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 assure that prisoners in need of health care beyond the resources available at the facility, as determined by the facility or on-call physician, physician assistant or nurse practitioner, are transferred to a correctional or health care facility where such care is on-call or available 24 hours per day in a safe and timely manner and with appropriate security precautions. Health care staff shall prioritize transports for health care based on the health care needs of the prisoners. Reasonable accommodations to address any special needs or disabilities shall be made as part of the movement or transport arrangement. A written list of referral sources for emergency and routine care shall be maintained, reviewed annually, and updated as necessary.

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Procedure A: Non-Emergency Health Care

1. The HSA, or designee, is responsible to inform the facility security staff of all prisoners scheduled for appointments for on-site health care services, e.g., sick call, dental care, eye care, mental health services, etc., or for appointments for off-site health care services. Health care staff shall arrange for reasonable accommodations to permit a prisoner with a special need or disability to attend the appointment.

2. Security staff shall be given notice of all on-site health care appointments scheduled for the next day, unless extenuating circumstances exist. If there are extenuating circumstances, notice shall be given as soon as possible.

3. Security staff shall instruct the prisoner to report to the health care appointment or shall arrange for the prisoner to be escorted to the appointment. If a prisoner refuses to report for the appointment, security staff shall escort the prisoner to report.

4. Security staff shall receive a minimum of a twenty-four (24) hour notice of all off-site health care appointments and facility transfers for health care purposes, unless extenuating circumstances exist. (See Attachment A, Health Care Transport Form)

5. Off-site health care appointments may only be cancelled by health care staff or the Chief Administrative Officer.

6. Health care staff shall evaluate the prisoner or the prisoner’s health care record to determine suitability for travel, with attention to communicable disease issues and any specific precautions to be taken by the transporting officers.

7. Health care staff shall determine any necessary special accommodations for the transport including the use of a medical transport service, medication, and behavior management practices.

8. Health care staff shall inform security staff if the prisoner is known to be pregnant so that Department Policy (AF) 18.19.1, Use of Mechanical Restraints on a Pregnant Prisoner or a Pregnant Resident, is followed.

9. If a prisoner is to be transported by a medical transport service in a non-emergency situation, security staff must be in the vehicle during the entire transport. Staff arranging for the transport shall ensure that the transport service is informed of the requirement that security staff be in the vehicle during the entire transport. Other security precautions may be taken as necessary.

10. The Health Services Administrator, or designee, shall assure appropriate health care information is provided to the receiving facility or off-site health care provider.
11. The Health Services Administrator, or designee, shall be informed of any scheduled health care appointment that is not completed as scheduled. The Health Services Administrator, or designee, shall consult with the facility Chief Administrative Officer, or designee, regarding any missed appointment(s) that may create a health risk for the prisoner. The Health Service Administrator’s quarterly report shall include the number and type of any off-site medical appointments that were not completed as scheduled as part of the quarterly report to the facility’s Chief Administrative Officer.

Procedure B: Emergency Health Care

1. In any case of on-site movement or off-site transport which is the result of a health care emergency, the procedures outlined in Procedure A shall be completed to the extent allowed, as dictated by the health care needs of the prisoner.

2. In all cases in which a prisoner is to be transported from a facility to a hospital by an ambulance in an emergency situation, security staff shall be in the ambulance during the entire transport. Other security precautions may be taken as determined necessary by the Shift Commander, or higher supervisory staff.

3. If a prisoner is to be transported from a facility to a hospital by a helicopter in an emergency situation, security staff shall be in the helicopter during the entire transport if there is sufficient space. Other security precautions may be taken as determined necessary by the Shift Commander, or higher supervisory staff.

4. Staff arranging for the emergency transport shall ensure that the responding emergency service is informed of the requirement that security staff be in the vehicle during the entire transport.

VII. PROFESSIONAL STANDARDS

ACA:

ACI - 4-4348 Offenders who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually.

ACI - 4-4349 A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues:

- prioritization of medical need
- urgency (for example, an ambulance versus standard transport)
- use of medical escort to accompany security staff, if indicated
- transfer of medical information

The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, hospital, health care provider, or another correctional facility) is the joint responsibility of the facility’s or program administrator and the health services administrator.