

POLICY TITLE: HEALTH CARE		PAGE 1 OF 22
POLICY NUMBER: 18.5		
CHAPTER 18: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VIII
	EFFECTIVE DATE: August 15, 2003	LATEST REVISION: July 1, 2020

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

It is the policy of the Department of Corrections to support prisoner health by offering quality health care services and maintaining a continuity of health care. To accomplish this objective, these services shall be provided at the facility and through the utilization of community health resources.

IV. DEFINITIONS

None

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VII. PROCEDURES

Procedure A: Diagnostic Services

1. All prisoners shall have access to diagnostic services, either on site or in the community (e.g. radiology, laboratory testing, EKG, glucose testing, peak flow testing, pregnancy testing) as ordered by the facility physician, physician assistant, nurse practitioner, dentist, or optometrist.
2. Each facility shall maintain a current list of the types of diagnostic services that are available and whether they are available on site or in the community. At a minimum, there shall be available on site dipstick urinalysis, blood glucose testing, peak flow testing, and stool blood testing. For a facility housing female prisoners, pregnancy testing shall also be available.
3. All diagnostic equipment located at the facility shall be maintained to meet factory specifications and applicable state regulations. Instructions for the use of any diagnostic equipment and the instructions for the calibration of testing devices shall be maintained. A record of the calibration and testing of the diagnostic equipment shall be maintained by the health care staff.
4. When there is an order for diagnostic testing, the required test shall be performed at the next possible opportunity if being done on-site or an appointment in the community shall be arranged in a timely manner.
5. A notation shall be made in the prisoner’s electronic health care record that the order has been noted by the nursing staff.
6. All diagnostic tests that have been ordered shall be documented and shall include the prisoner’s name, the date the order was written, the date the test is scheduled for and the date the test is completed. For any diagnostic test that requires the Department’s contracted health care provider’s approval, the date requested and the date the approval was given shall be documented.

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7. When diagnostic procedures are scheduled to be done in the community, the prisoner may be informed that the required test has been scheduled but shall not be told when or where it shall take place, due to security reasons.
8. When diagnostic procedures are scheduled to be done in the community, designated security staff shall be notified by health care staff of the time and place so that security staff can arrange transport. Notification shall be given as soon as possible and, in a non-emergency situation, at least twenty-four (24) hours in advance. Off-site health care appointments may only be cancelled by health care staff or the facility Chief Administrative Officer, or designee, in consultation with the facility Health Services Administrator.
9. The health care staff shall provide the transport staff with a Consultation Request Form to be completed by the community provider. The completed form shall be returned by the transport staff to the health care department immediately upon return to the facility. The completed form shall be reviewed and scanned into the prisoner's electronic health care record by appropriate health care staff.
10. The facility physician, physician assistant, nurse practitioner, dentist, or optometrist shall review, date, and sign all diagnostic test results and/or shall make a notation of the review in the progress notes. Appropriate health care staff shall review with the prisoner, in a timely manner, any clinically significant diagnostic test results.
11. Reports of results of all diagnostic tests shall be scanned into the prisoner's electronic health care record.

Procedure B: Dental Services

4-4360 & 5-ACI-6A-19

1. All prisoners shall have access to facility dental care services under the direction and supervision of a facility dentist. All prisoners shall receive timely emergency and routine dental treatment to include fillings, extractions and, if determined necessary by a facility dentist, maintenance of orthodontic appliances and dentures.
2. A dental screening shall be performed on each prisoner (excluding intra-system transfers) upon admission, by qualified health care staff, to include visual observation of teeth and gums and notation of any obvious or gross abnormalities requiring immediate referral and treatment. When necessary, referral and consultation with dental specialists, including oral surgery, shall be made.
3. In the case of a prisoner readmitted to the Department who has received a dental examination within the past six (6) months at a Departmental facility or who has been transferred from another Departmental facility, a new exam is not required, except as determined by the supervising dentist.

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4. A full dental examination (excluding intra-system transfers) shall be performed within thirty (30) days of intake by a licensed dentist. It shall consist of, but not limited to:
 - a. review of dental history;
 - b. charting of the condition of the teeth;
 - c. examination of the hard and soft tissue;
 - d. examination of the oral cavity with a mouth mirror, explorer and adequate illumination;
 - e. ordering of x-rays for diagnostic purposes, as necessary; and
 - f. ordering of other dental treatment, as necessary.
5. Oral hygiene, oral disease education, and self-care instruction (Attachment A) shall be provided at intake by health care staff within thirty (30) days of intake.
6. A Consent for Dental Surgical Treatment (Attachment B) shall be completed prior to any dental surgical procedure and shall be scanned into the prisoner's electronic health care record. If a prisoner has a legal guardian for health care decisions, the health care staff shall contact the prisoner's legal guardian to obtain consent.
7. The facility dentist shall document the results of any dental exam conducted on a prisoner and any orders made as a result of the exam in the prisoner's electronic health care record.
8. Provision of dentures for prisoners shall be in accordance with recommendation made by the facility dentist. *4-4375 & 5-ACI-6A-40*

