when health care services are rendered.
2) ***The principle of confidentiality applies to offender health records and information about offender health status.***
3) ***The active health record is maintained separately from the confinement case record.***
4) ***Access to the health record is in accordance with state and federal law.***
5) ***To protect and preserve the integrity of the facility, the health authority*** (HSA) ***shares with the superintendent/warden information regarding an offender's medical management.***
6) ***The circumstances are specified when correctional staff should be advised of an offender's health status. Only that information necessary to preserve the health and safety of an offender, other offenders, volunteers/ visitors, or the correctional staff is provided.***
7) ***Policy determines how information is provided to correctional/classification staff/volunteers/visitors to address the health needs of the offender as it relates to housing, program placement, security, and transport.***

8) ***The release of health information complies with the Health Insurance Portability and Accountability Act (HIPAA), where applicable, in a correctional setting*** **[ACA 5-ACI-6C-03 (M)].**

a. Informed Consent.

1) ***Informed consent standards in the jurisdiction are observed and documented for offender care in a language understood by the offender*** **[ACA 5-ACI-6C-04 (M)].**

a) Prior to the initiation of a clinical procedure, the health care practitioner will explain the procedure, alternatives, and potential risks in a language understood by the offender.

b) The offender will provide written consent authorizing the specific treatment or procedure.

2) ***Any offender may refuse (in writing) medical, dental, and mental health care*** **[ACA 5-ACI-6C-04 (M)].**

a) If an offender refuses treatment, the *Clinical Services Refusal of Treatment* form (see attachment #1) must be signed at the time of refusal.

b) The offender will attend the appropriate clinical services clinic to communicate his/her determination to refuse treatment.

c) The offender will receive education on the benefits of treatment and risks associated with refusal before signing the refusal of treatment form.

d) If the offender refuses to sign the refusal form, it must be signed by one clinical services staff witness and at least one other DOC employee witness.

e) The completed form will be scanned into the electronic medical record.

f) Medical, dental, and behavioral health classifications and restrictions are not eligible to be refused as this is established for the safety of the offender and the security of the institution.

g) If there is a concern for the offender's decision-making capacity, an evaluation will be initiated. Especially if the refusal is for critical or acute care. This will be initiated by the healthcare practitioner.

3) ***When health care is rendered against the offender's will, it is in accordance with state and federal laws and regulations*** **[ACA 5-ACI-6C-04 (M)].**

a) Anytime a clinical emergency arises, or the offender is unable to make an informed decision considering his/her health condition (e.g., unconscious), the informed consent requirements shall be waived.

b) In emergencies, clinical treatment may be given without informed consent and without the threat of legal liability when based on the judgment of the healthcare professional.

b. Privacy.

1) ***Healthcare encounters, including medical and mental health interviews, examinations, and procedures will be conducted in a setting that respects the offender's privacy*** **[ACA 5-ACI-6C-10].**

2) Custody/control employees and medical contract workers who are present when medical care is provided are required to maintain and protect this confidentiality.

c. Grievance.

1) DOC Policy 1.3.D.07 *Grievance Procedure* provides ***a system for resolving complaints regarding access to healthcare concerns*** **[ACA 5-ACI-6C-01].**

I. Misuse of Healthcare Resources and Clinical Services:

1. If it is determined that an incident involving an offender meets the criteria for misuse of clinical services, abuse, or diversion of prescribed or non-prescribed medication, illegal drug possession, or any other infraction of clinical services-related rules and regulations as defined in the Offender Living Guide, the information will be documented in an incident report with a recommendation for investigation by the special investigations unit (SIU).

a. Clinical services, custody/control staff, and/or medical contract workers are expected to cooperate during any hearing process held under the provisions of DOC policy 1.3.C.02 - *Offender Discipline System*. Cooperation includes preparing the paperwork, initiating the

charges, testifying at the hearing, and maintaining all appropriate records related to the incident in question.

J. Medical care for non-offenders will be administered in accordance with the following guidelines:
   1. Clinical services staff will respond to the medical situation and assess the extent of the medical emergency and, if indicated, will provide treatment for stabilization until transport to the nearest medical facility can occur.
      a. If emergency services are rendered, the clinical services staff rendering the service will complete an incident report and will send a copy of the report to the HSA. Specific medical information will not be entered on the incident report.
      b. Routine medical care will not be provided to non-offenders.

V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and maintenance of this policy.

VI. AUTHORITY

None.

VII. HISTORY

January 2024 – New policy

ATTACHMENTS *(*Indicates document opens externally)*

1. Clinical Services Refusal of Treatment*
3. DOC Policy Implementation / Adjustments

CLINICAL SERVICES
REFUSAL OF TREATMENT

Offender Name: _____
DOB: _____
DOC #: _____
Date & Time: _____

This is to certify that I, _____
(Print Name)
currently in custody at the _____
(Print Name of Facility)
hereby refuse the following medical, dental, behavioral health, and/or other treatment/recommendation listed: _____

_____

Reason for Refusal:

_____
_____
_____

By signing this Refusal of Treatment Form, I understand and acknowledge that a healthcare practitioner has prescribed or recommended certain medications and/or healthcare to me based on his/her clinical judgment and belief that the medication or treatment is needed to treat, control, and/or prevent certain negative health conditions.

I understand that my refusal could negatively impair my health. I am aware that if I have any questions or concerns about my healthcare, I should follow facility procedure to notify a healthcare professional. I further acknowledge that I have been educated on the risks of refusing the above treatment/recommendation. I have been given the opportunity to discuss any questions or concerns with a healthcare professional.

By signing below, I am making an informed decision **not to follow** the advice of a healthcare practitioner or a healthcare professional and hereby release any and all liability related to adverse effects or results caused by my refusal to accept the care and/or treatment recommended by a healthcare professional. If at any point in the future, I should change my mind and wish to accept the treatment that I have refused, I will notify clinical services of my request, however, due to changes in my condition, this treatment may not be medically appropriate or necessary at that time.

_____	_____
(Signature of Offender) *	(Signature of Clinical Services Staff) **
_____	_____
(Witness)	(Witness)

* Refusal by the offender to sign this form requires two staff signatures.
**At least one signature must be a clinical services employee, the witness may be any DOC employee.
**Clinical services signature indicates verification that this offender is competent to refuse treatment.