

POLICY TITLE: INFIRMARY SERVICES POLICY NUMBER: 18.10 (AF) CHAPTER 18: HEALTH CARE SERVICES		PAGE <u>1</u> OF <u>8</u>
 STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: 		PROFESSIONAL STANDARDS: See Section VIII
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I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

The Department of Corrections recognizes the need to provide infirmary care to residents with an illness, injury, or condition that does not require hospitalization, but whose care cannot be managed in a Specialized Health Care Unit (SHCU) or an outpatient setting. Infirmary care is inpatient care provided to residents who require twenty-four (24) hour nursing care. An infirmary shall be in compliance with any applicable state statutes.

5-ACI-6A-09

IV. DEFINITIONS

1. Health care provider – for purposes of this policy, physician, physician assistant, or nurse practitioner.
2. Infirmary – a specific area within a facility, separate from other housing areas, where residents are admitted for skilled nursing care under the supervision of a health care provider.

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VI. ATTACHMENTS

None

VII. PROCEDURES

Procedure A: Infirmary, General

1. The Department shall ensure at least one infirmary is available for adult residents who require more care than can be provided in a Specialized Health Care Unit (SHCU) because they require twenty-four (24) hour skilled nursing care, but who do not need the care provided in a community health care facility, e.g., hospital, nursing home, rehabilitation center, etc.
2. A resident may be admitted to an infirmary for:
 - a. long-term post-operative recovery care;
 - b. long-term IV infusions;
 - c. respiratory isolation;
 - d. hospice care; or
 - e. care for a variety of sub-acute conditions that do not rise to the level of requiring hospitalization.
3. In addition, a resident may be placed in an infirmary for an up to twenty-three (23) hour observation period as set out in Procedure E.
4. An infirmary shall meet the following requirements: **5-ACI-6A-09**
 - a. compliance with any applicable state statutes;
 - b. a health care provider on call or available twenty-four (24) hours per day;
 - c. health care staff on duty twenty-four (24) hours per day and with access to a health care provider or a registered nurse when patients are present;
 - d. all residents within sight or sound of a medical or security staff member; and
 - e. compliance with an Infirmary Manual for Nursing Care Procedures that shall be reviewed at least annually and revised as needed by the Regional Medical Director, or designee.
5. An infirmary shall be equipped to allow residents, either independently or with assistance, to:
 - a. bathe daily; **5-ACI-6E-02**
 - b. access sinks with hot and cold running water; **5-ACI-6E-03** and
 - c. access toilets and hand-washing facilities twenty-four (24) hours per day.
5-ACI-6E-04
6. When patients are present, the infirmary shall be staffed with at least one registered nurse (RN) or licensed practical nurse (LPN) twenty-four (24) hours a day, seven (7) days a week. In the event an LPN is assigned to the infirmary, that nurse shall be under the control of an RN. This does not require an RN to be present in the infirmary.

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7. A health care provider shall be on call or otherwise available twenty-four (24) hours a day to respond to the health care needs of residents in the infirmary as necessary.
8. Whenever a health care provider conducts rounds in the infirmary, each resident shall be seen, and the visit shall be documented in the resident's electronic health care record (EHCR).
9. Under staff supervision, resident workers may perform duties commensurate with their level of training as set forth in other applicable Department policies, including, but not limited to, assisting residents in an infirmary. **5-ACI-6B-12**
10. Unless there are documented health care reasons, safety or security issues, and/or operational needs preventing it in an individual case or the operational needs of the infirmary prevent it generally, residents in an infirmary shall be afforded the same living conditions and privileges as residents in general population housing.
11. Unless there are documented health care reasons preventing it in an individual case, every resident in an infirmary shall be required to meet the same standards as residents in other housing units with respect to keeping themselves and their rooms and other living areas clean and tidy.