Procedure C: Eye Care

1. All prisoners shall be provided eye care services under the direction and supervision of a facility optometrist, except for the visual screening, which may be performed by any health care staff. All prisoners shall receive timely emergency and routine optometric and ophthalmologic treatment, and any other necessary health care, in order to support healthy vision.
2. Visual screening shall be performed as part of the physical health assessment for a prisoner within fourteen (14) days of intake to the reception facility by health care staff, utilizing the Snellen test. Based on the result of the Snellen test, a prisoner may be referred for follow-up care with the optometrist or a specialty consult with an ophthalmologist.
3. All prisoners with chronic medical problems that may affect vision or the health of the eye(s) shall be referred for an optometric or ophthalmologic exam annually or more often, as necessary.

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4. The facility optometrist shall document the results of any eye exam conducted on a prisoner and any orders made as a result of the exam in the prisoner's electronic health care record.
5. Corrective eyeglasses, or other reasonable accommodations, shall be provided as ordered by the facility optometrist or ophthalmologist, except that any order for accommodations other than corrective eyeglasses with clear lenses shall be referred to the Regional Medical Director for determination of medical necessity in consultation with the facility Chief Administrative Officer, or designee, to address any security concerns.
6. A prisoner prescribed eyeglasses shall be offered one (1) pair of state-issued glasses per prescription or one pair every two (2) years when indicated (e.g., scratched lens) or more often, if authorized by the Chief Administrative Officer, or designee. Unless exempted under Department Policy 18.1, Governance and Administration, the prisoner shall pay a co-pay for each pair of state-issued eyeglasses.
7. Each facility shall offer a variety of eye wear from the approved vendor. A prisoner may choose any style from the frame selection offered by the facility vendor. A prisoner shall not be allowed to obtain eye wear through any other means than the facility vendor, except as permitted by the Chief Administrative Officer.
8. If applicable, a prisoner shall be required to return existing eyeglasses in order to receive replacement eyeglasses. The prisoner shall sign a Receipt of Eyeglasses Form (Attachment C) when each pair of eyeglasses is received, which shall be scanned into the prisoner's electronic health care record.
9. The facility optometrist may order diagnostic testing and optometric treatment as necessary.

Procedure D: Withdrawal and Detoxification

4-4376 & 5-ACI-6A-41

1. Every prisoner shall be screened by qualified health care staff for the use and/or dependence on alcohol or drugs as part of the admission health screening.
2. Any prisoner reporting or suspected of being under the influence of alcohol, opiates, stimulants, sedatives, hypnotics, or other legal or illegal substances at the time of the admission health screening shall be immediately evaluated by health care staff for his or her degree of intoxication and need for medical treatment for withdrawal from the substance and/or detoxification.
3. Any necessary medical treatment for withdrawal and/or detoxification, including use of hospitalization, shall be carried out according to written specific protocols approved by the Regional Medical Director.

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4. Prisoners in withdrawal from a substance or in detoxification shall be referred by health care staff for other necessary follow-up assessment, treatment, counseling, or referral, to include referral to substance abuse treatment staff.

Procedure E: Physical Therapy

1. Physical therapy services shall be provided to a prisoner as ordered by the physician, physician assistant, or nurse practitioner. These services may be provided on site or through the use of community-based resources.
2. Exercise areas are available to meet exercise and physical therapy requirements of individual prisoner treatment plans. *4-4407 & 5-ACI-6C-15*

Procedure F: Specialty Consultations

1. All prisoners shall have access to specialty consultation services as ordered by a facility physician, physician assistant, nurse practitioner, dentist, or optometrist, and approved by the Regional Medical Director.
2. All prisoners shall be required to sign a one-time release (Release of Information – Off-Site Specialty Consultations, Attachment D), which shall be scanned into the prisoner’s electronic health care record allowing information obtained from all off-site specialty consultations to be forwarded to the health care department at the facility for review by health care staff in order to make informed decisions about health care. Failure to sign the release or an attempt to revoke the release shall preclude a prisoner from being scheduled for off-site specialty consultations.
3. These consultations shall be provided either at the facility or in the community.
4. When there is an order for a specialty consultation, the required consultation shall be performed at the next possible opportunity if being done on-site or an appointment in the community shall be arranged in a timely manner.
5. A notation shall be made in the prisoner’s electronic health care record that the order has been noted by the nursing staff.
6. All specialty consultations that have been requested shall be entered into the prisoner’s electronic health care record and shall include the prisoner’s name, the date the order was written, the date the approval of the Regional Medical Director was given, if approved, and, if approved, the date the consultation is scheduled for, and the date the consultation is completed. For any specialty consultation that requires the Department’s contracted health care provider’s administrative approval, the date requested and the date the approval was given shall be documented.
7. When specialty consultations are scheduled to be done in the community, the prisoner may be informed that the required consultation has been scheduled but shall not be told when or where it shall take place, due to security reasons.

