

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100
	SUBJECT HEALTH SERVICES	
SUPERSEDES 03.04.100 (02/14/05); 04.06.135 (07/25/88); DOM 2010-1		AUTHORITY MCL 791.203, 791.233c
ACA STANDARDS 2-CO-4E-01; 3-ACRS-4E-20; 4-4344; 4-4346 through 4-4349; 4-4361; 4-4373-1; 4-4346 through 4-4349, 4-4351 through 4-4353; 4-4359; 4-4362; 4-4363; 4-4363-1; 4-4365; 4-4367; 4- 4370; 4-4371; 4-4376; 4-4377; 4-4378; 4-4380 through 4-4382; 4-4384; 4-4389;		PAGE 1 OF 10

**POLICY STATEMENT:**

Prisoners shall be provided with a continuum of medically necessary health care services that are supported by evidence based medical research.

**RELATED POLICIES:**

- 03.04.101 Prisoner Health Care Copayment
- 03.04.105 Informed Consent to Medical Care
- 03.04.110 Control of Communicable Diseases
- 03.04.120 Control of Communicable Bloodborne Diseases

**POLICY:**

DEFINITIONS

- A. Medical Provider: A qualified health professional who is a physician, physician assistant, or nurse practitioner.
- B. Qualified Health Professional (QHP): A health care professional licensed by the State of Michigan or registered/certified to practice within the scope of his/her training.
- C. Qualified Mental Health Professional (QMHP): A health professional who is trained and experienced in the areas of mental illness, developmental disabilities, or cognitive impairments and is licensed by the State of Michigan or registered/certified to practice within the scope of his/her training.
- D. Types of Conditions:
  - 1. Emergent: A condition for which delay in treatment may result in death or permanent impairment.
  - 2. Routine: A condition which requires non-urgent, non-emergent health care contact with a prisoner, including screening, chronic disease follow-up, and requests for elective treatment and surgeries.
  - 3. Urgent: A condition that is not likely to cause death or irreparable harm if not treated immediately; however, the condition needs to be treated as soon as possible and cannot wait for normal scheduling.

GENERAL INFORMATION

- E. All prisoners in Correctional Facilities Administration (CFA) institutions shall have access to health services as described in this policy, regardless of custody level or security classification. A prisoner whose health care needs cannot be met at the facility where the prisoner is housed shall be transferred to a facility where those needs can be met, consistent with PD 05.01.140 "Prisoner Placement and

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 2 OF 10
-----------------------------------	----------------------------	---------------------	--------------

Transfer". The Administrator of the Bureau of Health Care Services (BHCS) shall ensure offenders in Field Operations Administration (FOA) Residential Reentry Program facilities and probationers in the Special Alternative Incarceration Program (SAI) are provided access to appropriate health care services.

- F. Prisoners shall be charged a fee for health care services as set forth in PD 03.04.101 "Prisoner Health Care Copayment".
- G. The use of offenders in medical, pharmaceutical, or cosmetic experiments is prohibited.
- H. Offenders shall not perform direct patient care, schedule medical appointments, determine access to care, handle critical tools or medications, operate diagnostic or therapeutic equipment, or have access to information contained in other prisoner's health records.
- I. Health care services identified by the BHCS Administrator may be provided to prisoners through telemedicine, which is a video conferencing system that allows for video, audio, and data transmission of information between a prisoner and a health care provider. Telemedicine services shall be provided and documented consistent with requirements for traditional health care services. BHCS staff shall inform a prisoner if s/he will receive telemedicine services in lieu of traditional health care services. BHCS staff also shall inform the prisoner that s/he may choose not to receive the telemedicine services but that it will constitute a refusal of health care services and services will not be provided through any other means. Refusals shall be documented as set forth in PD 03.04.105 "Informed Consent to Medical Care".
- J. All health care interviews, examinations, procedures, and other encounters shall be conducted in a setting that provides for the prisoner's privacy, consistent with custody and security controls. All information regarding health care and treatment provided to an offender shall be entered in the appropriate health record as set forth in PD 03.04.108 "Prisoner Health Information".

