
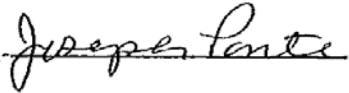


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<b>POLICY NUMBER: 18.10</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT OF CORRECTIONS</b>  <b>Approved by Commissioner:</b>  	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VII</b>
	<b>EFFECTIVE DATE:</b> <b>July 14, 2004</b>	<b>LATEST REVISION:</b> <b>April 3, 2013</b>

**I. AUTHORITY**

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

**II. APPLICABILITY**

All Departmental Adult Facilities

**III. POLICY**

The Department of Corrections recognizes the need to provide infirmary care to prisoners with an illness, injury, or condition that does not require hospitalization or licensed nursing facility level of care but whose care cannot be managed in an outpatient setting. Infirmary care is inpatient care provided to prisoners that require twenty-four (24) hour nursing care.

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- Procedure A: Infirmary Operations
- Procedure B: Admission to the Infirmary
- Procedure C: Discharge from the Infirmary
- Procedure D: Infirmary Health Care Records

**V. ATTACHMENTS**

- [Attachment A: Infirmary Admission Authorization Sheet](#)
- [Attachment B: Infirmary Admission Form](#)
- [Attachment C: Infirmary Discharge Summary](#)

**VI. PROCEDURES**

## **Procedure A: Infirmiry Operations**

1. If a facility has an infirmiry, the infirmiry shall be equipped to:
  - a. allow prisoners housed there to bathe daily, depending on treatment plan
  - b. allow prisoners access to sinks with hot and cold running water
  - c. allow prisoners to access toilets and hand-washing facilities twenty-four (24) hours per day without staff assistance, unless treatment plan indicates otherwise
2. If a facility has an infirmiry, the infirmiry shall be staffed with at least one (1) Registered Nurse (RN) or Licensed Practical Nurse (LPN) twenty-four (24) hours a day, seven (7) days a week. The prisoner/nurse ratio shall be based on the severity of each illness, injury or other condition and the level of care required for each prisoner. In the event an LPN is assigned to the infirmiry, that nurse shall be under the direction of a RN.
3. Whenever a physician, physician assistant or nurse practitioner conducts rounds in the infirmiry, each prisoner shall be seen and the visit shall be documented in the prisoner's health care record.
4. The physician, physician assistant, or nurse practitioner shall be on call twenty-four (24) hours a day to respond to the health care needs of prisoners in the infirmiry as necessary.
5. The Health Services Administrator (HSA), or designee, shall be responsible for the supervision of all nurses assigned to the infirmiry.
6. The Health Services Administrator (HSA), or designee, shall visit the infirmiry at least once every business day and on other days as necessary to assure the health care needs of the prisoners are being met and to review the daily operations of the infirmiry.
7. The HSA shall address and take the necessary steps to correct any reported problems in the operation of the infirmiry.
8. While in the infirmiry, a prisoner shall be within sight or hearing of a nurse at all times.
9. An Infirmiry Manual for Nursing Care Procedures shall be developed, reviewed at least annually, and revised as needed by the Medical Director.

## **Procedure B: Admission to the Infirmiry**

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1. Any time a prisoner is identified by health care staff as possibly needing admission to a Department of Corrections infirmary, the staff shall notify the physician, nurse practitioner, or physician assistant and HSA, or designee.
2. The physician, nurse practitioner, or physician assistant shall determine whether infirmary admission is medically indicated and, if so, consult with the Regional Medical Director. If the referring provider and the Regional Medical Director are in agreement that infirmary admission is medically indicated, an order shall be documented in the prisoner's health care record by the referring provider, and the HSA, or designee, of the facility where the prisoner is housed shall be notified.
3. If the facility where the prisoner is housed has an infirmary, the HSA, or designee, shall notify the Chief Administrative Officer, or designee of the determination that it is medically indicated to admit the prisoner to the infirmary.
  - a. The HSA, or designee, shall fax an Infirmary Admission Authorization Sheet (Attachment A) to the Department's Director of Classification, or designee.
  - b. If the Chief Administrative Officer, or designee, and the Department's Director of Classification, or designee, authorize the admission to the infirmary, health care staff shall notify the Shift Commander. The Shift Commander shall make appropriate arrangements for the placement of the prisoner in the infirmary.
  - c. If there is no appropriate infirmary bed available or if security or safety considerations preclude the placement, the Shift Commander and HSA, or designee, shall contact the Chief Administrative Officer, or designee, who shall consult with the Regional Medical Director to make alternative arrangements through the Department's Director of Classification.
4. If the facility where the prisoner is housed does not have an infirmary, the sending facility HSA, or designee, shall notify the receiving facility HSA, or designee, of the determination that it is medically indicated to admit the prisoner to the infirmary.
  - a. The sending facility HSA, or designee, shall fax an Infirmary Admission Authorization Sheet to the receiving facility HSA, or designee. The receiving facility HSA, or designee, shall notify the receiving facility Chief Administrative Officer, or designee, of the determination that it is medically indicated to admit the prisoner to the infirmary and shall forward the form by fax to the Department's Director of Classification, or designee.