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8. When specialty consultations are scheduled to be done in the community, designated security staff shall be notified by health care staff of the time and place so that security staff can arrange transport. Notification shall be given as soon as possible and, in a non-emergency situation, at least twenty-four (24) hours in advance. Off-site health care appointments may only be cancelled by health care staff or the facility Chief Administrative Officer, or designee, in consultation with the facility Health Services Administrator.
9. The health care staff shall provide the transport staff with a Consultation Request Form to be completed by the community provider. The completed form shall be returned by the transport staff to the health care department immediately upon return to the facility. The completed form shall be reviewed and scanned into the prisoner's electronic health care record by appropriate health care staff.
10. The facility physician, physician assistant, nurse practitioner, dentist, or optometrist shall review, date, and sign all specialty consultation results and/or shall make a notation of the review in the progress notes. Appropriate health care staff shall review with the prisoner in a timely manner any specialty consultation results.
11. Reports of results of all specialty consultations shall be scanned into the prisoner's electronic health care record.

Procedure G: Hospital Services

1. Each facility shall have written arrangements for providing medical care in hospitals and specialized ambulatory care facilities that meet state licensure requirements. Each facility shall use statutory procedures for providing mental health hospitalization in state operated mental health institutes.

Procedure H: Continuity of Care

1. Facility health care staff shall: *4-4347 & 5-ACI-6A-04*
 - a. review the prisoner's health care records upon receipt from outside health care providers and from other Departmental facilities;
 - b. refer a prisoner to community based providers, when indicated; and
 - c. assure continuity of the prisoner's health care from admission to discharge, or transfer from the facility.
2. In preparation for a prisoner's transfer to another facility, health care staff shall follow procedures set out in Policy 18.9, Health Care Records.
3. In preparation for a prisoner's release from the facility, the Health Services Administrator, or designee, shall ensure the prisoner's case manager has the information needed to coordinate the continuity of health care through referral to community health care providers. The health care staff shall provide information so the case manager may make any necessary follow up appointments and is informed of medical equipment needs, medications that the prisoner will be

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provided upon release, follow-up with specialist appointments that have previously been scheduled, and any other information to facilitate the health care discharge plan.

4. The health care staff shall complete a Written Health Care Discharge Summary (Attachment E), at least fourteen (14) days prior to the prisoner's release. The summary shall be reviewed with and signed by the prisoner. The prisoner shall be given a copy and the original shall be scanned into the prisoner's electronic health care record.
5. In the event, that there is a change in the prisoner's health, the health care discharge summary shall be updated accordingly and the updated summary shall be reviewed with and re-signed by the prisoner, if necessary. The prisoner shall be given a copy and the original shall be scanned into the prisoner's electronic health care record.

Procedure I: Care of Chronic Illness (Chronic Care Clinics)

1. *4-4359 & 5-ACI-6A-18* The Regional Medical Director, or designee, shall ensure that there is a treatment plan for prisoners with chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The plan shall include:
 - a. the monitoring of medications;
 - b. laboratory and other testing;
 - c. the use of chronic care clinics;
 - d. health records; and
 - e. the frequency of specialist consultation and review.
2. *4-4350 & 5-ACI-6A-07* All prisoners requiring medical supervision, including post-operative, chronic care and convalescent care, shall have a written individual treatment plan that:
 - a. is developed by the appropriate health care provider for each prisoner requiring a treatment plan;
 - b. includes directions to health care and other staff regarding their roles in the care and supervision of the prisoner; and
 - c. enrolls the prisoner in the appropriate chronic care clinic to ensure continuity of care and treatment.
3. All prisoners enrolled in the mental health chronic care clinic shall be seen by the psychiatrist at least every ninety (90) days, or more frequently if necessary.
4. All prisoners enrolled in other chronic care clinics shall be seen by the physician, physician assistant, or nurse practitioner every six (6) months, or more frequently as necessary.

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5. All chronic care clinic visits shall be documented on the appropriate chronic care clinic form(s) in the prisoner's electronic health care record.
6. The health care staff conducting the chronic care clinic shall review with the prisoner all decisions resulting from the clinic, including a decision to discharge the prisoner from the clinic.
7. If it is determined by the physician, physician assistant or nurse practitioner that the prisoner's condition no longer warrants follow-up in a chronic care clinic, a notation in the prisoner's electronic health care record shall be made explaining the reason for this decision. For a prisoner enrolled in the mental health chronic care clinic, such a decision must be made by the psychiatrist.

