POLICY TITLE: ACCESS TO HEALTH CARE SERVICES POLICY NUMBER: 13.3 (JF) CHAPTER 13: HEALTH CARE SERVICES		PAGE 1 OF 6
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: Joseph Ponte	PROFESSIONAL STANDARDS: See Section VII
EFFECTIVE DATE: December 15, 2003	LATEST REVISION: May 28, 2013	CHECK ONLY IF APA [ ]

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 Juvenile Facilities

III. POLICY

Access to necessary health care services is a right, rather than a privilege. Each resident shall have access to necessary health care services provided by qualified health care professionals licensed by the State of Maine.

The Department also recognizes the right of a resident who has attained the age of 18 to choose not to accept the care and treatment recommended by qualified health care professionals, after the resident has been provided factual information regarding their choices and provided the resident is competent to make that choice

IV. CONTENTS

V. ATTACHMENTS

Attachment A: Advance Directive Information and Form **[REVISED] Refer to Department Policy (JF) 13.10, Advance Directives and its attachments**

Attachment B: Consent to Medical/Dental Treatment Form **[REVISED] Refer to Department Policies (JF) 13.3.1 & 13.3.2 and their attachments**

Attachment C: Consent to Invasive Medical or Dental Procedures **[REVISED] Refer to Department Policies (JF) 13.3.1 & 13.3.2 and their attachments**

Attachment D: Refusal of Treatment form **[REVISED] Refer to Department Policies (JF) 13.3.1 & 13.3.2 and their attachments**

Attachment E: Sick Call Slip

VI. PROCEDURES

Procedure A: Advance Directive [RESCINDED]

This procedure regarding advance directives is no longer in effect and has been deleted. Refer to Department Policy (JF) 13.10, Advance Directives for the current policy.

Procedure B: Informed Consent [RESCINDED]

This procedure regarding informed consent is no longer in effect and has been deleted. Refer to Policies (JF) 13.3.1, Informed Consent for a Resident Who Has Not Attained the Age of Eighteen & 13.3.2, Informed Consent for a Resident Who Has Attained the Age of Eighteen for the current policies.

Procedure C: Residents Refusing Medical Treatment [RESCINDED]

This procedure regarding residents refusing treatment is no longer in effect and has been deleted. Refer to Policies (JF) 13.3.1, Informed Consent for a Resident Who Has Not Attained the Age of Eighteen & 13.3.2, Informed Consent for a Resident Who Has Attained the Age of Eighteen for the current policies.

Procedure D: Non-Emergency Medical and Dental Services

1. Health care services, provided by qualified health care staff, shall be available to residents a minimum of five (5) days per week.

2. Non-emergency health care services for residents shall consist of the following:
   a. Residents shall have access to all non-emergency medical and dental services through the use of Sick Call Slips (See Attachment E, Sick Call Slip). These forms shall be readily available to all residents and shall be collected by health care staff. Arrangements shall be made to assure that the information contained on the Sick Call Slip is kept confidential.
   b. The Medical Department at each facility shall establish a system to process sick call slips based on the principles of triage, scheduling, assessment, treatment and referral. In order to facilitate this, a resident submitting a sick call slip shall list on the slip all of the problems that he/she wishes to discuss with the health care staff and should not expect to discuss a problem not listed. The delivery of health care services shall be coordinated only by health care staff.
   c. All non-emergency sick call slips shall be reviewed by nursing staff within twenty-four (24) hours of receipt. The resident shall be seen by qualified health care staff within the next twenty-four (24) hours, (seventy-two {72} hours on weekends).

d. When indicated, a referral shall be made by the nursing staff performing the sick call for the resident to be seen by a physician, physician's assistant or nurse practitioner within one (1) week of receipt of the request.

e. If a resident reports to nursing sick call more than two (2) times with the same complaint and has not yet been seen by a physician, physician's assistant, or nurse practioner, the resident shall be seen by the physician, physician's assistant or nurse practitioner within a week of the last nursing sick call.

f. Staff may initiate a non-emergency medical or mental health referral for a resident whom they believe is in need of medical or mental health treatment.

g. A resident whose custody prevents attendance at sick call shall be provided access to health care in the place where the resident is housed.

3. Non-emergency services for staff may include the following:
   a. Administration of Hepatitis B vaccine;
   b. Yearly Tuberculin testing;
   c. Fit testing for HEPA filter masks; and
   d. Basic first aid.

4. Non-emergency services for visitors and volunteers
   a. The Department provides no non-emergency treatment for visitors or volunteers.

Procedure E: Emergency Medical Care and Dental Services

1. Emergency health care services shall be available on a 24-hour, 365 days per year basis. The facility's health care department shall develop and maintain a written plan for obtaining and providing emergency medical, dental and mental health care. The plan shall include the following:
   a. On-site emergency first aid and crisis intervention;
   b. Emergency evacuation of the resident from the facility;
   c. Use of an emergency medical vehicle;
   d. Use of one or more designated hospital emergency rooms or other appropriate health facilities;
   e. 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; and
   f. Security procedures providing for the immediate transfer of residents, when appropriate.