#### ORGANIZATION

- K. BHCS shall be responsible for the Department's health services program, including coordinating and monitoring all health care services. Services shall be provided under the direction of the BHCS Administrator, in consultation with the Chief Medical Officer (CMO) and/or Chief Psychiatric Officer (CPO), as applicable, and shall include medical, nursing, dental, psychiatric, psychological, and ancillary services. However, all medical, psychiatric, and dental matters involving medical judgment are the sole province of the responsible physician, psychiatrist, or dentist, under the direction of the CMO or CPO, as applicable. Licensed and credentialed health care providers shall practice within the limits of applicable laws and regulations.
- L. Health care services may be delivered directly by BHCS or through a health care network provider. If delivered by a network provider, the network provider shall be required to comply with all Department policy directives on the delivery of health care services to prisoners, unless specifically exempted by contract. The contract shall be administered by the BHCS Administrator or designee; the actual delivery of health care services to prisoners shall be monitored under the direction of the CMO or CPO, as applicable.
- M. There shall be a Medical Services Advisory Committee, which shall be chaired by the CMO. Members shall include the Regional Medical Officers and others as determined by the CMO. The Committee shall be responsible for recommending improvements to the delivery of health care services, developing criteria for care to be provided to prisoners with chronic illness, approving medications to be added to the BHCS uniform formulary, and other responsibilities as identified by the BHCS Administrator.
- N. There shall be a Psychiatric Services Advisory Committee, which shall be chaired by the CPO. Members shall include the Chief Psychiatrist from the Corrections Mental Health Program and others as determined by the CPO. The Committee shall be responsible for recommending improvements to the delivery of mental health care services and other responsibilities as identified by the BHCS Administrator.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 3 OF 10
-----------------------------------	----------------------------	---------------------	--------------

- O. The Health Unit Manager shall be responsible for the operation of the health care clinic, except for issues which require medical judgment. The Health Unit Manager shall meet with the Warden of his/her facility as often as necessary but at least quarterly and submit at least quarterly reports and annual statistical summaries on the facility's health care delivery system and health environment to the Regional Health Administrator and to the Warden. The Health Unit Manager shall report immediately to the Warden and the appropriate Regional Medical Officer, Nursing Director, and Regional Health Administrator any condition that poses a danger to the health of staff or prisoners at the facility.

#### INTAKE SERVICES

- P. The prisoner health record shall be established as soon as possible after the prisoner's arrival at a reception facility as set forth in PD 03.04.108 "Prisoner Health Information". Each prisoner received at a reception facility shall be provided a health screening and full health appraisal as set forth below.
- Q. The following shall be provided to each prisoner as soon as possible but no later than eight hours after arrival at a reception facility:
1. A preliminary health screening, including recording height, weight, and vital signs, and arranging for any needed medical treatment, including medicine renewals and detoxification.
  2. A suicide risk screening as set forth in PD 04.06.115 "Suicide Prevention" and identification of any immediate mental health needs.
  3. An assessment to determine any need for a therapeutic diet pursuant to PD 04.07.101 "Therapeutic Diet Services".
  4. Tuberculosis (TB) screening, counseling, and education, as set forth in PD 03.04.115 "Control of Tuberculosis in Offenders".
  5. Information regarding how to access health care services.
- R. The following shall be completed for each prisoner within 14 calendar days after arrival at a reception facility:
1. A comprehensive history and physical examination by a medical provider, unless documented in the prisoner's health record that one was completed within the preceding year.
  2. A comprehensive health appraisal by an appropriate QHP, unless documented in the prisoner's health record that one was completed within the preceding 90 calendar days. This shall include the following:
    - a. Reviewing preliminary health screening conducted pursuant to Paragraph P.
    - b. All necessary lab tests.
    - c. Appropriate diagnostic procedures and treatment, including for chronic illness.
    - d. Any necessary immunizations.
    - e. Dental screening and examination as set forth in PD 04.06.150 "Dental Services". The screening shall be provided no later than seven calendar days after arrival.
    - f. Psychological screening and additional testing, if indicated.
    - g. Assessing disabilities and arranging for any necessary accommodations or medical details as set forth in PD 04.06.160 "Medical Details and Special Accommodation Notices".
- S. The following also shall be completed for each prisoner within 14 calendar days after arrival at a