Procedure J: Prisoners with Disabilities

4-4399 & 5-ACI-6C-06

1. The Chief Administrative Officer, or designee, shall consult with health care staff whenever action is initiated by any staff regarding a housing assignment, program assignment, disciplinary disposition, work assignment or transfer to another facility for a prisoner with a disability and the action might require an accommodation for the disability in accordance with Department Policy (AF) 19.2, Programs and Services.
2. Consultation shall also take place when a prisoner with a disability is placed in restrictive housing and/ or special management housing and the action might require an accommodation for the disability. The consultation shall take place prior to any action being implemented.
3. In an emergency, staff may take action immediately to protect safety or security. The consultation shall take place to review the appropriateness of the action as soon as possible but no later than 72 hours after the action is taken.

Procedure K: Special Housing *5-ACI-4B-28*

1. When a prisoner is placed in a restrictive housing unit or other housing unit on administrative status or on disciplinary segregation status, in special management housing on disciplinary restriction or protective custody status, or in the Administrative Control Unit, and the Unit Manager, or designee, notifies the facility health care staff, the health care staff shall, as soon as possible on the day of the placement, conduct a screening and review as required by the protocols established by the Department's contracted health care service provider. The screening and review shall be documented in the prisoner's electronic health care record.
2. The health care staff shall review the prisoner's health care record to determine if there is any medical or mental health condition that might contraindicate the placement or that requires monitoring by the health care staff.

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3. The mental health portion of the screening and review shall include, but not be limited to:
 - a. inquiry to whether the prisoner:
 - 1) has a present suicide ideation;
 - 2) has a history of suicidal behavior;
 - 3) is presently prescribed psychotropic medication;
 - 4) has a current mental health complaint;
 - 5) is being treated for mental health problems;
 - 6) has a history of inpatient and outpatient psychiatric treatment;
 - 7) has a history of treatment for substance abuse; and
 - b. observation of:
 - 1) general appearance and behavior;
 - 2) evidence of abuse and/or trauma; and
 - 3) current symptoms of psychosis, depression, anxiety, and/or aggression.
4. The health care staff shall determine whether to make:
 - 1) no referral to behavioral health staff;
 - 2) referral to behavioral health staff; or
 - 3) immediate referral to appropriate behavioral health staff for emergency treatment.
5. If the results of the screening indicate the prisoner is at imminent risk for serious self-injury or suicide, exhibits debilitating symptoms of a serious mental illness (SMI), or requires emergency medical care, the health care staff shall provide appropriate assessment and treatment and/or contact appropriate behavioral health or medical staff for instructions.
6. At a minimum, daily rounds in restrictive housing and special management housing units shall be made (unless medical attention is needed more frequently) by health care staff to ensure the prisoners access to appropriate health care, to include, but not be limited to, the following:
 - a. the presence of the health care staff shall be announced to the prisoners;
 - b. the health care staff shall observe each prisoner and inquire of each prisoner as to the prisoner's well-being; and
 - c. rounds in each housing unit shall be documented by health care staff in the housing log and signed by the health care staff making the rounds.
7. Health care staff shall accept sick-call slips, on a daily basis, from prisoners requesting non-emergency health care in any restrictive housing or special management housing unit that does not have a sick-call drop box.

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Procedure L: Provider Orders

1. Treatment performed by nursing staff is pursuant to written or verbal orders given by health care staff authorized by law to give such orders.
2. These written orders shall be documented directly in the prisoner’s electronic health care record or on the Physician Orders sheet or Provider Order sheet and include the signature of the person issuing the order and the time and date the order was given. Any paper order shall be scanned into the prisoner’s electronic health care record.
3. Verbal orders shall be recorded by the nurse on the Physician Orders sheet or Provider Order sheet and shall include the name of the person issuing the order, the person accepting the order, and the time and date the order was given. The individual who issued the order shall sign and date it on his or her next visit to the facility and then the paper order shall be scanned into the prisoner’s electronic health care record.

Procedure M: Nursing Pathways

1. The Department’s contracted health care provider shall:
 - a. develop and maintain nursing assessment and treatment pathways that complies with the regulations of the State of Maine Board of Nursing; and
 - b. develop preventive medicine protocols.
2. The facility Health Services Administrator, or designee, shall assure each nurse at the facility is trained in the nursing pathways, and each nurse shall sign and date the time of this training.
3. ~~4-ACRS-4C-17~~ Unless otherwise ordered by the physician, physician assistant, or nurse practitioner in a specific case, all care provided by the nursing staff shall be in accordance with approved nursing pathways. Standing orders shall not be used.
4. Pathways involving medication shall be limited as follows:
 - a. pathways may allow treatment with prescription medication without a written or verbal order in the case of an emergency life threatening situation (e.g., nitroglycerin, epinephrine);
 - b. pathways may allow the use of over the counter medications without a written or verbal order; and
 - c. administration of any medications, including over the counter medications, by nursing staff shall be documented in the Medication Administration Record in the prisoner’s electronic health care record.
5. At a minimum, the nursing pathway manual shall be reviewed, revised as needed, dated and signed annually by the facility Health Services Administrator (HSA) and the Regional Medical Director.

