

State of Utah - Department of Corrections



Department Manual

<i>FD18 - Medical Custody Interface</i>	<i>PROCEDURE</i>
<i>Date Effective: 7-1-1994</i>	<i>Date Revised: 6-14-2024</i>
<i>GRAMA Designation:</i>	<i>PUBLIC</i>
<i>Authorized by:</i>	<i>Executive Director Brian Redd</i>
<u><i>Table of Contents:</i></u> <i>01.00 MEDICAL &amp; MENTAL HEALTH PROVIDER SERVICES</i> <i>01.01 Medical &amp; Mental Health Provider Services</i> <i>02.00 ACCESS TO MEDICAL AND MENTAL HEALTH CARE</i> <i>02.01 Non-Emergency Medical and Mental Health Care Requests and Services</i> <i>02.02 Emergency Health Care</i> <i>03.00 HEALTHCARE SCHEDULING</i> <i>03.01 Physical Examinations</i> <i>03.02 Nonemergency Health Care Requests and Services</i> <i>03.03 Follow-Up of Patients that Fail to Keep Appointments (FTKA)</i> <i>03.04 Inmate Dental Services Scheduling</i> <i>04.00 MEDICAL INTAKE OF INMATES</i> <i>04.01 Intake Medical Screening</i> <i>05.00 SERVICES DELIVERED BY CERTIFIED CORRECTIONAL HEALTH SERVICES (CHS) STAFF</i> <i>05.01 Clinical Personnel Training and Credentialing</i> <i>06.00 INMATE ACCESS TO CORRECTIONAL HEALTH SERVICES (CHS)</i> <i>06.01 Sick Call</i> <i>06.02 Correctional Officer Responsibilities</i> <i>06.03 Inmate Responsibilities</i> <i>06.04 Pill Lines</i> <i>06.05 Emergency Medical Services</i> <i>06.06 Inmate Co-Payment</i> <i>07.00 DENTAL SERVICES</i> <i>07.01 Inmate Access to Dental Services</i>	<u><i>Cross Reference:</i></u> <i>AC28 Implementation of GRAMA Requirements</i> <i>AG12 ADA Implementation and Complaint Process</i> <i>FF16 Transportation of Inmates</i> <i>FI15 Involuntary Treatment</i> <i>FC01 Intake and Identification</i> <i>Utah Code 64-13-30</i>

<p>07.02 R&amp;O Inmate Examinations</p> <p>08.00 TRANSPORTATION OF SICK OR INJURED</p> <p>08.01 On-Site Transportation</p> <p>08.02 Off-Site Transportation</p> <p>08.03 Transporting of Inmate Medical Records and Medicines</p> <p>08.04 Transportation by Non-Correctional Entities</p> <p>09.00 GENERAL MEDICAL REGULATIONS</p> <p>09.01 Medical Clearances</p> <p>09.02 Do Not Resuscitate Orders (DNR)</p> <p>10.00 FORENSIC EXAMINATIONS BY A SEXUAL ASSAULT NURSE EXAMINER (SANE) AND CORRECTIONAL OFFICER DUTIES</p> <p>10.01 Correctional Officer's Duties and Responsibilities</p> <p>10.02 Forensic Examinations</p> <p>11.00 CONTINUITY OF CARE</p> <p>11.01 General</p> <p>12.00 ENVIRONMENTAL SERVICES</p> <p>12.01 Communicable/Infectious Disease Control</p> <p>12.02 Infectious Waste Disposal</p> <p>12.03 Sanitation</p> <p>13.00 INPATIENT SERVICES</p> <p>13.01 Admission</p> <p>13.02 Discharges</p> <p>13.03 Inpatient Care</p> <p>13.04 Inpatient Privileges</p> <p>14.00 INMATE MENTAL HEALTH SERVICES</p> <p>14.01 Referral for Mental Health Treatment Services</p> <p>14.02 Purpose of Outpatient Care</p> <p>14.03 Outpatient Care Disciplinary Action</p> <p>15.00 HEALTH RECORDS MAINTENANCE</p> <p>15.01 Electronic Document Management/UDOCA</p>	
--	--

## 01.00 MEDICAL AND MENTAL HEALTH PROVIDER SERVICES

### 01.01 Medical & Mental Health Provider Services

Medical and mental health services shall be offered to every inmate. Services include:

- A. inmate clinical services;
- B. inmate dental services;
- C. ancillary services; and
- D. mental health services.