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 4 OF 10
-----------------------------------	----------------------------	---------------------	--------------

reception facility, unless otherwise determined by the BHCS Administrator or designee:

1. Provide screening and/or testing for Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases". The prisoner also shall be provided health education and counseling on HIV and HCV as required by PD 03.04.120, including information on prevention and the risks associated with exposure.
  2. Provide health education and counseling on Hepatitis B Virus (HBV) and administer HBV vaccine to all prisoners consenting to vaccination, as set forth in PD 03.04.120.
  3. Provide advance directives information and document the prisoner's response in the prisoner's health record, as set forth in PD 03.04.107 "Advance Directives for Health Care".
  4. Referral to QHP specific to identified prisoner needs.
  5. Identify any substance abuse related health problems (e.g., chemical dependency) and provide treatment as required.
- T. Female prisoners who are pregnant shall be provided information on specific health services available related to their pregnancy (e.g., pre-natal care).

#### SERVICES PROVIDED AT ANNUAL HEALTH CARE SCREENING

- U. Health care staff shall schedule an annual health care screening appointment for each prisoner in a CFA facility within 30 calendar days before or after the prisoner's birthday, unless the prisoner is in SAI. Prisoners who are not seen on the scheduled day shall be rescheduled within the 30 calendar day period. A prisoner who does not attend the subsequent health care screening appointment shall be rescheduled and seen by a medical provider to discuss the reason for the screening and to sign a release of responsibility if the prisoner declines the screening. Prisoners who are hospitalized at the time of their regularly scheduled annual health screen may have the time adjusted as necessary.
- V. The health status of the prisoner at the time of the annual health care screening shall be documented by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the electronic medical record and the prisoner referred as necessary to the appropriate QHP as indicated by the screening. The screening shall include the following:
1. Recording vital signs, including weight.
  2. TB screening, counseling, and education as set forth in PD 03.04.115 "Control of Tuberculosis in Offenders".
  3. Reviewing continued need for any currently valid accommodations and medical details issued pursuant to PD 04.06.160 "Medical Details and Special Accommodation Notices".
  4. Reviewing HBV vaccine status.
  5. Providing health education and counseling, including for HIV, HBV, and HCV. Information regarding HIV and HCV shall be provided both verbally and in writing, and include information on prevention and the risks associated with exposure.
  6. Referral to an appropriate QHP, if indicated.
- W. A DNA sample shall be taken from each prisoner at the annual health care screening unless a sample was previously provided. The prisoner's consent to take the sample is not required. A DNA Sample - Collection Record (CHJ-269) shall be completed indicating whether the prisoner agreed to provide the sample. If, after consultation with the Warden, health care staff determines that the sample cannot be collected without undue danger to staff or the prisoner, appropriate health care staff shall contact the CMO, who shall consult with the CFA Deputy Director to obtain further direction on how to proceed.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 5 OF 10
-----------------------------------	----------------------------	---------------------	--------------

### CHRONIC CARE SERVICES

- X. Prisoners with chronic diseases or disorders as set forth in the chronic care guidelines approved by the CMO shall be provided health care services for chronic diseases or disorders as needed. Prisoners who are seen for chronic care shall be identified in the electronic medical record.

### CORRECTIVE AND RECONSTRUCTIVE SURGERY SERVICES

- Y. Corrective surgery is a surgical procedure to alter or adjust body parts or the body structure. Reconstructive surgery is a surgical procedure to reform body structure or correct defects. For purposes of this policy, corrective and reconstructive surgery does not include procedures which can be done under local anesthesia.
- Z. Corrective and reconstructive surgery shall be authorized for a prisoner only if the primary purpose is to restore function and only if approved by the CMO; it shall not be approved if the sole purpose is to improve appearance.
- AA. Before referring a prisoner for corrective or reconstructive surgery, the medical provider shall monitor the prisoner's condition for an appropriate period of time to establish the actual degree of disability or dysfunction. The feasibility of corrective or reconstructive surgery shall be evaluated to determine whether to make a referral. This shall include evaluating the expected improvement in the prisoner's level of functioning, any risks and their probabilities, and available non-surgical treatments.