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Procedure N: Clinic Space, Equipment and Supplies

1. Each facility Chief Administrative Officer, or designee, shall ensure that there is sufficient and suitable space, equipment and supplies to provide on-site health care services at that facility. The equipment, space and supplies shall include:
 - a. examination and treatment rooms for medical care, large enough to accommodate the necessary equipment and fixtures, and to permit privacy for the prisoner. Basic equipment available for examination and treatment shall include, but not be limited to:
 - 1) hand sanitization;
 - 2) examination table(s);
 - 3) a light capable of providing directed illumination;
 - 4) scale(s);
 - 5) thermometers;
 - 6) blood pressure cuffs;
 - 7) stethoscope;
 - 8) ophthalmoscope; and
 - 9) otoscope.
 - b. prescribed and allowed over the counter medications;
 - c. emergency response equipment, to include an automatic external defibrillator, and supplies for use by health care staff that health care staff inspect daily (appropriately documented);
 - d. adequate office space providing secure storage of health care records;
 - e. private interview and counseling space for medical and behavioral health care;
 - f. appropriate areas for laboratory, radiological, or other ancillary services when they are provided on-site;
 - g. waiting areas for prisoners that have seats and access to drinking water and toilets, if prisoners are to wait more than a brief period for services; and
 - h. basic medical supplies and equipment that are inventoried at least quarterly (appropriately documented).
2. At a minimum, inventories shall be conducted on a weekly basis of any items that pose a safety or security risk (e.g., syringes, needles, scissors, and other sharp instruments). All inventories shall be appropriately documented.

Procedure O: Elective Medical Treatment

4-4398 & 5-ACI-6C-05

1. The Department’s contracted health care provider shall utilize a process, on an individual basis, for the provision of medical treatment to correct a significant functional deficit, pathological process, or condition that is not a serious threat to the prisoner’s health.

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Procedure P: First Aid Kits, Defibrillators, and Personal Protective Equipment

4-4390 & 5-ACI-6B-09

1. The Health Services Administrator (HSA), or designee, shall, in conjunction with the Chief Administrative Officer, or designee, shall:
 - a. determine the locations of first aid kits, automatic external defibrillators, and personal protective equipment at the facility;
 - b. determine the contents of the first aid kits and ensure re-stocking as necessary;
 - c. develop written protocol for:
 - 1) documented monthly inspection of the kits; and
 - 2) the use of the first aid kits by nonmedical staff.

Procedure Q: Medical Therapeutic Restraints

4-4405 & 5-ACI-6C-13

1. Therapeutic restraints authorized for a medical reason may be used only when the safety or health of the prisoner cannot be protected by less restrictive alternatives. The following provisions shall be adhered to any time therapeutic restraints are used in prisoner care:
 - a. therapeutic restraints may not be used for punishment;
 - b. therapeutic restraints may not be used to force unwanted treatment on a competent prisoner unless the treatment is ordered by a court;
 - c. if therapeutic restraints are used, the least restrictive restraints possible shall be used and only for the period of time necessary;
 - d. therapeutic restraints may be ordered only by a physician, physician assistant or nurse practitioner. The documentation shall include the order, the medical reason for the order, the justification for using restraints (to include efforts for less restrictive treatment alternatives) and the justification for the type of restraints ordered;
 - e. a new order, including the reason for the continuation, must be written for every twelve (12) hour continuation in the use of therapeutic restraints; and
 - f. a physician, physician assistant or nurse practitioner shall personally examine the prisoner within twenty-four (24) hours of the initial use of therapeutic restraints, if the use has not been discontinued in the meantime.
2. If the purpose of the restraints is to provide necessary medical treatment to a prisoner who is refusing the 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 prisoner in an effort to persuade the prisoner to accept the treatment;

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- b. if the prisoner continues to refuse the treatment, an attempt shall be made to contact the prisoner's guardian for specific consent to provide the treatment and the attempt and the result of that attempt shall be documented;
 - c. if the prisoner 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. Any use of force shall be video recorded; or
 - d. if the prisoner'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.
- 3. If the purpose of the restraints is to provide necessary medical treatment to a prisoner who is refusing the treatment and who does not have a guardian, the following shall apply:
 - a. the Chief Administrative Officer, or designee, shall assign a staff person to speak with the prisoner in an effort to persuade the prisoner to accept the treatment;
 - b. if the prisoner continues to refuse the treatment, the prisoner shall be referred to the facility psychiatrist or psychologist for a determination of competence;
 - c. if the prisoner is determined to be incompetent, the Chief Administrative Officer, or designee, shall contact the Department's legal representative in the Attorney General's Office to inquire about obtaining an emergency guardian, obtaining a court order, or taking other appropriate action; or
 - d. if the prisoner is determined to be competent, 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.
- 4. Unless the treatment is governed by an Advance Directive, in a health care emergency in which a prisoner 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. Any use of force shall be video recorded.
- 5. A therapeutic restraints order shall be obtained by health care staff prior to the initiation of the use of therapeutic restraints. In an emergency situation, to protect the health or safety of the prisoner, security staff may restrain the prisoner until the order for therapeutic restraints is obtained. In an emergency situation, security staff shall contact health care staff for authorization immediately after restraining the prisoner.