## 02.00 ACCESS TO MEDICAL AND MENTAL HEALTH CARE

### 02.01 Non-Emergency Medical and Mental Health Care Requests and Services

- A. An inmate may formally access health care services using the Health Care Request (HCR) form or a staff member.
  - 1. The inmate obtains the HCR form from their housing unit.
  - 2. The inmate completes the HCR form and deposits it in the designated locked “sick call” box located in each housing unit or turns it in at the pill line to medical staff. Where available, inmates may also fill out an electronic HCR via a kiosk.
  - 3. The HCRs are picked up daily by qualified clinical staff and processed according to protocol.
  - 4. When scheduled, the housing unit officer shall send the inmate to a sick call at the scheduled time.
    - a. Appropriate clearances shall be checked by staff prior to sending the inmate.
  - 5. Access to sick calls by inmates in a secure, TRO, or otherwise restricted status may be performed at the inmate’s location depending on the nature of the request.
  - 6. Only emergencies will be seen on a “drop-in” basis. Housing staff shall coordinate with Correctional Health Services for potential emergency visits.
- B. Correctional Officers of the same biological sex should be present at all times, if available. Officers of a different biological sex can respond in exigent circumstances. Instruction on maintaining confidentiality is given to security staff or interpreters who observe or hear health encounters.
  - 1. In the event an inmate is unable to fulfill their daily duties due to a health concern, the inmate shall request from CHS personnel a Lay-In Pass which excuses the inmate from their duties.
  - 2. A Lay-In pass requires that the inmate remains in their cell, on bed rest, for the day of the lay-in.

#### 02.02 Emergency Health Care

- A. CHS staff shall respond to medical emergencies occurring at a correctional facility site.
- B. Correctional officers shall facilitate responses to medical emergencies.
- C. Correctional Health Services shall activate the EMS system if needed.
- D. An inmate may request access to health care services for emergency reasons by contacting any staff member.
- E. An inmate may request access to mental health services by contacting any staff member for emergency reasons.

### 03.00 HEALTHCARE SCHEDULING

#### 03.01 Physical Examinations

- A. CHS Responsibilities
  - 1. Correctional Health Services shall schedule physical exams no later than seven days after admission for all admitted inmates and document the inmate’s refusal if applicable.

#### 03.02 Nonemergency Health Care Requests and Services

- A. An inmate may formally access healthcare services through the Health Care Request (HCR) or a staff member.
  - 1. When scheduled, the housing unit officer shall send the inmate to sick call at the scheduled time.
  - 2. Inmates requiring provider visits are scheduled.
- B. Healthcare Services
  - 1. The inmate will be scheduled for the provider clinic after the triage process is completed and in accordance with the priority code that was assigned by the healthcare professional who completed the triage.
  - 2. Provider clinics are held at least five days a week, excluding holiday weeks (four days a week when holidays occur).

#### 03.03 Follow-Up of Patience that Fail to Keep Appointments (FTKA)

Correctional Health Services should determine why each FTKA occurred.

- A. The health provider or dentist is given a schedule each day of the inmates scheduled for care.
- B. The health provider or dentist shall indicate on the schedule any inmate that FTKA.
- C. Each provider/designee will make a reasonable attempt to follow up on each FTKA.
- D. FTKAs shall be rescheduled one time unless refusal by the inmate is documented in an electronic health record. Informed refusal documentation will be signed by the inmate. If the inmate refuses to sign, this will be noted on the documentation. Informed refusal forms will be given to medical records to add to the electronic health record.
- E. All follow-up care, FTKA, and any resolution shall be documented in the patient's electronic health record.