### MENTAL HEALTH SERVICES

- BB. Mental health services shall be provided to prisoners in accordance with PD 04.06.180 "Mental Health Services" and PD 04.06.183 "Voluntary and Involuntary Treatment of Mentally Ill Prisoners" when any of the following circumstances occur:
1. A referral is made by an appropriate QHP after assessment at intake, transfer into the facility, at the ambulatory care clinic, during segregation or other rounds, or at the annual health screening.
  2. A prisoner requests mental health services. The request shall be referred to a QMHP within 24 hours after receipt of the request by health care services.
  3. A referral is made by a non-health care Department employee based on the prisoner's behavior. The Mental Health Services Referral form (CHX-212) shall be used for this purpose and referred to a QMHP within two hours after receipt by health care services.
  4. Follow-up care as determined appropriate by a QMHP.

### DENTAL SERVICES

- CC. Prisoners shall be provided dental services in accordance with PD 04.06.150 "Dental Services" through any of the following:
1. Referral by an appropriate health care provider after assessment at intake, transfer into the facility, at the ambulatory care clinic, or at the annual health screening.
  2. Prisoner request for dental services.
  3. Referral to a dental specialist by the primary dentist.
  4. Follow-up as determined appropriate by the primary dentist.

### ANCILLARY SERVICES

- DD. Health care staff shall ensure that necessary ancillary services are provided to prisoners as ordered by

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 6 OF 10
-----------------------------------	----------------------------	---------------------	--------------

a medical provider. The services may be provided on-site or off-site and may include:

1. Pharmacy services.
2. Laboratory services.
3. Radiology services.
4. Physical therapy services and other therapies such as occupational and speech.
5. Dietary services, which shall include evaluation by a registered dietician for special or therapeutic diets.
6. Optometric services as set forth in PD 04.06.165 "Optometric Services".

#### ADDITIONAL SERVICES

EE. Health care staff shall ensure that additional necessary services are provided as ordered by a medical provider. Additional services that are available include the following:

1. Specialty service appointments. These appointments shall be scheduled by health care staff as soon as possible after receipt of an approved referral.
2. Routine medical/surgical inpatient care, long-term inpatient care, hospice services, and rehabilitative services. This care shall be obtained through the Duane L. Waters Health Center (DWH), an approved local hospital including a secure unit hospital, or a medical center when available and medically appropriate.
3. Hospital based outpatient diagnostic or therapeutic services. These services shall generally be scheduled at DWH, an approved local hospital including a secure unit hospital, or a medical center; however, alternative local services may be used if the services will be provided in a more cost efficient or timely manner and there are no overriding custody concerns. Decisions on appropriateness of the site shall be made in consultation with the health care network provider.
4. Long term care. This care shall be provided in units established to provide such care.

#### OUTSIDE HEALTH SERVICES AT PRISONER'S EXPENSE

FF. While the Department is responsible for providing prisoners with necessary health care services, prisoners may be allowed to receive health services by an outside QHP with prior approval of the Warden after consultation with the appropriate Regional Medical Officer. A request which poses a custody and security concern shall be denied, including if custody coverage is unavailable. If approved, the Warden is responsible for approving all security measures.

GG. Custody coverage shall be provided on a volunteer basis only by qualified, off-duty corrections officers who are not related to the prisoner by blood or marriage. Officers shall be compensated in accordance with Civil Service Commission rules and the Department of Technology, Management and Budget Standardized Travel Regulations. Receipts for all expenses, including meals, shall be required for officer reimbursement. Pay shall be only for actual hours worked. Each officer shall be fully paid for custody coverage on the next regular payroll.