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6. A therapeutic restraints order shall be documented by the health care staff in the prisoner's electronic health care record.
7. Health care staff shall immediately inform the facility Shift Commander when therapeutic restraints have been ordered.
8. The application of the therapeutic restraints shall be done by security staff. Only the amount of force reasonably necessary may be used in the application of therapeutic restraints. The application of the restraints shall be video recorded.
9. Only restraints that would be appropriate for use in hospitals shall be used for therapeutic restraints. These include, but are not limited to, fleece-lined leather, rubber, or canvas hand and leg restraints, and 2-point or 4-point ambulatory restraints. Metal or plastic devices, such as handcuffs and leg shackles, shall not be used as therapeutic restraints, except in an emergency situation.
10. A prisoner may be restrained in a hospital bed, stretcher, wheelchair, or restraint chair. A prisoner may not be restrained in an unnatural position or face down.
11. A prisoner placed in therapeutic restraints shall be observed by health care staff or security staff at least every fifteen (15) minutes and these observations shall be documented on the Therapeutic Restraint Sheet (Attachment E). Prisoners placed in 4-point restraints shall be placed under constant direct visual observation by staff, who shall keep a constant watch log, and the watch shall be videotaped.
12. In all cases in which therapeutic restraints are used and bodily injury or compromise to health is apparent or the prisoner complains of bodily injury or compromise to health related to the use of the restraints, the security staff shall consult with appropriate health care staff immediately, unless safety or security considerations cause a delay.
13. Whenever therapeutic restraints are authorized, nursing staff shall assess the prisoner as soon as possible and at least every two (2) hours thereafter, and the following shall be checked:
 - a. circulation, movement, and sensation in extremities;
 - b. respiratory status;
 - c. mental status;
 - d. vital signs;
 - e. that food, water, and use of the toilet has been offered as appropriate; and
 - f. that the prisoner has been offered the opportunity to have each limb removed separately from restraints for the purpose of movement every two (2) hours as appropriate.
14. During the prisoner's hours of sleep, health care staff may elect not to awaken the prisoner to complete the assessment.

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15. The results of the assessment shall be documented in the prisoner's electronic health care record, including any reason for security staff not offering food, water, use of the toilet, or movement of restrained limbs. If health care staff elects not to awaken a sleeping prisoner, that fact shall be documented in the prisoner's electronic health care record.
16. The need for continued therapeutic restraints of the prisoner shall be reevaluated at least every four (4) hours by health care staff. If the health care staff determines that the use of therapeutic restraints is no longer necessary, the staff shall contact the physician, physician assistant, or nurse practitioner requesting an order to discontinue the use of the restraints.
17. Health care staff shall immediately inform the facility Shift Commander when the discontinuation of therapeutic restraints has been ordered.
18. The removal of the therapeutic restraints shall be done by security staff. Only the amount of force reasonably necessary may be used in the removal of therapeutic restraints. The removal of the restraints shall be video recorded.
19. The Health Services Administrator, or designee, and the Chief Administrative Officer, or designee, shall be notified by health care staff as soon as possible of any order for the use of therapeutic restraints and of any order to discontinue the use of the restraints.
20. The Chief Administrative Officer, or designee, shall arrange for a review of the use of therapeutic restraints following each incident, to include attendance by security and health care supervisory staff.
21. Nothing in this policy precludes the use of security restraints to facilitate noninvasive measures designed to protect others from potential exposure to bodily fluids, including the involuntary application of bandages to wounds to prevent the spreading of bodily fluids.