Procedure B: Referral and Admission to an Infirmary

1. An adult resident may be referred for admission to an infirmary when it is determined that the resident:
 - a. requires direct medical observation, e.g., head injury, hydration, continual labs, etc.;
 - b. is convalescing from an acute or chronic condition, illness, or injury, or is post-surgery/procedure;
 - c. needs physical or medical assistance that cannot readily be provided in another housing unit;
 - d. has a severe chronic illness and may experience frequent exacerbations, but does require continual health care monitoring; or
 - e. needs palliative and end-of-life care.
2. Any time a resident is identified by a facility nurse or facility health care provider as possibly meeting one of the above criteria, they shall make a referral to the Regional Medical Director and the Regional Director of Nursing, or their designees, documenting the referral and the reason(s) for the referral in the resident's electronic health care record.
3. The Regional Medical Director and the Regional Director of Nursing, or their designees, shall assess the resident for admission to an infirmary.
4. The results of the assessment shall be documented in the resident's electronic health care record, including whether admission to an infirmary is medically indicated or whether an alternative plan is appropriate.
5. If it is determined that an infirmary admission is not medically indicated, the Regional Medical Director or the Regional Director of Nursing, or one of their designees, shall, if

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appropriate, develop an alternative plan and take the appropriate steps to have it implemented. The plan shall be documented in the resident's electronic health care record.

6. If it is determined that an infirmity admission is medically indicated, a facility health care provider shall authorize the admission by a written order documented in the resident's electronic health care record (EHCR).
7. The Regional Medical Director or the Regional Director of Nursing, or one of their designees, shall notify the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, that an infirmity admission is medically indicated.
8. The Director of Classification, or designee, shall determine if there is a bed available in an infirmity and whether there needs to be consultation with other staff as to possible safety or security issues.
9. If a bed is available in an infirmity, but there are possible safety or security issues, the Director of Classification, or designee, shall consult with the Department's Health Care Services Manager, or designee, the Chief Administrative Officer, the Health Services Administrator (HSA), and the infirmity Unit Manager (UM), or their designees, of the facility where the infirmity is located and the Chief Administrative Officer, and the resident's UM, or their designees, of the facility where the resident is currently housed, if different, and other appropriate Department staff, to determine whether there are any safety or security issues that would require additional security measures where the bed is available.
10. If there is no bed available, the Director of Classification, or designee, shall so notify the Regional Medical Director, the Regional Director of Nursing, and the Department's Health Care Services Manager, or their designees.
11. The resident shall be triaged by the Regional Medical Director and the Regional Director of Nursing, or their designees, who shall consult with the Department's Health Care Services Manager, or designee, about the timing of the resident's admission to an infirmity as beds become available.
12. In the meantime, the Regional Medical Director and the Regional Director of Nursing, or their designees, shall develop an alternative plan, notify the Department's Health Care Services Manager, or designee, of that plan, and take the appropriate steps to have it implemented. The plan shall be documented in the resident's EHCR. Once a bed has become available for the resident, the below procedures shall be followed.
13. If there is a bed available in an infirmity, the Department's Director of Classification, or designee, shall so notify the Department's Health Care Services Manager, or designee, the Chief Administrative Officer, the HSA, and the infirmity UM, or their designees, of the facility where the infirmity is located and the Chief Administrative Officer and the HSA, or their designees, of the facility where the resident is currently housed, if different, and other appropriate Department staff. The staff so notified shall consult with one another regarding how best to implement the admission and, if applicable, the transfer.