#### 03.04 Inmate Dental Services Scheduling

- A. All routine dental appointments will be made by using the Health Care Request (HCR) form indicating the need for dental treatment.
  - 1. The dental staff schedules the inmate. Notifications of the date of the inmate's appointment is posted in the inmate's housing unit.

### 04.00 INMATES RECEIVING SCREENING

#### 04.01 Intake Medical Screening

- A. All inmates shall be requested to provide the Correctional Health Services with a brief health history:
  - 1. upon entry into the correctional system as part of the standard receiving and orientation process;
  - 2. prior to a housing placement decision being made; and
  - 3. as part of the standard receiving and orientation process.
- B. The nurse shall document visual observations according to protocol.

### 05.00 SERVICES DELIVERED BY CERTIFIED CORRECTIONAL HEALTH SERVICES (CHS) STAFF

All CHS services will be provided by certified and trained clinical staff.

#### 05.01 CHS Personnel Training and Credentialing

- A. All qualified healthcare professionals have credentials and provide services consistent with the licensure, certification, and registration requirements of the jurisdiction.
- B. During the course of their employment with UDC, the CHS staff shall be required to maintain current licensure, registration, and/or certification.
- C. The RHA/designee maintains verification of current credentials for all qualified healthcare professionals at a readily accessible location and ensures that new hires undergo a credential verification process that confirms current licensure, certification, or registration.
- D. The credential verification process includes inquiries regarding sanctions or disciplinary actions of state boards and, for prescribers, the National Practitioner Data Bank (NPDB).
- E. Qualified healthcare professionals do not perform tasks beyond those permitted by their credentials.
- F. Specialists providing on-site or telehealth care services have appropriate licenses and certifications on file.
- G. CHS staff holding licenses requiring continuing education shall be responsible for obtaining the necessary education. The Department shall not be obligated to provide continuing education courses nor to provide funding for such courses but may make funds available on a case-by-case basis. The RHA/Correctional Health Services Administration shall, to the extent possible, assist CHS staff attending continuing education to ensure full compliance.

#### 06.00 INMATE ACCESS TO CORRECTIONAL HEALTH SERVICES (CHS)

##### 06.01 Sick Call

- A. General
  - 1. Sick call for all facilities is generally held Monday through Friday.
- B. Access to Sick Call
  - 1. An inmate may formally access sick calls through the use of the Health Care Request (HCR) form.
    - a. Health Care Requests can be requested by inmates verbally, digitally, or by using the appropriate form. The form should be deposited in the designated "sick call" boxes located in each housing unit or turned in at the pill line to medical staff.
    - b. HCRs are reviewed and triaged daily.
  - 2. If the inmate appears to have a serious medical or mental health problem, the custody staff may access care for the inmate by calling the infirmary.
- C. Sick Call for Inmates on PI/TRO
  - 1. Inmates on PI/TRO status should all be treated with respect to sick calls, dental appointments, and mental health appointments the same as any other inmates.
  - 2. No restriction shall be placed on access to medical/dental/mental health services, except in exigent circumstances

06.02 Correctional Officer Responsibilities

- A. Correctional officers should comply with medical orders issued by CHS staff with respect to inmate-integrated health care.
- B. Possible exceptions occur if:
  - 1. the medical order compromises the safety and/or security of the institution; or
  - 2. emergency circumstances delay the required processing of medical instructions.
- C. Any exceptions to a medical order shall be immediately conveyed to CHS staff for reconsideration and possible alternative action.
- D. Exceptions other than those identified above should be promptly conveyed through the chain of command for resolution with the understanding that, during the interim, medical orders shall be followed.
- E. The officers are the first "eyes and ears" of the Correctional Health Services.
  - 1. If the officer thinks that there is a problem or observes that the inmate appears to have a serious medical concern, the officer should call the infirmary staff to notify them of the situation.
  - 2. The call should include a description of the problem and if injured, how the injury occurred.
  - 3. If custody staff members believe that medical needs are not being met, contact should be made with the Shift Commander.
  - 4. The Shift Commander shall then contact the on-call Medical Administrator. The on-call Medical Administrator will notify the RHA as appropriate.
  - 5. Health Care Request forms shall be available in all housing units. HCR forms may be available electronically via a kiosk or as a paper copy.