HH. If a prisoner is approved to receive health services by an outside QHP, the prisoner is responsible for all costs, including any costs for transportation and custody coverage. The estimated costs must be paid in full by or on behalf of the prisoner, or adequate funds must be encumbered in the prisoner's trust account, prior to receiving the approved health care service. Approval shall be withdrawn if verification is not received prior to the scheduled visit that payment has been made in full or that the prisoner has sufficient funds in his/her account to pay the costs. The actual cost shall be calculated after the prisoner has returned. If the actual cost is less than the estimated cost, the difference shall be

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 7 OF 10
-----------------------------------	----------------------------	---------------------	--------------

refunded. If subsequent treatment or testing is approved by the Warden after consultation with the Regional Medical Officer, the prisoner shall be advised prior to the treatment or testing that s/he will be responsible for all costs of the subsequent treatment and testing, including any costs resulting from complications arising from the treatment or any follow-up therapies.

- II. An outside QHP may examine a prisoner at one of the Department's institutions or at an off-site location. Prior arrangements shall be made with the Warden and, if the examination will occur at a Department institution, the Health Unit Manager. The Warden shall be responsible for making all necessary security arrangements. If the examination will occur in a Department facility, an appropriate clinic location shall be arranged for the examination.
- JJ. Before being seen by an outside QHP, the prisoner must provide a signed release authorizing the QHP to review relevant portions of the prisoner's health record. The prisoner also must supply a written agreement from the QHP to comply with any security measures required, to furnish the Department with a written summary of the findings and any recommendations, and to not provide or order treatment or further testing without prior approval of the Warden after consultation with the appropriate Regional Medical Officer. After receipt, appropriate health care staff shall review the written summary provided by the QHP with the prisoner.
- KK. The outside QHP shall be viewed as a consultant only; responsibility for case management rests with BHCS. The Department assumes no liability for approving a request to receive outside medical services or for any outside medical services provided.

#### PRISONER REQUESTS FOR ROUTINE HEALTH SERVICES

- LL. Prisoners shall submit a Health Care Request (CHJ-549) to request routine health care services, including reassessment of the need for an assistive device or other service provided the prisoner to meet his/her medical needs. Housing unit staff shall assist illiterate prisoners and others who are unable to complete the form. A locked container shall be provided which is easily accessible to all general population prisoners in which they can place the form; these containers shall be opened only by health care staff. Health care staff shall collect the forms at least daily; the date and time of receipt of each form and presenting complaint shall be documented in the electronic medical record.
- MM. An appropriate QHP shall triage the information presented on the Health Care Request as soon as possible but no later than one business day after initial receipt by health care staff. Requests shall be addressed as follows:
  - 1. For conditions which could be emergent, schedule the prisoner to be seen immediately by an appropriate QHP.
  - 2. For conditions which could be urgent, schedule the prisoner to be seen by an appropriate QHP no later than the next business day.
  - 3. In all other cases, provide the prisoner a written response or an appointment within five business days after receipt of the request. For medication issues, the matter may be referred to a Pharmacy Assistant or LPN to take appropriate action; for health record information, the matter may be referred to a Health Information Manager.
- NN. In all cases, whenever a prisoner is referred to a medical provider for a routine matter, the medical provider shall see the prisoner within five business days of the referral.

#### REQUESTS FOR URGENT/EMERGENT HEALTH SERVICES

- OO. Wardens shall ensure that telephone numbers necessary for provision of emergency health care are readily available to appropriate staff at their facility. On-duty health care staff shall ensure that the facility's Control Center is aware of how to contact them at all times. Staff shall respond in accordance with PD 03.04.125 "Medical Emergencies" whenever a person is determined to be in need of emergency medical attention.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 8 OF 10
-----------------------------------	----------------------------	---------------------	--------------