Procedure R: Medical Therapeutic Seclusion

1. Therapeutic seclusion authorized for a medical reason may be used only when the safety or health of the prisoner or others cannot be protected by less restrictive means. The following provisions shall be adhered to any time therapeutic seclusion is used in prisoner care:
 - a. therapeutic seclusion may not be used for punishment;
 - b. if therapeutic seclusion is used, it shall be used only for the period of time necessary;
 - c. therapeutic seclusion may be ordered only by a physician, physician assistant or nurse practitioner. The documentation shall include the order, the medical reason for the order, and the justification for using seclusion; and

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- d. a facility physician, physician assistant or nurse practitioner shall personally examine the prisoner within twenty-four (24) hours of the initial use of therapeutic seclusion if the use has not been discontinued in the meantime.
2. A therapeutic seclusion order shall be obtained by health care staff prior to the initiation of the use of therapeutic seclusion. In an emergency situation, to protect the health or safety of the prisoner or others, staff may isolate the prisoner until the order for therapeutic seclusion is obtained.
3. A therapeutic seclusion order shall be documented by the health care staff in the prisoner's electronic health care record.
4. Health care staff shall immediately inform the facility Shift Commander when therapeutic seclusion has been ordered.
5. The movement of the prisoner to therapeutic seclusion shall be done by security staff.
6. Log book entries shall include the name and title of the physician, physician's assistant or nurse practitioner authorizing seclusion, names and titles of all persons visiting the prisoner, records of time checks, the name of the health care staff authorizing release from seclusion and the time of release from seclusion.
7. The need for continued therapeutic seclusion of the prisoner shall be reevaluated at least every twenty-four (24) hours by health care staff. If the health care staff believes that the use of therapeutic seclusion is no longer necessary, the staff shall contact the physician, physician assistant, or nurse practitioner for an order to discontinue the use of seclusion.
8. Staff having personal contact with the prisoner or entering the seclusion area shall follow all seclusion protocols as required by the Medical Director.
9. Health care staff shall immediately inform the facility Shift Commander when the discontinuation of therapeutic seclusion has been ordered.
10. The movement of the prisoner from therapeutic seclusion shall be done by security staff.
11. The Health Services Administrator, or designee, and the Chief Administrative Officer, or designee, shall be notified by health care staff as soon as possible of any order for the use of therapeutic seclusion and of any order to discontinue the use of the seclusion.

Procedure S: Mechanical Restraint Checks by Health Care Staff

4-4191 & 5-ACI-3A-18

1. If health care staff is notified that a prisoner has been restrained using four-or-five point restraints, including the use of a restraint chair, by security staff, the health care staff shall assess the prisoner's medical and mental health condition as soon as possible, and shall advise whether, on the basis of serious danger to self or

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others, the prisoner should be placed in the infirmary or the Intensive Mental Health Unit (IMHU) for emergency involuntary treatment with sedation (permissible only with the consent of a prisoner’s legal guardian, if any, or pursuant to a court order) and/or other medical management, as appropriate.

2. If the prisoner is not transferred to the infirmary or the IMHU and the use of four-or-five point restraints is continued, health care staff shall assess the prisoner at least every two (2) hours thereafter to make recommendations on medical care and adjustment or repositioning of restraints of the prisoner as necessary. The following shall be checked:
 - a. circulation, movement, and sensation in extremities;
 - b. respiratory status;
 - c. mental status;
 - d. vital signs;
 - e. that food, water, and use of the toilet has been offered as appropriate, and
 - f. that the prisoner has been offered the opportunity to have each limb removed separately from restraints for the purpose of movement every two (2) hours as appropriate.
3. During the prisoner's hours of sleep, health care staff may elect not to awaken the prisoner to complete the assessment.
4. The results of the assessment shall be documented in the prisoner’s electronic health care record, including any reason for security staff not offering food, water, use of the toilet, or movement of restrained limbs. If health care staff elects not to awaken a sleeping prisoner, that fact shall be documented in the prisoner’s electronic health care record.

VIII. PROFESSIONAL STANDARDS

ACA:

ACI

4-4191 &
5-ACI-3A-18
Procedure S

(Mandatory) Four-/five-point restraints are used only in extreme instances and only when other types of restraints have proven ineffective or the safety of the inmate is in jeopardy. Advance approval is secured from the facility administrator/designee before an inmate is placed in a four-/five-point restraint. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the inmate is not transferred to medical/mental health unit and is restrained in a four-/five-point position, the following minimum procedures are followed:

- Direct visual observation by staff is continuous prior to obtaining approval from the health authority or designee.
- Subsequent visual observation is made at least every 15 minutes.
- Restraint procedures are in accordance with guidelines approved by

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- the designated health authority.
- All decisions and actions are documented.

4-4347 &
5-ACI-6A-04
H

Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated. Offender health care records should be reviewed by the facility's qualified health care professional upon arrival from outside health care entities including those from inside the correctional system.

4-4350 &
5-ACI-6A-07
I.2

A written individual treatment plan is required for offenders requiring medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, and is developed by the appropriate health care practitioner for each offender requiring a treatment plan.

4-4359 &
5-ACI-6A-18
I.1

(Mandatory) There is a plan for the treatment of offenders with chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The plan must address:

- The monitoring of medications.
- Laboratory testing.
- The use of chronic care clinics.
- Health record forms.
- The frequency of specialist consultation and review.

