

1.4.E.1 Inmate Health Care Services

I Policy Index:



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II Policy:

The Department of Corrections (DOC) will provide all inmates access to medically necessary health care services. The DOC may contract health care services from licensed, certified health care providers and professionals.

III Definitions:

Emergency Medical Care:

Emergency medical, mental health, and dental care is defined as care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

Inmate:

For the purposes of this policy, an inmate is any person who has been sentenced or placed in a facility under the control of the Department of Corrections (DOC).

Health Care Provider:

All DOC staff, individuals under contract assigned to the DOC (including Department of Health and Department of Social Services staff) or student interns providing medical, mental, dental, or optometric care in a DOC institution. This also includes outside specialists/referrals providing services to an inmate.

Medically Necessary:

Care which is determined by the health care provider to be all of the following:

- Consistent with community standards.
- Ordered by an authorized health care provider.
- Required to prevent significant deterioration of the inmate's health or permanent functional impairment if not rendered during the time of incarceration.
- Not considered experimental or to be lacking in medically recognized professional documentation of efficacy.
- Not administered solely for the convenience of the inmate or the health care provider.

IV Procedures:

1. Health Care Service Principles:

- A. Facilities, equipment, drugs, supplies and materials for health services will be maintained at levels adequate to provide minimally necessary care, including on-site emergency first aid to inmates (See DOH policies P-D-03 [Clinic Space, Equipment, and Supplies](#)).
- B. Inmates will have access to health care provided by qualified health care professionals (ACA 4-4346). Nurse sick call times will be posted in all units of each facility (See DOH policy P-E-07 [Non-Emergency Health Care Requests and Services](#) and DOH policy P-A-01 [Access To Care](#)). Clinical services are available to inmates and are performed by health care practitioners or other qualified health care professional (ACA 4-4346). In the absence of health services staff, inmates may be transported off the facility to receive services/care if deemed necessary.
- C. Inmates requesting or requiring health care services outside of when Health Service staff is conducting open nurse sick call may contact DOC staff. The DOC health care liaison may contact the on-call health care person. DOC staff will not approve or disapprove an inmate's request for health care services.
 1. Inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services; the nature and scope of which are determined by health services staff, medical professionals and behavioral health staff.
- D. A medical co-pay may be charged to inmates who attend sick call. No inmate will be denied health care services due to insufficient funds in their institutional account. There is no co-pay for accessing behavioral health services (See DOC policy 1.4.E.10 [Medical Services Copayments](#) and ACA 4-4345).
- E. Emergency medical, behavioral and dental health services will be available twenty-four (24)-hours a day, seven (7) days a week (ACA 4-4351).
 1. In the event on-site health services is unavailable at the time of the emergency, DOC staff may contact on-call health staff or local 911 emergency services (ACA 4-4351).
- F. The Department of Health (DOH) will maintain agreements with approved local hospitals, medical care providers and emergency service contractors to provide health services to inmates (ACA 4-4351).
- G. Medical or adaptive devices, i.e. eyeglasses, hearing aids, dentures, wheelchairs and prosthetic devices will be authorized and provided to inmates when the responsible health care practitioner determines the inmate requires the device (ACA 1-HC-1A-32).
- H. Health Services staff will arrange for the availability of health care services to inmates at the institution. The responsible clinician will determine medically necessary health care services.

2. Transportation of Inmates to Receive Health Care Services:

- A. Treatment of an inmate's condition is not limited solely by the resource and service availability. Inmates will be transported safely, securely and in a timely manner to all authorized outside medical appointments by institutional staff (ACA 4-4348).

- B. Health Services staff will collaborate with DOC staff when determining transport and escort of an inmate to medical appointments. This includes determining the urgency of the transport (ACA 4-4348-4349).
- C. Transport of an inmate, 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.7 [Transport & Escort of Inmates](#) and with consideration for the medical or psychological needs of the inmate (ACA 4-4349).
- D. The DOC will ensure sufficient staff is available during each shift to complete transport of inmates to off-site medical appointments.
- E. Health Service staff will communicate to security staff transporting the inmate any medical related accommodations and needs that apply to the transport and escort of the inmate, including instructions for any necessary medications or health interventions required by the inmate while in route, or specific instructions, such as requiring staff to wear masks or gloves during the transport and/or escort of the inmate (ACA 4-4414).
- F. Staff transporting the inmate will ensure any accompanying paper health records for the inmate remain confidential during the transport.
 - 1. Inmate records shall remain in a secure location within the transport vehicle and will not be accessible to inmates during the transport.
 - a. All accompanying health records will be delivered directly to the receiving physician, provider or designee.
 - b. Inmate health records transported or transferred by non-health service staff should be sealed.

