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	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: Joseph Ponte	PROFESSIONAL STANDARDS: See Section VII
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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 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

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VI. PROCEDURES

Procedure A: Advance Directive

1. Upon request made to the resident's Correctional Caseworker, at any time, information regarding an Advance Directive and a copy of the form (See Attachment A, Advance Directive Information and Form) shall be made available to a resident who has attained the age of 18.

2. If a resident, who has attained the age of 18, has a medical question related to an Advance Directive, the Correctional Caseworker shall direct the resident to medical staff.

3. Only a competent resident, who has attained the age of 18, may complete an Advance Directive. In addition, it must be the opinion of the facility physician that the resident meets one of the following criteria:

    a. is terminally ill
    b. has advanced cardiac, respiratory, or vascular disease, or
    c. has suffered a vital organ failure

4. If a competent resident, who has attained the age of 18, wishes to complete an Advance Directive, the resident shall make a request to meet with the facility physician, physician's assistant, or nurse practitioner.

5. The facility physician, physician's assistant, or nurse practitioner shall review the resident's record to determine whether there is a question about the resident's competency and to determine whether the resident meets the eligibility criteria for completing an Advance Directive.

6. If the physician, physician's assistant, or nurse practitioner has a concern about the resident's competency, the resident shall be referred to appropriate mental health care staff for a determination of competency.

7. The facility physician, physician's assistant or nurse practitioner shall meet with the resident to either ensure the Advance Directive form is completed properly

or to explain to the resident why the resident is not competent or does not meet the eligibility criteria to complete an Advance Directive.

8. All Advance Directive forms, whether current or revoked, shall be made a part of the resident's health care record. Only the Department of Corrections' Advance Directive form shall be accepted.

9. An Advance Directive may be revoked at any time by a resident, who has attained the age of 18, in writing or orally. An oral revocation made to non-medical staff shall be communicated to facility medical staff, who shall meet with the resident, who has attained the age of 18, to confirm the revocation. A revocation shall be noted as REVOKED on the Advance Directive form and in the progress notes in the resident's health care record. A REVOKED Advance Directive form shall be removed from the resident's active health care record and placed in the resident's back-up health care record. All notations shall be dated and signed.

10. An Advance Directive shall be complied with by medical staff, **except** in the case of a life-threatening condition brought about by a suicide attempt or other self-injurious behavior.

11. Non-health care staff shall take all measures to provide resuscitative care to a resident with an Advance Directive, unless directed otherwise by health care staff.

12. If the medical care of a resident, who has attained the age of 18, and who has an Advance Directive is turned over to an emergency medical service provider or a hospital, medical staff shall inform the provider or hospital of the existence of the Advance Directive, and a copy of the Advance Directive shall be given to the provider or the hospital as soon as practical, **except** in the case of a life-threatening condition brought about by a suicide attempt or other self-injurious behavior.

13. The facility Health Service Administrator (HSA), or designee, shall maintain an up-to-date list of those residents, who have attained the age of 18, who have completed a Department of Corrections' Advance Directive. Health care staff shall have access to the list, and shall provide a copy of the list to the facility Chief Administrative Officer, or designee.

14. Each resident, who has attained the age of 18, who has an Advance Directive shall be required to confirm their desire to continue the Advance Directive, on an annual basis, to the physician, physician assistant or nurse practitioner.

Procedure B: Informed Consent

1. A resident shall be provided general information regarding medical, dental and mental health care as part of the admission health screening process.

2. A resident, who has attained the age of 18, shall be provided a general Consent to Treatment form for completion as part of the admission health screening process, or upon the resident's 18th birthday, if the resident is not 18 at the time of the admission health screening process. If a resident, who has attained the age of 18, has a court appointed legal guardian for health care decisions, the health care staff shall contact the resident's legal guardian to obtain consent. (See Attachment B, Consent to Medical/Dental Treatment Form)

3. If a resident, who has attained the age of 18, or legal guardian if applicable, refuses to sign the general Consent to Treatment form, a resident may still consent to specific health care by submitting a resident Sick Call Slip.

4. For invasive medical or dental diagnostic or treatment procedures, the resident, or legal guardian if applicable, shall be provided information about the condition, the nature and duration, benefits, consequences, and risks of the proposed procedure.