06.03 Inmate Responsibilities

- A. The inmate shall:
  - 1. request a sick call and report when scheduled;
  - 2. clearly state medical problems to clinicians during the free face-to-face interview;
  - 3. follow all prescriptions, treatment, or other directions given by CHS staff;
  - 4. request follow-up appointments unless scheduled by Correctional Health Services; and
  - 5. request renewal of clearances as appropriate.
- B. Issuance of Lay-ins to Inmates
  - 1. It is the inmate's responsibility to request a lay-in.
  - 2. CHS staff may issue a lay-in for a maximum of 24 hours if the inmate has a medical problem that the CHS staff has assessed.

06.04 Pill Lines

- A. General
  - 1. The distribution of medication shall be conducted by qualified personnel under the supervision of a Registered Nurse (minimum) in a safe and secure manner.
  - 2. Pill lines should normally be held twice daily:
    - a. once during a.m. hours and once during p.m. hours; and
    - b. depending on the conditions or needs of the various housing units, on a case-by-case basis, other arrangements may be made for delivering medications and conducting pill

lines. Any change shall be approved by the Correctional Health Services Administration (e.g., 3rd pill for off-unit work, diabetics, high-need areas.).

3. Pill lines shall be conducted in a manner to provide all inmates with the opportunity to access the pill line, and inmates should be alert and aware of CHS staff presence and not delay the functioning of the pill line.
4. To provide proper inmate access, pill lines shall be held at the housing units in locations and in a manner deemed appropriate by the medical administrative staff.
5. Inmate housing units containing inmates who, for security reasons, are kept locked in their cells should have pill lines conducted on a cell-to-cell basis.

B. Correctional Staff Responsibilities

1. A correctional officer shall accompany CHS staff on all outpatient housing unit pill lines and shall accompany CHS staff on pill lines that require going cell to cell to distribute medication.
2. The officer should remain in the immediate presence of the CHS staff member actively assisting in the medication distribution process by identifying inmates and should not be performing mail, commissary, laundry issues, or other functions at the same time.
3. The officer shall also have a responsibility to:
  - a. provide enhanced security during the medication distribution process;
  - b. assist CHS staff in inmate identification, as necessary;
  - c. assist in observing inmate compliance as directed by CHS staff; and
  - d. document any inappropriate actions, comments, or behaviors that occur during the pill line.

C. Correctional Officers Distributing Medication

1. Correctional officers shall not distribute medication to inmates.

D. Inmate Possession of Medication

1. Inmates may be permitted to have in their possession those medications determined by the Correctional Health Services to be appropriate to the prison's keep-on-person or blister pack procedures.
  - a. These medications shall be provided in tamper-resistant packages and shall provide that no inmate shall have a non-packaged medication unless the inmate is actually in the process of taking the medication as prescribed.
  - b. Any pill not in its original or USCF/CUCF packaged container shall be considered contraband unless the inmate is in the process of self-administering the medication. Loose pills are not allowed.
2. In instances where inmates are issued a blister pack, the Correctional Health Services shall have a verifiable prescription on the Electronic Medical Record (EMR). The Correctional Health Services can then verify an inmate's permission to have medication in their possession.
3. OTC medication purchased from the commissary in the possession of inmates does not require documentation.
4. Correctional officers shall confiscate from inmates:
  - a. any loose medications;
  - b. medications not specifically prescribed for the inmate possessing the medication;