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14. The Department's Director of Classification and the Department's Health Care Services Manager, or their designees, shall ensure that the appropriate arrangements are made for the resident's admission to the infirmary, including, if applicable, by following the processes for resident transfers.
15. If a resident is to be discharged from a Specialized Health Care Unit for admission to an infirmary, in addition to or in conjunction with following the above admission procedures, the discharge procedures outlined in Department Policy (AF) 18.10.2, Specialized Health Care Unit shall also be followed.
16. A resident may be discharged from a hospital directly to an infirmary without following the above admission procedures if the resident was admitted to the hospital from the infirmary and a bed is still available.
17. When infirmary level of care is anticipated after discharge from a hospital, the Regional Medical Director, or designee, shall request a hospitalization summary and consult with the hospital attending physician on the discharge plan and follow-up instructions.
18. The Regional Medical Director, or designee, shall;
 - a. consult with the hospital staff to determine the type of transportation and any special requirements needed; and
 - b. ensure the Health Services Administrator (HSA), or designee, is notified of the infirmary placement.
19. The HSA, or designee, shall notify the Shift Commander of the hospital discharge and shall inform them of the type of transportation and any special requirements and accommodations needed.
20. The Regional Medical Director, or designee, shall contact the Department's Director of Classification, or designee, to notify them of the resident's transfer to the infirmary.
21. Department Policy (AF) 23.5, Resident Transfers from and to the Department (including Federal Holds, Safekeepers, and Boarders) shall be followed for boarders being considered for admission to an infirmary.

Procedure C: Infirmary Services

1. The level of care provided to an infirmary resident shall be determined by their documented health care needs and the judgment of the infirmary health care provider as to how best to meet those needs.
2. There shall be twenty-four (24) hour nursing care available to carry out the orders of the infirmary health care provider beginning at the time of admission and continuing through discharge.
3. An infirmary nurse shall conduct rounds at least once per shift and document the rounds in each resident's electronic health care record.
4. Department Policy (AF) 18.12, Accommodations for Residents with Disabilities or Other Special Needs shall be followed for residents with disabilities or other special needs, including, but not limited to, by providing special equipment and other support necessary

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for the residents to perform self-care and personal hygiene in a reasonably private environment.

5. The nursing staff shall provide and document in the resident's electronic health care record education provided to the resident that includes, at a minimum:
 - a. frequency of provider visits; and
 - b. frequency of nursing rounds.

Procedure D: Canteen/Commissary and Annex Food and Drink Item Restrictions and Therapeutic Diets

1. If the health of a resident who is in an infirmary is being significantly compromised by morbid obesity, uncontrolled diabetes, hyperphagia (abnormally extreme, insatiable hunger), or pica (consumption of non-food items), the resident may be placed on dietary restrictions with respect to food and drink items that would otherwise be available for them to order from the canteen/commissary and annex.
2. In particular, access to the canteen/commissary and annex food and drink items may be prohibited in their entirety or may be restricted to only those that are healthy in nature, or other restrictions may be imposed, such as limits on quantity, removal of packaging, etc.
3. These dietary restrictions require a written order from the Regional Medical Director, or designee, after consultation with the Chief Administrative Officer, or designee, and shall be documented in the resident's electronic health care record (EHCR).
4. The order shall specify how the resident's health is being compromised and how the restrictions address the issue. It shall also specify the dietary restrictions imposed.
5. Before ordering these dietary restrictions, a facility health care provider shall inform the resident in person of the reasons for the restrictions. The resident shall also be offered access to behavioral health care staff for counseling.
6. If a therapeutic diet has been ordered for such a resident, and the resident refuses the diet or fails to comply with the diet, Department Policy (AF) 18.4, Therapeutic Diet, shall be followed, except that a therapeutic diet shall continue to be offered to the resident, unless their refusal or failure to comply significantly compromises their health.

Procedure E: Discharge from the Infirmary

1. When a resident is anticipated to be discharged from an infirmary to another housing unit, the infirmary health care provider shall inform the Regional Medical Director and the Regional Director of Nursing, or their designees.
2. The Regional Medical Director and the Regional Director of Nursing, or their designees, shall assess the resident for discharge from the infirmary.
3. The results of the assessment shall be documented in the resident's electronic health care record, including whether discharge from the infirmary is medically appropriate.