4-4360
Procedure B

Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- a dental screening upon admission by a qualified health care professional or health trained personnel
- a full dental examination by a dentist within 30 days
- oral hygiene, oral disease education, and self-care instruction are provided by a qualified health care provider within 30 days
- a defined charting system that identifies the oral health condition and specifies the priorities for treatment by category is completed
- consultation and referral to dental specialists, including oral surgery is provided, when necessary.

5-ACI-6A-19
Procedure B

Routine and emergency dental care is provided to each offender under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

- a dental screening (excluding intra-system transfers) upon admission by a qualified health care professional or health trained personnel
- a full dental examination (excluding intra-system transfers) by a dentist within 30 days
- oral hygiene, oral disease education, and self-care instruction are provided by a qualified health care provider within 30 days
- a defined dental tooth and hygiene charting system that identifies the oral health condition and specifies the priorities for treatment by category is completed
- consultation and referral to dental specialists, including oral surgery is provided, when necessary

4-4375
B.8

Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary, as determined by the responsible health care practitioner.

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5-ACI-6A-40
B.7

Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary, as determined by the responsible health care practitioner being governed by institutional policy respecting treatment classification, resource availability and treatment planned time-frames.

4-4376
Procedure D

(MANDATORY) Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs.

5-ACI-6A-41
Procedure D

(MANDATORY) Withdrawal management is done only under medical supervision in accordance with local, state, and federal laws. Withdrawal management from alcohol, opiates, hypnotics, stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community treatment center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. Offenders experiencing severe, life-threatening intoxication (an overdose), or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.

4-4390
Procedure P

First aid kits are available in designated areas of the facility based on need and an automatic external defibrillator is available for use at the facility.

5-ACI-6B-09
Procedure P

First aid kits are available in designated areas of the facility based on need and an automatic external defibrillator is available for use at the facility. The health authority approves the contents, number, location, and procedures for monthly inspection of the kits(s) and develops written procedures for the use of the kits by nonmedical staff.

5-ACI-4B-28
Procedure K

(MANDATORY) When an offender is transferred to Restrictive Housing, health care personnel will be informed immediately and will provide a screening and review as indicated by the protocols established by the health authority. The mental health portion of the screening should include at a minimum, but is not limited to:

Inquiry into:

- whether the offender has a present suicide ideation
- whether the offender has a history of suicidal behavior
- whether the offender is presently prescribed psychotropic medication
- whether the offender has a current mental health complaint
- whether the offender is being treated for mental health problems
- whether the offender has a history of inpatient and outpatient psychiatric treatment
- whether the offender has a history of treatment for substance abuse

Observation of:

- general appearance and behavior
- evidence of abuse and/or trauma
- current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of offender:

- no mental health referral

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- referral to mental health care service
- referral to appropriate mental health care service for emergency treatment

If the results of the inmate screening indicates the inmate is at imminent risk for serious self-harm, suicide, exhibits debilitating symptoms of a SMI, or requires emergency medical care, a health care professional shall be contacted for appropriate assessment and treatment.

Unless medical attention is needed more frequently, each offender in Restrictive Housing receives a daily visit from health care personnel to ensure that offenders have access to the health care system. The presence of health care personnel in Restrictive Housing is announced and recorded. The health authority determines the frequency of physician visits to Restrictive Housing units.

Unless mental health attention is needed more frequently, each offender in Restrictive Housing shall receive a weekly visit from mental health staff to ensure that offenders have access to the behavioral health system. The presence of a mental health staff in Restrictive Housing is announced and recorded. The mental health authority determines the frequency of mental health professionals to Restrictive Housing units.

4-4398 &
5-ACI-6C-05
Procedure O

There are guidelines that govern elective procedures for surgery for offenders.

4-4399 &
5-ACI-6C-06
Procedure J

There is consultation between the facility and program administrator (or a designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled offenders in the following areas:

- housing assignments
- program assignments
- disciplinary measures
- transfers to other facilities

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

4-4405 &
5-ACI-6C-13
Procedure Q

(MANDATORY) The use of restraints for medical and psychiatric purposes is defined, at a minimum by the following:

- conditions under which restraints may be applied
- types of restraints to be applied
- identification of qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would not be successful
- monitoring procedures for offenders in restraints
- length of time restraints are to be applied
- documentation of efforts for less restrictive treatment alternatives as soon as possible
- an after-incident review

4-4407 &
5-ACI-6C-15
E.2

Exercise areas are available to meet exercise and physical therapy requirements of individual offender treatment plans.

4-ACRS-4C-05
Procedure P

First aid kits are available in designated areas of the facility. Contents and locations are approved by the health authority. An automatic external defibrillator is available for use at the facility.

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4-ACRS-4C-11 **Access to dental care is made available to each offender.**
Procedure B

4-ACRS-4C-17 **If treatment is provided by health-care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider, such treatment is performed pursuant to written standing or direct orders by personnel authorized by law to give such orders.**
M.3

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