- PP. Any prisoner who believes s/he has an urgent/emergent health condition may request health care services by notifying staff of the problem which the prisoner believes requires an immediate health care visit. The staff person shall contact health care services and convey the prisoner's request, regardless of the prisoner's custody status or the time or day of the request; staff shall similarly contact health care services whenever s/he believes that a prisoner may have an urgent/emergent health condition even if the prisoner has not requested a health care visit. The contact shall be responded to within two hours by one or more of the following methods, as determined by the QHP:
1. The prisoner shall be allowed to speak directly to the QHP by telephone.
  2. The prisoner shall be allowed to go to the health services area.
  3. The QHP shall go to the prisoner's location to conduct an evaluation.
- QQ. Staff may contact the facility's on-call medical provider for urgent health care complaints made by prisoners. If the on-call medical provider cannot be reached, the Regional Medical Director for the health care network provider shall be contacted. When warranted and possible, the medical provider shall speak directly to the prisoner when making a telephone evaluation.
- RR. Prisoners who require urgent care shall be sent to a local hospital or local emergency clinic if a QHP determines necessary services cannot be provided at the facility. An ambulance shall be used whenever deemed necessary by appropriate health care staff.
- SS. A prisoner who has been treated off-site for an urgent or emergent condition shall be seen by an RN for follow-up no later than the next business day or, if hospitalized, no later than the business day following his/her return to the facility. The RN shall consult with the on-call or on-site medical provider as necessary to ensure that the prisoner's health care needs are met. If follow-up is not necessary, the RN shall direct the prisoner to request follow-up as the need arises. If follow-up is required, the RN shall respond by taking one of the following actions, as deemed appropriate:
1. Schedule the prisoner for an appointment no later than the next business day with a medical provider.
  2. Schedule a chart review by a medical provider to be completed within five business days after the prisoner's return to the facility.
- TT. Each health care clinic shall maintain an urgent/emergent log to document every prisoner contact for urgent or emergent health care services; this is required only until data can be entered into and retrieved from the electronic medical record.

#### SICK CALL ACCESS

- UU. Health care staff shall provide prisoners with access to sick call through ambulatory care clinics. Access shall be permitted by request of the prisoner or staff, including requests made during rounds.
- VV. Sick call shall be available to prisoners through an ambulatory care clinic at least five days per week. Prisoners who appear for a scheduled clinic visit but are not seen on that day will be seen at the next clinic without having to resubmit a written request for services. Any prisoner who presents the same symptoms/clinical findings three times in a 30 calendar day period shall be referred to a medical provider; however, if a Medical Services Advisory Committee guideline addresses the issue (e.g., special accommodation request for a bottom bunk, cotton blanket, specialized shoes), it shall first be determined if the prisoner meets the requirements of the guideline and appropriate action taken.

#### FAILURE TO REPORT FOR A SCHEDULED HEALTH SERVICES APPOINTMENT

- WW. Health care staff shall follow-up on all appointments for which the prisoner failed to report (no show). If rescheduling is necessary, the prisoner shall be seen by an appropriate QHP within a time frame appropriate to the prisoner's condition. A misconduct report may be written on a prisoner who misses an appointment, when appropriate.

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 9 OF 10
-----------------------------------	----------------------------	---------------------	--------------

- XX. If a prisoner is scheduled for treatment and chooses not to receive the treatment that decision shall be documented as set forth in PD 03.04.105 "Informed Consent to Medical Care". Continued treatment shall be provided in accordance with PD 03.04.105; however, the prisoner shall be seen by a medical provider within a time frame appropriate to the prisoner's condition for counseling about the importance of having his/her health care needs addressed. Health care staff shall continue to schedule the prisoner for necessary chronic and convalescent care follow-up, annual health assessments, and counseling on the importance of these visits even though there exists documented refusal of treatment for previous appointments.

