POLICY TITLE: ACCESS TO HEALTH CARE SERVICES POLICY NUMBER: 18.3 (AF) CHAPTER 18: HEALTH CARE SERVICES		PAGE 1 OF 7
	STATE of MAINE DEPARTMENT of CORRECTIONS Approved by Commissioner: Dr. Joseph R. Fitzpatrick	PROFESSIONAL STANDARDS: See Section VII
EFFECTIVE DATE: August 4, 2003	LATEST REVISION: July 3, 2018	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 Adult Facilities

III. POLICY

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

The Department also recognizes the rights of a prisoner to choose not to accept the care and treatment recommended by qualified health care professionals after the prisoner has been provided factual information regarding their choices and provided the prisoner is competent to make that choice.

IV. CONTENTS

V. ATTACHMENTS

Attachment A: Advance Directive Information and Form [REVISED] Refer to Department Policy (AF) 31.1, Advance Directives and its attachments
Attachment B: Consent to Medical, Dental and Mental Health Treatment Form

Attachment C: Sick Call Slip
Attachment D: Consent to Invasive Medical or Dental Procedures
Attachment E: Refusal of Treatment Form [REVISED] Refer to AF Department Policies 18.3.1, Informed Consent for an Adult Resident, and 18.14, Therapeutic Diets and Health Care Food Restrictions.

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Procedure A: Advance Directive [RESCINDED]

This procedure regarding advance directives is no longer in effect and has been deleted.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 (AF) 31.1, Advance Directives for the current policy.

Procedure B: Informed Consent [RESCINDED]

This procedure regarding advance directives is no longer in effect and has been deleted. Refer to Department Policy (AF) 18.31, Informed Consent For an Adult Resident for the current policy.

Procedure C: Right to Refuse Medical Treatment

1. In a situation where the prisoner refuses health care, health care staff shall provide the prisoner a Refusal of Treatment form (Attachment E) to sign. If the prisoner refuses to sign the form, the health care staff, and a witness shall document the refusal on the form. It shall also be noted in the progress notes that the prisoner refuses care and refuses to sign the Refusal of Treatment form.

2. When a prisoner refuses to go to the medical department or other treatment area for a scheduled appointment or procedure, the prisoner shall be required to go to the medical department for health care staff to verify the refusal.

3. A situation in which a prisoner refuses to take medications that have been ordered shall be handled in accordance with Departmental Policy (AF) 18.7, Pharmaceuticals, Procedure M.

4. By refusing treatment at a particular time, the prisoner does not necessarily waive the prisoner's right to subsequent health care.

Procedure D: Non-Emergency Medical and Dental Services

1. The availability of sick call is determined by the Average Daily Population (ADP) of prisoners at the facility. Sick call shall be conducted a minimum of five (5) days per week for facilities with an ADP of more than 200 prisoners. In facilities with an ADP between 101 and 200 prisoners, sick call shall be conducted no less than three (3) days per week. In facilities with an ADP of less than 100 prisoners, sick call shall be conducted a minimum of two (2) days per week.

2. Non-emergency medical and dental services for prisoners shall consist of the following:

    a. Prisoners shall have access to all non-emergency medical and dental services through the use of sick call slips. These forms shall be readily available to all prisoners 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 prisoner submitting a sick call slip shall list on the slip all of the problems that he or 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.

3. All non-emergency sick call slips shall be triaged by nursing staff within twenty-four (24) hours of receipt.

    a. The prisoner shall be responded to by qualified health care staff within the next twenty-four (24) hours and, if medically necessary, evaluated by qualified health care staff within that time period.

    b. If a problem listed on the sick call slip is indicative of a medical emergency, the triage nursing staff shall ensure that the prisoner is evaluated by qualified health care staff immediately.

    c. When medically indicated, a referral shall be made by the evaluating nursing staff for the prisoner to be evaluated by a physician, physician's assistant or nurse practitioner within one (1) week of the referral.

    d. If a prisoner submits a sick call slip more than two (2) times with the same problem and has not yet been evaluated by a physician, physician's assistant or nurse practitioner, the nursing staff shall refer the prisoner for evaluation by the physician, physician's assistant or nurse practitioner within one (1) week of the receipt of the last sick call slip.

4. The amount and frequency of physician, physician's assistant's or nurse practitioner's sick call is determined by the population of the facility using a minimum ratio of 3.5 hours per week per 100 prisoners.

