

POLICY & PROCEDURES

CHAPTER:	4	Facility Operations	4.2.4
SECTION:	2	Health Services	EFFECTIVE DATE: April 8, 2020
SUBJECT:	4	ADMINISTRATION OF TREATMENT	
STANDARDS: ACA – 4 – ALDF: 4C-01 (M), 4C-04, 4C-05, 4C-07, 08 (M), 09, 4C-19 (M), 4C-35, 4C-40, 4D-08, 4D-10, 4D-14, 15 (M), 4D-19, 4D-27.			
APPROVED: _____ Dale Glass COMMISSIONER OF CORRECTIONS			REVIEW DATE: 4 / 8 / 20
			REVISION DATE: 6 / 24 / 20
Rescind: 4.2.4 dated 3/6/06 Cancel:			

I. POLICY

It is the intent of the Division of Corrections to assure that inmates have access to medical services that maintain “basic health”, as described in the Healthcare Provider’s contract.

II. RESPONSIBILITIES

The facility Executive staff, healthcare providers, and staff having daily contact with the inmate population are responsible for ensuring that the provision of this policy is adhered to.

III. DEFINITIONS

None

IV. PROCEDURES

A. General Information

1. All treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent provider is performed pursuant to written standing or direct orders by personnel authorized by law to

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- give such orders. Nurse practitioners and physician's assistant may practice within the limits of applicable laws and regulations. Students and interns delivering health care in the facility will work under direct staff supervision, commensurate with their level of training.
2. The Health Services Administrator is responsible for the development and maintenance of procedures that provide for different levels of services including advanced arrangements with health care specialists.
 3. Medical services will be provided in a manner that assures the maintenance of basic health and prevention of health deterioration.
 4. Each facility will have a plan to provide for 24 hour emergency medical, dental, and mental health care. The plan will include arrangements for the following:
 - On-site emergency first aid and crisis intervention
 - Emergency evacuation of the inmate from the facility
 - Use of emergency medical vehicle
 - Use of one or more designated hospital emergency rooms or other appropriate health facilities
 5. A progressively disabling and/or deteriorating condition will take precedence over other non-emergency procedures.
 6. Conditions that can be stabilized within the facility will be evaluated regularly and treated as indicated.
 7. Unimpeded access by inmates to medical services will be assured by requiring approval or denial of services by healthcare professionals. Routine sick call is provided at least five days a week. The sick call policy is communicated orally and in writing to inmates upon arrival to the facility (See #3.5.4 Housing Transfer and Orientation and #4.2.7 Sick Call). All inmates will be informed about how they can access health services and the grievance system during admission and intake. Medical staff will inform the inmate during intake. The Intake Caseworker will be responsible for securing translators and/or assistance for inmates who have a language or literacy issue.
 8. Sick call will be held in accordance with the facility activity schedule (See #4.2.7 Sick Call).
 9. Inmate rights will include the right to dignity, informed consent, confidentiality, and privacy in the consultation, examination, procedures, and treatments provided by medical services. Inmates have a right to confidentiality when medical care is

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- rendered. Escort officers and non-medical staff that are present when medical care is provided are required to maintain and protect this confidentiality. Female inmates will be escorted by a female officer for encounters with male health care providers.
10. Involuntary treatment will be provided to inmates in an emergency situation as defined by the medical staff. In the case of minors, the informed consent of parent, guardian, or legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with the state and federal laws and regulations.
 11. "Clinical Guidelines" will be utilized as a guide in the treatment of inmates by the medical staff. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.
 12. Medical services provided will include, but not be limited to, statutory mandated medical services such as emergency care. Medical services will be provided in cases that, without treatment, could result in further deterioration of an essential nature of an inmate's condition or in serious debilitating pain or discomfort in an inmate.
 13. Space, equipment, supplies, and materials for health services are provided and maintained as determined by the health authority and per contract.
 14. The health authority shares with the superintendent information regarding an inmate's medical management. The circumstances are specified when correctional staff are advised of an inmate's health status. Only that information necessary to preserve the health and safety of an inmate, other inmates, volunteers, visitors, or the correctional staff is provided. Information provided to correctional, classification staff, volunteers, and visitors addresses only the medical needs of the inmate as it relates to housing, program placement, security, and transport.

B. Basic Healthcare

1. Emergency assessment will be provided in the facility and all staff will be trained appropriately. The training will include:
 - a. Recognition of signs and symptoms, and knowledge of action required in potential emergency situations.
 - b. Administration of first aid and cardiopulmonary resuscitation (CPR).
 - c. Methods of obtaining assistance.
 - d. Signs and symptoms of mental illness, retardation, and chemical dependency.

