1.4.E.1 Inmate Health Care Services

I Policy Index:

- Date Signed: 03/22/2016
- Distribution: Public
- Replaces Policy: 4E.1
- Supersedes Policy Dated: 11/06/2015
- Affected Units: All Institutions
- Effective Date: 03/23/2016
- Scheduled Revision Date: September 2016
- Revision Number: 13
- Office of Primary Responsibility: DOC Administration

II Policy:

The Department of Corrections (DOC) will provide all inmates access to health care services. The DOC may contract health care services from licensed and/or certified health care providers and/or professionals. No inmate will be denied medically necessary health care due to a lack of available funds in their institutional account.

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.

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 daily access to health care provided by qualified health care professionals (ACA 4-4346). Open 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 at least five (5) days a week and are performed by a health care practitioner or other qualified health care professional (ACA #4-4346). In the absence of health services staff, inmates will be transported off the facility to receive clinical services.

C. Inmates requesting emergency health care services outside the posted sick call times will notify DOC staff or their supervisor of their request. DOC staff or the supervisor will inform Health Services staff or the on-call person of the request. DOC staff may not approve or disapprove inmate requests 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 open nurse 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 Inmate Medical Co-Pay, Fees and Billing for Health Care Services and ACA #4-4345).

E. Emergency medical care, behavioral health and dental health services will be available twenty-four (24)-hours a day, seven (7) days a week (See DOH policy P-E-08 Emergency Services and ACA #4-4351).

1. In the event health services, behavioral health services or dental staff is unavailable at the time of an inmate medical emergency, DOC staff shall contact the emergency on-call provider (medical, behavioral health or dental). If the emergency on-call provider is unavailable, or emergency transportation of the inmate is necessary, staff will dial 911 for emergency assistance (ACA #4-4351).

F. The Department of Health (DOH) will maintain agreements with approved local hospitals, providers and private emergency service contractors to provide health services to inmates (See DOH policy P-D-05 Health Care Services for Offenders #4-4351).

G. The Warden may consult with health services staff prior to taking the following actions involving inmates who are chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled (ACA #1-HC-3A-06):

1. Housing assignments.
2. Program assignments.
3. Disciplinary measures/sanctions.
4. Transfers to other facilities.

H. Medical or adaptive devices, i.e. eyeglasses, hearing aids, dentures, wheelchairs, or prosthetic devices will be authorized and/or provided to an inmate when it is determined by the responsible health care practitioner that such a device is medically necessary (ACA #1-HC-1A-32).

2. Transportation of Inmates to Receive Health Care Services:

A. Treatment of an inmate’s condition is not limited by the resources and services available at the facility. Inmates will be transported safely, securely and in a timely manner to all authorized medical, behavioral health and dental clinic appointments outside of the facility (ACA #4-4348).

B. Health Services staff will collaborate with security staff when determining the appropriate conditions of transportation and necessary security precautions. This includes determining the urgency of the transport, (ambulance versus standard transport by security staff), when preparing to transport an inmate from a DOC facility to an outside medical, behavioral health or dental appointment (See DOH P-E 10 Patient Escort and ACA #4-4348-4349).

C. Transport of an inmate, including emergency transports for medical, behavioral health or dental reasons, will be executed in a safe, secure and timely manner and in accordance with appropriate security provisions consistent with restraint and supervision requirements (See
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 safe and timely transportation of inmates for medical, mental health or dental appointments is the joint responsibility of security (DOC) staff and facility health services staff (ACA #4-4349).

E. The DOC will ensure sufficient staff is available/scheduled for each shift to ensure transportation of inmates to off-site medical, behavioral health and dental appointments in a timely manner, as needed and/or required. Except in emergency situations, at least one staff assigned to transport an inmate to a health care examination/procedure/appointment will be the same-sex as the inmate.

F. Health Service staff will communicate to security staff transporting the inmate all medical related accommodations and needs pertaining to the inmate scheduled for transport, including instructions for administration of necessary medications or health interventions while en route or specific precautions (requiring masks and gloves be worn by staff) (ACA 4-4414).

G. Staff transporting the inmate will ensure the inmate’s accompanying health records remain confidential during the transport.

1. Inmate records shall remain in a secure location within the transport vehicle and will not be accessible to other inmates during the transport (See DOH policies P-H-04 *Management of Health Records* and P-H-02 *Confidentiality of Health Records*).
   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 will 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 a health care emergency include but are not limited to, man-made or natural disasters involving mass-casualties or power outages affecting health service’s ability to provide adequate care to inmates (See DOC policy 1.3.B.1 *Emergency Response* and DOH policies P-A-07 *Emergency Response Plan*).

B. Health Service staff will participate in incident simulations conducted by the DOC as applicable and when possible (ACA #4-4388).

4. 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 (See DOH policies P-H-02 Confidentiality of Health 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 1.4.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-07 – Emergency Response Plan
DOH policy P-C-06 – Inmate Workers
DOH policy P-D-03 – Clinic Space, Equipment and Supplies
DOH policy P-D-05 – Hospital and Specialty Care
DOH policy P-E-07 -- Non-Emergency Health Care Requests and Services
DOH policy P-E-08 -- Emergency Services
DOH policy P-E-10 – Patient Escort
DOH policy P-H-02 – Confidentiality of Health Records
DOH policy P-H-04 -- Management of Health Records

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.
Added "inmate and juvenile (offenders)" to "offenders". Added information in letter "C" under Offenders Working in Health Services.

Corrected one DOH policy reference.

Minor style/format changes.

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

Revised formatting of Section 1.

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 “causalities” 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.

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

Added 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.

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

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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.

Denny Kaemingk (original signature on file) 03/22/2016
Denny Kaemingk, Secretary of Corrections Date