2. Health care, security, and other staff determined appropriate by the Chief Administrative Officer, shall be trained to respond within four (4) minutes as first responders to emergency health care situations. Annual training for first responders shall include recognition of signs and symptoms and knowledge of required actions in emergencies, administration of basic first aid, certification in performing CPR, and methods of obtaining assistance, including assistance from poison control and

transporting by EMS. The training shall also include recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal, developmental disability, suicide risk and suicidal behavior, and appropriate responses.

3. When a resident is in need of hospitalization, a staff member shall accompany the resident and stay with the resident at least during admission.

4. At each facility, the Health Services Administrator (HSA), or designee, and mental health staff shall provide a list of on-call staff to be notified of medical and mental health emergencies.

5. The HSA, or designee, and mental health staff shall determine what equipment and supplies are needed for medical and mental health emergencies. The Chief Administrative Officer, or designee, shall determine the best means to secure the equipment and supplies.

6. The HSA, or designee, and mental health staff shall be responsible for the inspection, maintenance and replenishing of all emergency medical and mental health equipment and supplies.

Procedure F: Grievance Mechanism

1. Residents may file grievances relating to medical or mental health care using the health care grievance process set out in Policy 29.2.

Procedure G: Reimbursement for Health Care Services

1. The Classification Officer, Records Officer, or designee, shall notify the HSA of all residents transferred from other jurisdictions residing in the facility (residents transferred from other states or federal authorities).

2. For off-site non-emergency health care services for a transferred resident residing in a Maine Department of Corrections facility, the HSA, or designee, shall obtain prior authorization for payment from the other jurisdiction.

3. For off-site emergency health care services for a transferred resident residing in a Maine Department of Corrections facility, the HSA, or designee, shall notify the other jurisdiction of the services provided as soon as possible.

4. As set out in Policy 13.4, Health Screening and Assessments, at the admission health screening for a resident, the medical health care staff performing the screening shall obtain information about the resident's enrollment and eligibility for MaineCare (Medicaid).

5. The HSA, or designee, shall refer any resident not currently enrolled in MaineCare but who may be eligible for reimbursement by MaineCare to the resident's Unit Treatment Team for possible enrollment in the program.

Procedure H: Telemedicine Services

1. The health care authority shall incorporate real time telemedicine services as a modality to provide primary and specialty care to residents. A telemedicine appointment shall consist of a primary care provider, mental health professional or medical specialist providing services over a live, real time video connection to residents.

2. A resident shall be provided general information regarding telemedicine services which may be incorporated as a modality of access to care. In the event telemedicine services are utilized, a resident, who has attained the age of 18, shall be provided a Consent To Treatment form for the resident's signature.

3. Primary care providers, mental health providers and medical specialists shall determine if a resident's clinical presentation is appropriate for care provided over telemedicine. If deemed inappropriate, care shall be delivered as directed by the health care provider.

VII. PROFESSIONAL STANDARDS

ACA:

4-JCF-4C-06 **There is a process in place for all juveniles to initiate requests for health services on a daily basis. All health-care requests are triaged by a qualified health-care professional or health-trained personnel. A priority system is used to schedule health-care services and shall address routine, urgent, and emergent juvenile health-care requests and conditions.**

Health-care services are available to juveniles in a clinical setting at least five days a week and are provided by a qualified health-care professional. A health-care practitioner is available at least once a week to respond to juvenile-health concerns.

4-JCF-4C-12 **(MANDATORY) Twenty-four-hour emergency medical, dental, and mental health services are available to the juvenile population. These services include the following:**

1. **On-site emergency first aid and crisis intervention**
2. **Emergency transportation of the juvenile from the facility**
3. **Use of one or more designated hospital emergency rooms or other appropriate health facilities**
4. **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**

4-JCF-4C-14 **A transportation system that assures timely access to health services that are only available outside the correctional facility is required. Such a system shall address the following:**

1. **Security procedures providing for nonemergency (standard) and emergency (ambulance) transport of juveniles**
2. **Medically sensitive conditions and/or specific precautions to be taken by transportation officer(s) are addressed and documented prior to transport**
3. **Use of a medical escort to accompany security staff, if indicated**
4. **Transfer of medical information for continuity of care.**

4-JCF-4C-40 **There is a system for processing and resolving juvenile grievances relating to health-care concerns.**

4-JCF-4C-54 **(MANDATORY) Designated direct-care staff and all health-care staff are trained to respond to health-related situations within a four-minute response time. The training program, established by the responsible health authority in cooperation with the facility administrator, is conducted on an annual basis to assure staff readiness and shall include at a minimum the following:**

1. **Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations**
2. **Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal**
3. **Methods of obtaining assistance**
4. **Administration of basic first aid and certification in performing cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization**
5. **Suicide intervention**
6. **Procedures for patient transfers to appropriate medical facilities or community-health-service providers**