5. For invasive medical or dental diagnostic or treatment procedures proposed for a resident, who has attained the age of 18, or legal guardian, if applicable, the resident or guardian shall be provided information about the condition, the nature and duration, benefits, consequences, and risks of the proposed procedure, any alternatives or options to the proposed procedure, and the consequences of refusing the proposed procedure. After the resident or legal guardian has had the opportunity to consider this information, and if the resident or legal guardian consents in writing, the procedure shall be provided. (See Attachment C, Consent to Invasive Medical or Dental Procedures)

6. Neither restraints, nor other form of physical force, nor the resident disciplinary process may be used to force unwanted treatment on a competent resident who has attained the age of 18.

7. In the event that a resident requires assistance to communicate effectively or understand health care treatment or needs, the facility shall provide an interpreter, assistive device, or other necessary assistance.

8. Any time that there is a concern about the competency of a resident, who has attained the age of 18, to make health care decisions, that resident shall be referred to appropriate mental health care staff for a determination of competency.

9. If appropriate mental health care staff determines that a resident, who has attained the age of 18, is incompetent to make a health care decision and the

resident has no legal guardian, the Chief Administrative Officer, or designee, shall contact Adult Protective Services (Department of Health and Human Services) in an effort to obtain an emergency guardian.

Procedure C: Residents Refusing Medical Treatment

1. In a situation where a resident, who has attained the age of 18, refuses medical care, health care staff shall provide the resident a Refusal of Treatment form (See Attachment D) to sign. If the resident 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 resident refuses care and refuses to sign the Refusal of Treatment form.

2. When a resident, who has attained the age of 18, refuses to go to the medical department or other treatment area for a scheduled appointment or procedure, the resident shall be required to go to the medical department for health care staff to verify the refusal.

3. A situation in which a resident, who has attained the age of 18, refuses to take medications that have been ordered shall be handled in accordance with Departmental Policy 13.7, Pharmaceuticals, Procedure H.

4. By refusing treatment at a particular time, a resident, who has attained the age of 18, does not necessarily waive the right to subsequent health care.

5. In the case of a resident, who has attained the age of 18, who is refusing necessary treatment and who has a legal guardian, the following shall apply:

    a. The Chief Administrative Officer, or designee, shall assign a staff person to speak with the resident in an effort to persuade the resident to accept the treatment.

    b. If the resident continues to refuse the treatment, an attempt shall be made to contact the resident's guardian for specific consent to provide the treatment. The attempt and the result of that attempt shall be documented.

    c. If the resident continues to refuse the treatment, and the guardian has consented to the treatment, health care and security staff shall develop a plan for providing the treatment using only the degree of physical force necessary.

    d. If the resident's guardian cannot be contacted and it appears that contact cannot be made in a reasonable period of time, the Chief Administrative Officer, or designee, shall contact the Department's legal representative

in the Attorney General's office to inquire about obtaining a court order or taking other appropriate action.

6. If a resident who has not attained the age of 18 is refusing necessary treatment, the resident shall be counseled in an effort to persuade the resident to accept the treatment.

7. If the resident continues to refuse the treatment, the Chief Administrative Officer, or Deputy Chief Administrative Officer, shall be contacted for specific consent to provide the treatment.

8. If the resident continues to refuse the treatment and the Chief Administrative Officer, or Deputy Chief Administrative Officer, has consented to the treatment but it is not an emergency, physical force shall not be used to provide the treatment without consulting with the Department's legal representative in the Attorney General's Office. If it is an emergency, necessary treatment shall be provided, using only the degree of physical force necessary.

9. In an emergency in which a resident, regardless of age, is unable to consent to or refuse treatment (is unconscious, unable to communicate, or disoriented) and where it is necessary to provide treatment before consent can be obtained, necessary treatment shall be provided, using only the degree of physical force necessary.

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-44 **Informed-consent standards in the jurisdiction are observed and documented. The informed consent of parent, guardian, or legal custodian is obtained where required by law. The juvenile and parent, guardian, or legal custodian are informed about medical care in a language that is easily understood. When health-care is rendered against the juvenile's will, it is only in accordance with federal and state laws and regulations.**

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**