#### HEALTH EDUCATION AND COUNSELING

- YY. Health care staff shall take an active role in providing instruction and information to prisoners for self care, including the following:
1. All prisoners shall be provided with health education and wellness information at the time of the prisoner's annual health screening.
  2. Patient education regarding TB, hepatitis infection, HIV infection, and AIDS shall be given to each diagnosed prisoner at the time test results are provided to him/her and as necessary throughout the course of the prisoner's illness. Counseling also shall be provided to the prisoner as determined necessary by health care staff.
  3. Each prisoner shall be instructed by health care staff on the advantages and risks of vaccination before s/he receives any immunization.
  4. Health care staff shall provide appropriate patient education to all prisoners with a chronic disease or who are diagnosed with a chronic illness regarding the disease or illness during chronic care clinic visits.
  5. All convalescent prisoners and prisoners who are discharging from an inpatient unit shall receive education regarding their condition and necessary follow-up.

#### SEGREGATION

- ZZ. Health care staff shall make rounds in segregation units as set forth in PD 04.05.120 "Segregation Standards" and PD 04.06.182 "Mentally Ill Prisoners in Segregation". During rounds, health care staff shall visit each prisoner, collect written requests for health care services, and follow up on any health care concerns. The presence of health care staff shall be announced and documented in the unit's logbook.
- AAA. Health care services shall be provided to segregation prisoners in the housing unit clinic area when medically appropriate; if not medically appropriate, the prisoner shall be escorted to an appointment in the health care clinic. Any prisoner who presents to the nurse three times within a 30 calendar day period with the same health complaint shall be referred to a medical provider however, if a Medical Services Advisory Committee guideline addresses the issue (e.g., special accommodation request for a bottom bunk, cotton blanket, specialized shoes), it shall first be determined if the prisoner meets the requirements of the guideline and appropriate action taken.

#### CFA INTER-INSTITUTIONAL TRANSFERS

- BBB. The BHCS Administrator shall ensure that an Onsite Health Care Services Grid identifying the health care services and special accommodations available at each facility is maintained and available to health care and facility staff. Prior to transfer to another facility, prisoners shall be medically cleared for the transfer consistent with the Onsite Health Care Services Grid and in accordance with PD 05.01.140 "Prisoner Placement and Transfer". Clearance codes shall be updated prior to the transfer, as necessary.
- CCC. Health care staff shall complete routine requests for medical clearance for transfer within three business days after receiving the request. Urgent requests for medical clearance for transfer shall be addressed

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 12/29/10	NUMBER 03.04.100	PAGE 10 OF 10
-----------------------------------	----------------------------	---------------------	---------------

during the shift in which the request is received or as soon thereafter as possible.

DDD. Prisoners shall be seen by an RN or LPN as soon as possible but no longer than 24 hours after arrival at a CFA facility. The RN or LPN shall do all of the following:

1. Observe and interview the prisoner.
2. Review the prisoner's health record.
3. Complete transfer screening.
4. Ensure that the prisoner has the necessary medications and special accommodations.
5. Provide orientation to the medical program at the facility. Special instructions, if appropriate, shall be given to a prisoner enrolled in the chronic care clinic program.
6. Schedule appropriate referrals, including as needed to ensure that prescription medication is continued or discontinued, as appropriate.

#### HEALTH SERVICES PRIOR TO RELEASE

EEE. Prior to a prisoner paroling or discharging, health care staff shall provide the prisoner with HCV health education/disease prevention information. Prior to discharge, the prisoner shall be tested for HIV and Hepatitis C as set forth in PD 03.04.120 "Control of Communicable Bloodborne Diseases". Unless previously provided, a DNA sample also shall be taken from prisoner prior to discharge as set forth in PD 03.01.135 "Discharge/Termination of Sentence".

FFF. Mentally ill prisoners who may require continuing institutional care or other mental health service upon discharge shall be referred by the Regional Health Administrator to the Bureau of Forensic Mental Health Services, Department of Community Health, as set forth in PD 03.01.135 "Discharge/Termination of Sentence".

#### PROCEDURES

GGG. The BHCS Administrator shall ensure that procedures are developed as necessary to implement requirements set forth in this policy directive; this shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring their existing procedures are revised or rescinded, as appropriate, if they are inconsistent with policy requirements or no longer needed.

#### AUDIT ELEMENTS

HHH. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist Wardens with self audit of this policy pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED: PLC 12/16/10