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

6. A prisoner whose custody prevents attendance at sick call shall be provided access to health care in the place where the prisoner is detained.

7. 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.

8. Non-emergency services for visitors and volunteers:

a. the Department provides no non-emergency treatment for visitors or volunteers.

Procedure E: Emergency Medical 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, including immediate medical examination and treatment of all persons injured in an incident;

b. emergency evacuation of the prisoner 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 prisoners, 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, CPR, and methods of obtaining assistance, including assistance from poison control and transporting by Emergency Medical Services (EMS). The training shall also include 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. The Department's contractual health care provider shall make arrangements with a local EMS and hospital or health care facility to provide emergency transportation and emergency treatment and care.

4. At each facility the 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. Prisoners may file grievances relating to medical or mental health care using the health care grievance process set out in Department Policy (AF) 29.2, Prisoner Grievance Process, Medical and Mental Health Care.

Procedure G: Reimbursement for Health Care Services

1. The Department's Director of Classification, or designee, shall notify the HSA of all prisoners transferred from other jurisdictions residing in the facility (prisoners transferred from other states, federal authorities, or county jails).

2. For off-site non-emergency health care services for a transferred prisoner 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 prisoner 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.

Procedure H: Telemedicine Services

1. The Health Services Administrator, or designee, shall incorporate real time telemedicine services as a modality to provide primary and specialty care to prisoners. 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 prisoners.

2. A prisoner 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 prisoner shall be provided a Consent to Treatment form for the prisoner's signature. Confidentiality of the prisoner's health care information shall be maintained at all times. Telemedicine services shall be documented, and a copy of the report integrated into the prisoner's primary health care record.

3. Primary care providers, mental health providers and medical specialists shall determine if a prisoner'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

5-ACI-3A-32	**(MANDATORY) Written policy, procedure, and practice provide that all persons injured in an incident receive immediate medical examination and treatment.**
5-ACI-6A-03	**There is a process for all offenders to initiate requests for health services on a daily basis. These requests are triaged daily by qualified health care 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 days a week and are performed by a health care practitioner or other qualified health care professional.**
5-ACI-6A-08	**(MANDATORY) There is a written plan for access to 24-hour emergency medical, dental, and mental health services availability. The plan includes:** • **on-site emergency first aid and crisis intervention** • **emergency evacuation of the offender from the facility** • **use of an emergency medical vehicle** • **use of one or more designated hospital emergency rooms or other appropriate health facilities** • **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** • **security procedures providing for the immediate transfer of offenders, when appropriate** • **emergency medications, supplies, and medical equipment.**
5-ACI-6B-08	**(MANDATORY) Designated correctional and all health care staff are trained to respond to health-related situations within a four-minute response time. The training program is conducted on an annual basis and is established by the responsible health authority in cooperation with the facility or program administrator and includes instruction on the following:** • **recognition of signs and symptoms, and knowledge of action required in potential emergency situations** • **administration of basic first aid** • **certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization** • **methods of obtaining assistance** • **signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal** • **procedures for patient transfers to appropriate medical facilities or health care providers** • **suicide intervention**
5-ACI-6C-04	**(MANDATORY) Informed consent standards in the jurisdiction are observed and documented for offender care in a language understood by the offender. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any offender may refuse (in writing) medical, dental, and mental health care.**

5-ACI-6C-11	**If Telehealth is used for patient encounters, the plan includes policies for:** • **patient consent** • **confidentiality/protected health information** • **documentation** • **integration of the report of the consultation into the primary health care record**
4-ACRS-2B-02	**Persons injured in an incident immediately receive a medical examination and treatment.**
4-ACRS-4C-01	**(MANDATORY) Offenders have unimpeded access to health care and to a system for processing complaints regarding health care.**
4-ACRS-4C-03	**(MANDATORY) Twenty-four-hour emergency medical, dental, and mental health care is provided for offenders, which includes arrangements for the following:** **a. On site emergency first aid and crisis intervention** **b. Emergency evacuation of the offender 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 physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community** **f. Security procedures providing for the immediate transfer of offenders, when appropriate**
4-ACRS-4C-19	**If the facility provides medical treatment, offenders make medical decisions with informed consent. All informed consent standards in the jurisdiction are observed and documented for offender care.**