- c. any medication not in packaging as dispensed or as sold by the commissary; or
  - d. any medication the inmate fails to take as directed or prescribed.
- 5. Correctional officers shall notify CHS staff of:
  - a. all medication confiscated and return all confiscated medication to the Correctional Health Services; and
  - b. the name of the inmate from whom the medication was confiscated.
- E. Inmate Responsibility Regarding Blister Packs
  - 1. The inmate shall take prescription medications as prescribed by the medical provider, avoiding:
    - a. medication abuse;
    - b. failure to take an appropriate dose; or
    - c. selling, trading, or giving prescription medications to another person.

#### 06.05 Emergency Medical Services

- A. General Emergency Determinations
  - 1. In the event of a physical injury or illness to an inmate, custody or CHS staff shall:
    - a. begin IMS response if the injury is catastrophic; and
    - b. include CHS staff immediately for triage.
  - 2. The witness of the event causing the physical injury or is aware of the circumstances shall submit the appropriate reports detailing the cause and action taken.
- B. CHS Staff Notification
  - 1. CHS staff shall be notified of all medical emergencies.
  - 2. CHS staff should determine the need to call an EMS provider.
  - 3. The Correctional Health Services shall respond according to the unit protocol to any emergency reported.
  - 4. The RN Charge Nurse shall be notified before any custody officer shall contact the Emergency Medical System (EMS).
- C. Correctional Officer Responsibilities
  - 1. Correctional officers should facilitate the medical response to an emergency by:
    - a. promptly notifying CHS staff of emergencies;
    - b. initiating first aid at a level commensurate with their training until CHS staff arrive;
    - c. following instructions given by CHS staff;
    - d. facilitating the passage of CHS staff through doors, gates, checkpoints, etc.;
    - e. providing security and inmate control while CHS staff work; and
    - f. facilitating the exit of the CHS staff and possibly the injured inmate.
  - 2. In reporting a medical emergency, correctional staff shall:
    - a. provide the exact location of the inmate in need of medical assistance;
    - b. provide a detailed and accurate description of the inmate's symptoms, including a history of the patient's malady, if known; and
    - c. respond to questions posed by CHS staff concerning the emergency.
  - 3. Correctional officers shall not reveal to the injured or ill inmate or other inmates their personal opinion concerning the diagnosis, treatment, or prognosis of the emergency.



06.06 Inmate Co-Payment

## A. General Requirements

1. "The department or county jail may require an inmate to make a co-payment for medical and dental services provided by the department or county jail." Utah Code § 64-13-30.
2. "An inmate may not be denied medical treatment if the inmate is unable to pay for the treatment because of inadequate financial resources." Utah Code § 64-13-30.
3. Patients seen for mental health visits will not be billed a copay.
4. For general copay requirements, see the current inmate medical series handbook.
5. Correctional Health Services shall prepare a monthly invoice that will be provided to the Inmate Funds Accounting Office and will be used to prepare the final statement for the inmate.

## B. Exceptions to the Co-Payment Requirement If an inmate is injured at work, either at UCI or work remunerated by the Department (tier man, culinary), no co-payment will be charged. To avoid a co-payment charge:

1. an IR-1 shall be properly completed by the staff member witnessing the incident, documenting the nature of the injury, how, why, who, witnesses, and filed; and
2. a copy of the IR-1 provided by staff shall accompany the inmate while at sick call unless:
  - a. the inmate is too seriously injured, and there was no time for staff to have prepared an IR-1, in which case; or
  - b. the IR-1 may be filed retroactively by having staff forward a copy to the Correctional Health Services.

07.00 DENTAL SERVICES07.01 Inmate Access to Dental Services

All routine dental appointments shall be made by using the Health Care Request form indicating the need for dental treatment.