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4. If the Regional Medical Director and the Regional Director of Nursing, or their designees, agree with the discharge, the infirmity health care provider shall authorize the discharge by a written order.
5. Written discharge orders, to include medications, treatment, and follow-up instructions, shall be completed as part of a discharge summary. The order and the summary shall be documented in the resident's electronic health care record.
6. The Regional Medical Director or the Regional Director of Nursing, or one of their designees, shall notify the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, that a discharge is medically appropriate.
7. If a resident is to be admitted to a SHCU upon discharge from the infirmity, in addition to or in conjunction with following the above discharge procedures, the admission procedures outlined in Department Policy (AF) 18.10.2, Specialized Health Care Unit shall also be followed.
8. Otherwise, the Department's Director of Classification, or designee, shall determine whether the resident will remain at the same facility they were admitted from (and if so, in which housing unit they will be placed) or be transferred to another facility.
9. The Department's Director of Classification, or designee, shall notify the Department's Health Care Services Manager, or designee, the Chief Administrative Officer, the Health Services Administrator (HSA), and the infirmity Unit Manager (UM), or their designees, of the facility where the infirmity is located, and the Chief Administrative Officer and the HSA, or their designees, of the facility where the resident will be housed, if different, and other appropriate Department staff. The staff so notified shall consult with one another regarding how best to implement the discharge and, if applicable, the transfer.
10. The Department's Director of Classification and the Department's Health Care Services Manager, or their designees, shall ensure that the appropriate arrangements are made for the resident's discharge from the infirmity, including, if applicable, by following the processes for resident transfers.
11. Nothing in this policy prevents a resident from being discharged from the infirmity due to safety or security issues. In such a case, the Regional Medical Director and the Regional Director of Nursing, or their designees, shall develop an alternative plan, notify the Department's Director of Classification, the Department's Health Care Services Manager, and the Chief Administrative Officer, or their designees, of that plan, and take the appropriate steps to have it implemented. The plan shall be documented in the resident's EHCR.

Procedure F: Observation

1. A resident may be placed in an infirmity for observation for up to twenty-three (23) hours for, but not limited to, the following reasons:
 - a. requires direct medical observation, e.g., head injury, hydration, continual labs, recovery from anesthesia, IV infusions, etc.;
 - b. is being prepared for a medical or dental procedure; or

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- c. is being assessed while a decision is being made regarding whether the resident will require health care services in an infirmary, a community health care setting (e.g., hospital, nursing home, rehabilitation center, etc.), or in a SHCU or other housing unit or outpatient setting.
2. A Registered Nurse (RN) or a health care provider may place a resident in an infirmary for any of the above reasons for a twenty-three (23) hour period or less for observation.
3. If it anticipated that the resident will remain in the infirmary past the observation period, the admission procedures described in Procedure B shall be followed, except that the Department's Director of Classification and the Department's Health Care Services Manager, or their designees, do not need to be notified before the admission but shall be notified as soon as practicable thereafter.
4. If it anticipated that the resident will not remain in the infirmary past the observation period, they shall be returned to their original housing unit or placed in another housing unit as appropriate and in accordance with the applicable Department policy and facility practices.
5. Placement in and removal from an infirmary under this procedure shall be documented in the resident's electronic health care record.

VIII. PROFESSIONAL STANDARDS

ACA

- 5-ACI-6A-09** Offenders are provided access to infirmary care either within the correctional setting or off site. If infirmary care is provided onsite, it includes, at a minimum, the following:
- definition of the scope of infirmary care services available
 - a physician on call or available 24-hours per day
 - health care personnel have access to a physician or a registered nurse and are on duty 24-hours per day when patients are present
 - all offenders/patients are within sight or sound of a staff member
 - an infirmary care manual that includes nursing care procedures
 - compliance with applicable state statutes and local licensing requirements
- 5-ACI-6E-02** There are sufficient bathing facilities in the medical housing unit and infirmary area to allow offenders housed there to bathe daily.
- 5-ACI-6E-03** Offenders have access to operable washbasins with hot and cold running water in the medical housing unit or infirmary area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio.
- 5-ACI-6E-04** Offenders have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical housing unit or in the infirmary area. Toilets are provided at a minimum ratio of 1 for every 12 offenders in male facilities and 1 for every 8 offenders in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more offenders have a minimum of 2 toilets. These ratios apply unless state or local building or health codes specify a different ratio.

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