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- b. If the receiving facility Chief Administrative Officer, or designee, and the Department's Director of Classification, or designee, authorize the admission to the infirmary, the receiving facility HSA, or designee, shall notify the receiving facility Shift Commander. The receiving facility Shift Commander shall make appropriate arrangements with the sending facility Shift Commander for the transfer of the prisoner and shall make appropriate arrangements for the placement of the prisoner in the infirmary.
  - c. If there is no appropriate infirmary bed available or if security or safety considerations preclude the placement, the receiving facility Shift Commander and HSA, or designee, shall contact the Chief Administrative Officer, or designee, who shall consult with the Regional Medical Director to make alternative arrangements through the Department's Director of Classification.
- 5. If authorization for transfer to the infirmary is granted, the prisoner shall be placed in the infirmary and applicable documentation shall be completed and filed in the prisoner's Administrative Record and health care record. The procedures for prisoner transfers between facilities shall be followed, if applicable.
- 6. If applicable, the sending facility's health care staff shall inform the sending facility's Shift Commander of any special transportation requirements and shall ensure that all pertinent information necessary to prepare for the prisoner's admission is provided to the infirmary nurse and the receiving facility provider.
- 7. Discharge from Hospital to Infirmary
  - a. When infirmary level of care is anticipated after discharge from the hospital, the hospital attending physician and the infirmary physician, physician assistant or nurse practitioner shall consult concerning the discharge plan. The discharge plan shall be reviewed with the Regional Medical Director. Written discharge and follow-up instructions shall be requested as part of the discharge plan. The complete hospitalization summary shall be requested by the infirmary staff.
  - b. The infirmary physician, physician assistant or nurse practitioner shall consult with the hospital staff to determine the type of transportation and any special requirements needed.
  - c. The infirmary physician, physician assistant or nurse practitioner, or designee, shall notify the infirmary nurse of the infirmary placement.

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- d. The infirmary nurse shall notify the HSA, or designee, of the hospital discharge.
  - e. The HSA, or designee, shall notify the Shift Commander and the facility Classification Officer of the hospital discharge and shall inform them of the type of transportation and any special requirements and accommodations needed.
  - f. The Regional Medical Director shall contact the Department's Director of Classification, or designee, and an Infirmary Admission Authorization Sheet shall be faxed to the Department's Director of Classification, or designee, to authorize the prisoner's transfer to the facility's infirmary.
8. An Infirmary Admission Form (Attachment B) shall be completed for all prisoners admitted to the infirmary.

**Procedure C: Discharge from the Infirmary**

- 1. When a prisoner is anticipated to be discharged from the infirmary, the infirmary physician, physician assistant or nurse practitioner shall inform the Regional Medical Director, HSA, or designee.
- 2. The infirmary physician, physician assistant or nurse practitioner shall authorize all discharges from the infirmary by a written or telephone order. Written discharge orders, to include medications, treatment and follow-up instructions, shall be completed as part of the discharge plan. The Infirmary Discharge Summary Form (Attachment C) shall be completed by the physician, physician assistant or nurse practitioner.
- 3. The HSA, or designee, shall notify the Shift Commander and the facility Classification Officer of the infirmary discharge if the prisoner is being discharged from the infirmary to another housing unit at that facility.
- 4. If the prisoner is being discharged from the infirmary to another facility, the HSA, or designee, shall notify the Shift Commander and the facility Classification Officer of the infirmary discharge and shall inform them of the type of transportation and any special requirements and accommodations needed.
- 5. The Classification Officer shall inform the Department's Director of Classification, or designee, of the discharge. The Director of Classification shall determine to which facility the prisoner will be transferred.

**Procedure D: Infirmary Health Care Records**

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1. An infirmiry admission form and a notation in the prisoner's health care progress notes shall be completed when a prisoner is admitted to the infirmiry.
2. All health care services and treatment provided in the infirmiry shall be recorded in the health care record for each prisoner. The record shall include, but not be limited to, the Infirmiry Care Plan.
3. The infirmiry physician, physician assistant or nurse practitioner shall authorize all discharges from the infirmiry by a medical order. Written discharge orders and follow-up instructions shall be completed as part of the discharge plan. A discharge summary of the infirmiry care shall be completed by the physician, physician assistant or nurse practitioner upon discharge.
4. An Infirmiry Log, in which health care staff shall record dates of admission and discharge and admitting diagnosis, shall be maintained on a daily basis.
5. Upon discharge of the prisoner from the infirmiry, a notation of the discharge shall be made in the progress notes, the health care record shall be reviewed for completeness and the health care record shall be forwarded to the receiving facility's health care department, if applicable.

## VII. PROFESSIONAL STANDARDS

### ACA:

**ACI - 4-4352** Offenders are provided access to infirmiry care either within the correctional setting or off site. If infirmiry care is provided onsite, it includes, at a minimum, the following:

- definition of the scope of infirmiry care services available
- a physician on call or available 24-hours per day
- health care personnel have access to a physician or a registered nurse and are on duty 24-hours per day when patients are present
- all offenders/patients are within sight or sound of a staff member
- an infirmiry care manual that includes nursing care procedures
- compliance with applicable state statutes and local licensing requirements

**ACI - 4-4417** There are sufficient bathing facilities in the medical housing unit and infirmiry area to allow offenders housed there to bathe daily.

**ACI - 4-4418** Offenders have access to operable washbasins with hot and cold running water in the medical housing unit or infirmiry area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio.

**ACI - 4-4419** Offenders have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical housing unit or in the infirmiry area. Toilets are

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provided at a minimum ratio of 1 for every 12 offenders in male facilities and 1 for every 8 offenders in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more offenders have a minimum of 2 toilets. These ratios apply unless state or local building or health codes specify a different ratio.

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