3. Incident Action Plans:

- A. Institutions will include contingency plans to provide necessary health care to inmates during an emergency incident. Examples of an emergency include man-made or natural disasters involving mass-casualties or power outages (See DOC policy 1.3.B.1 [Emergency Response](#) and DOH policies P-D-07 [Emergency Response Plan](#)).
- B. Health Service staff will participate in emergency drills conducted at the institution, as applicable and when directed (ACA 4-4388).

4. Determination of Medical Necessity:

- A. Health care providers will assess inmates as necessary to identify those inmates who require medically necessary care, treatment or supervision. Examples include the chronically ill, those with communicable diseases, physically disabled, pregnant inmates, terminally ill, inmates with behavioral health needs and the developmentally disabled. An individual treatment plan is required for inmates identified as requiring medical care. (ACA 1-HC-1A-07).
- B. Inmates determined to have a medical necessity beyond the resources available at their assigned institution, as determined by the responsible health care practitioner, will be reviewed for possible transfer (ACA 1- HC-1A-05).

- C. Inmates may utilize the administrative remedy process to address complaints/grievances involving health care services (See DOC policies 1.3.E.2 [Administrative Remedy for Inmates](#) and DOH policies P-A-10 [Grievance Mechanism for Health Complaints](#)).

5. Inmates Assigned to Work in Designated Areas of Health Services:

- A. The DOC prohibits inmates from being used as health care workers (ACA #4-4393/1-HC-2A-18). No inmate will be allowed to:
1. Distribute or collect sick-call requests or schedule appointments for health care services.
 2. Provide direct patient care services.
 3. Determine access of other inmates to health care services.
 4. Handle, possess or have access to surgical instruments, syringes, sharps, pharmaceuticals/medications, or other medical items/supplies as determined by Health Services staff and/or DOC staff.
 5. Operate diagnostic or therapeutic equipment.
 6. Handle, possess or access another inmate's medical records.
- B. Inmates may be assigned by the DOC to clean designated areas of health services, provided they have been appropriately trained and approved for such work; e.g. handling of biohazardous materials and use of protective gear (See DOH policies P-C-06 [Inmate Workers](#) and DOC policy 1.4.E.8 [Blood-Borne Pathogens and Infectious Disease Management](#)).
1. Inmates assigned to designated areas will work under the continuous and direct (visual) supervision of a DOC staff or Health Services staff.
 2. Inmates may not clean areas where medications are stored or are accessible. Inmates may only enter such areas under the direct supervision of a Health Services staff member.
- C. Inmates may be assigned to assist impaired inmates not designated a "patient" on a one-on-one basis with activities of daily living; such as meal delivery, meal clean-up, rest room breaks or dressing (ACA 1-HC-2A-18)
1. These types of activities are considered comfort care services and not direct patient care services. Comfort care services assist impaired inmates with daily living activities.
 2. Inmates assisting with providing comfort care services to inmates are not considered health care workers.

V Related Directives:

- DOC Policy 1.3.A.7 – [Transport & Escort of Inmates](#)
- DOC policy 1.3.B.1 – [Emergency Response](#)
- DOC policy 1.3.E.2 – [Administrative Remedy for Inmates](#)
- DOC policy 1.4.E.8 – [Blood-Borne Pathogens and Infectious Disease Management](#)
- DOC policy 1.4.E.10 – [Inmate Medical Co-Pay, Fees and Billing for Health Care Services](#)
- DOH policy P-A-01 – [Access To Care](#)
- DOH policy P-A-02 – [Responsible Health Authority](#)
- DOH policy P-A-07 – [Emergency Response Plan](#)

DOH policy P-A-08 – [Inmate Health Records](#)
DOH policy P-A-10 – [Grievance Mechanism for Health Complaints](#)
DOH policy P-C-06 – [Inmate Workers](#)
DOH policy P-D-03 – [Clinic Space, Equipment and Supplies](#)
DOH policy P-D-08 – [Hospital and Specialty Care](#)
DOH policy P-E-07 – [Non-Emergency Health Care Requests and Services](#)

VI Revision Log:

September 2004: **Revised** policy statement. **Added** references to DOH policies. **Added** discretionary decision authority for DOC staff on emergency transfers. **Added** a statement that Health Service staff will participate in disaster drills, if they are available. **Expanded** on what work inmate and juvenile offenders can and cannot do in the health service area.

October 2005: **Updated** DOH policy references throughout the policy. **Changed** policy name. **Changed** “inmate and juvenile (offenders)” to “offenders”. **Added** information in letter “C” under Offenders Working in Health Services.

October 2006: **Corrected** one DOH policy reference.

October 2007: Minor style/format changes.

September 2008: **Revised** formatting of policy in accordance with DOC policy 1.1.A.2. **Added** Juveniles to the title of the policy.

September 2009: **Added** hyperlinks.

September 2010: **Revised** formatting of Section 1.