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- e. Procedures for patient transfers to appropriate medical facilities or health care providers.
2. A health-related situation will be responded to by facility staff within a four minute response time. First aid kits are available throughout the facility (See # 4.2.20 First Aid Kits).
3. Preventive care provided by medical services will include health education, immunizations, public health measures to prevent the spread of disease, and instructions on self-care in health and illness.
4. Chronic disease care will be provided to inmates in the facility and, if necessary, in the infirmary. Chronic care will include monitoring of medications, laboratory testing, and use of chronic care clinics.
5. Convalescent care will, in general, be provided in the infirmary, but upon medical/mental health clearance may be referred out to an appropriate medical facility.
6. Written individual treatment plan which includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, will be developed for each inmate by the appropriate medical provider, dentist, or qualified mental health professional.
7. Infirmary care is provided at the St. Louis City Justice Center by skilled nursing staff under the direction of a licensed physician. Infirmary care will include the following:
 - a. Definition of the scope of infirmary care available.
 - b. A physician on call 24 hours a day.
 - c. Nursing services under the direction of a physician's assistant or a registered nurse on a full time basis.
 - d. Health care personnel on duty 24 hours per day.
 - e. All inmates/patients within sight or sound of a staff member.
 - f. A manual of nursing care procedures.
 - g. A separate and complete medical record for each inmate.
8. Continuity of care will be provided from admission to discharge from the facility, including referral to community care when indicated. Inmates who require health

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care beyond the resources available in the facility, determined by the responsible physician, will be transferred under appropriate security supervision where such health care is available. A written list of referral sources including emergency and routine care will be maintained by the medical provider. The list is reviewed and updated annually.

9. Medical devices are provided when the health of the inmate would otherwise be adversely affected, as determined by the responsible physician.
10. Prosthetic devices will be provided to qualifying inmates to prevent deterioration and/or deformity.
11. Female health care, based on community standards, will be provided to include, but is not limited to, pap smears, mammography and pregnancy management such as pregnancy testing, routine and high risk prenatal care, management of chemically addicted pregnant inmates and post partum follow up (See # 4.2.17 Pregnancy Management).

C. Nursing Guidelines

The primary reference for nursing practice and procedures is the health care provider's specific nursing manual or protocols.

D. Employee's Healthcare Needs

The health care provider's staff will respond to employee emergency situations by assessing the extent of the medical emergency and if indicated, will provide treatment for stabilization until transport to the nearest medical facility can occur. General medical care will not be provided to employees.

E. Inmate Travel/Transfer

When an inmate is transferred to another facility or has been approved for travel, pertinent inmate information (including medication, behavior management procedures, and other special treatment requirements for observation and care during travel) are documented readily accessible to and easily understood by transportation staff or others who may be called upon to attend inmates during travel and on reception at the receiving facility. Medications or other special treatment required en route, along with specific written instructions for administrations, are furnished to the transportation staff. In addition, the following is required for non-emergency transfers:

- Summaries, originals, or a copy of the health record accompanies the inmate to the receiving facility; health conditions, treatment, and allergies are included in the record.

- Confidentiality of the health record
- Determination of suitability for travel based on medical evaluation, with particular attention given to communicable disease clearance.
- Specific precautions to be taken by the transportation officers, including universal precautions and the use of masks and/or gloves.

Medical summary sheets for all inter- and intra system transfers to maintain continuity of care. Information included does not require a release of information.

F. Special Needs

1. There will be consultation between the Superintendent or designee and the responsible clinician, or designee, prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas:
 - a. Housing assignments
 - b. Program assignments
 - c. Disciplinary measures
 - d. Transfer to other facilities
2. When immediate action is required, consultation to review the appropriateness of the action will occur as soon as possible, but no later than 72 hours.

G. Informed Consent

1. Informed consent standards of the jurisdiction are observed and documented for inmate care in a language understood by the inmate.
2. In the case of minors, the informed consent of a parent, guardian, or legal custodian applies when required by law.
3. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse, in writing, medical, dental and mental health care.
4. If the inmate declines to sign the refusal form, it must be signed by at least two witnesses. The form must then be sent to medical and reviewed by a qualified

health care professional. If there is a concern about decision-making capacity, an evaluation is done, especially if the refusal is for critical or acute care.