October 2011: **Deleted** “and Juveniles” from title of policy. **Added** “all” and “access to” and “No offender will be denied medically necessary health care due to a lack of available funds in their institutional account.” in Policy section **Added** definition of “Emergency Medical Care”. **Added** “drugs” “including on-site emergency first aid” to Section 1 A **Added** “mental health and dental health services” and “for inmate or staff reported medical emergencies” to Section 1 B **Added** 1. “In the event Health Service staff is unavailable at the time of a medical emergency, DOC staff shall contact the on-call provider, or dial 911 for emergency assistance”. to Section 1 B. **Added** “and emergency services” and “hospital and specialized ambulatory care for medical and mental illnesses” to Section 1 C. **Deleted** “Transfers” and **Replaced** with “Transportation of Offenders” in Section 2 title. **Added** “in an emergency” to Section 2 A. **Added** B. to Section 2. **Replaced** “use their discretion on” with “determine” in Section 2 C. **Added** “but are not limited to” in Section 3 A. **Deleted** “situations” **Changed** “causality” to “casualties” in Section 3 A. **Replaced** “used” with “assigned”. **Changed** titles of DOH policies and included hyperlinks to current policies **Replaced** “Handle” with “Possess” in Section 4 A. 4 **Deleted** “medical” and **Replaced** with “surgical” **Deleted** “equipment” and **Replaced** with “syringes” **Deleted** “medical supplies” from Section 4. A. 4. **Added** 5. “No offender may operate diagnostic or therapeutic equipment” to Section 4. A. **Replaced** “Have, handle” with “possess” in Section 4 A. 6. **Added** “and are typically comfort care or for the purpose of assisting impaired offenders with daily living activities.” to Section 4. C. 1.

October 2012: **Deleted** “Emergency” from title of Section 2 **Added** D-G. and G. a. 1) & 2).

September 2013: **Deleted** D. “All security regulations which apply to DOC employees will also apply to health service staff, whether full time, part time or contractual” in Section 1 **Added** b. C. and D. to Section 1. **Added** “to Receive Health Care Services” to title of Section 2 **Added** new A. to Section 2. **Deleted** “determine” and **Replaced** with “assist security staff in determining” and **Deleted** “outside medical facilities in an emergency” and **Replaced** with “from the facility to receive medical, mental health or dental services” in Section 2 B **Added** “mental health or dental” to Section 2 C. **Added** “all or some of the requirements are” in Section 2 C **Deleted** D. “Offenders will be transported safely and in a timely manner during an emergency transport and non-emergency transport, mental health and dental clinic transports to an outside appointment” in Section 2 **Added** “in a timely manner” to Section 2 E. **Deleted** “required by the offender during the transport” and **Replaced** with “needed during the transport, including instructions for administration of any necessary medications” in Section 2 F. **Added** “power outages” to Section 3 A. **Deleted** “considered contraband, unless the items were issued by Health Services to a specific

offender” and **Replaced** with “as determined by Health Services staff and/or DOC staff” in Section 4 A. 4 **Added** “Assigned to Work in Designated Areas of” to title of Section 4.

September 2014: **Added** “Clinical services are available to offenders at least five (5) days a week and are performed by a health care practitioner or other qualified health care professional (ACA 4-4346)” to Section 1 B. **Added** “DOC staff may not approve or disapprove offender requests for health care services” to Section 1 C. **Added** 1. to Section 1 C. **Added** “If the emergency on-call provider is unavailable or emergency evacuation of the offender is necessary, staff will” in Section 1 E. a. **Deleted** “DOC and/or health care provider and **Replaced** with “DOH” and **Added** “when primary health services are unavailable at the facility” in Section 1 F. **Added** “Treatment of an offender’s condition is not limited by the resources and services available at the facility” in Section 2 A. **Deleted** “assist” and **Replaced** with “collaborate” in Section 2 B. **Added** “safe and timely manner under appropriate security provisions” and **Deleted** “unless all or some of the requirements are waived by the Warden or designee” in Section 2 C. **Deleted** “In the event Health Services staff are not readily available, DOC staff will determine whether to utilize institutional/staff transportation or ambulance when transporting offenders to outside medical facilities/providers” and **Replaced** with “The safe and timely transportation of offenders for medical, mental health or dental appointments is the joint responsibility of security (DOC) staff and DOH Health Services staff (ACA 4-4349) in Section 2 D. **Deleted** “OIC” and **Replaced** with “Designated security staff or program staff” in Section 2 E. **Added** G. and H. to Section 2.

September 2015: **Reviewed** with no changes.

March 2016: **Deleted** “offender” and **Replaced** with “inmate” throughout the policy. **Deleted** definition of “offender”. **Added** “In the absence of health services staff, inmates will be transported off the facility to receive clinical services” in Section 1 B.

September 2016: Combined information from DOC policy 1.4.E.2 Inmate Medically Necessary Health Care into policy.

October 2019: Updates to DOH policy references.

Mike Leidholt (original signature on file)

Mike Leidholt, Secretary of Corrections

11/06/2019

Date