- A. The inmate should obtain the Health Care Request form from the housing unit officer.
- B. Where available, the inmate may complete a Health Care Request through a kiosk system.
- C. The inmate should complete the form indicating a request for a dental examination, treatment, or dental emergency treatment.
- D. The inmate should place the request in the sick call request box or submit it to the medical staff at the pill line.
- E. Health staff are to review and prioritize all nonemergent requests and triage the patient within 24 hours of receipt of the request unless the request does not contain a symptom (e.g., it is a medication refill, follow-up appointment, information, etc.).
- F. The housing unit should ensure the inmate has access to the appointment.
- G. The housing unit officer shall send the inmate to the dental clinic at the scheduled time.

07.02 R&O Inmate Examinations

- A. During the medical intake interview conducted by an RN, inmates should be questioned regarding their dental conditions and if they are experiencing pain, swelling, or infection.

- B. During the medical intake, inmates may request dental care by properly completing the HCR form asking for dental care. Upon receipt of the request form from the Dental Unit, the inmate should be added to the appointment schedule.
- C. All inmates shall receive an oral hygiene evaluation by a licensed dentist while housed in R&O. During exigent circumstances, such as during a pandemic, oral hygiene evaluations may be delayed. Oral hygiene education will be conducted during the evaluation.

#### 07.03 Dental Emergencies

If a dental emergency exists, the request should be conveyed verbally to a custody or medical staff member. Medical/dental staff will perform triage and schedule an appointment appropriately based on triage results.

### 08.00 TRANSPORTATION OF SICK OR INJURED

#### 08.01 On-Site Transportation

- A. Escort Procedure
  - 1. Correctional officers transport inmates to attend sick calls or otherwise visit the infirmary or clinics only if:
    - a. an inmate's classification level or location within the prison stipulates the need for an escort; and/or
    - b. CHS staff members have notified housing unit officers or work supervisors of the inmate's appointment at the medical facility.
  - 2. Correctional officers are made aware of a need for intra-facility transport by notification, by CHS staff, either by verbal or written communication.
  - 3. The correctional officer receiving notification shall:
    - a. notify the inmate of the scheduled appointment;
    - b. send the inmate;
    - c. transport the inmate themselves; or
    - d. arrange for another officer to perform the transport.
  - 4. Officers transporting inmates for medical purposes should do so in a timely manner.
  - 5. Upon arrival at the infirmary or clinics, transporting officers shall not leave the inmate until properly secured.
  - 6. If an inmate cannot be properly secured:
    - a. the transporting officer shall remain with the inmate; and
    - b. the medical staff members shall see the inmate on a priority basis.
  - 7. After an inmate has completed a medical visit, CHS staff shall release the inmate back to custody to be transported back to their housing unit.
- B. In emergency situations, the officer shall notify the shift commander and the infirmary of the need for the move.
  - 1. Transportation of an inmate in an emergency may include, but not be limited to:
    - a. assisting the afflicted inmate in walking to the infirmary;
    - b. acting as a stretcher-bearer; and

- c. acting in concert with CHS staff in immobilizing an inmate with a suspected spinal injury while being transported.
- C. Stipulations
  1. Correctional officers shall contact CHS staff when an inmate with a scheduled appointment refuses to be transported.
  2. Correctional officers shall not cancel inmate medical appointments.
  3. CHS will make the decision to cancel appointments.

#### 08.02 Off-Site Transportation

##### A. Transportation Procedure

1. To initiate the transporting of an inmate to an off-site healthcare entity, CHS staff shall:
  - a. complete a Consultation Form and Travel Orders for the Transportation Unit;
  - b. transport patients in a manner that maintains the confidentiality of health information; and
  - c. deliver the Consultation Form, Travel Orders, and any attachments to the Transportation Unit as far in advance of the appointment as possible.
2. The Transportation Unit, upon receipt of the Travel Orders, shall:
  - a. arrange for transportation on the appointed day;
  - b. notify the housing unit, pick up, and secure the inmate according to FF16, "Transportation of Inmates";
  - c. deliver the inmate, in a timely manner, to the off-site health care entity; and
  - d. comply with transportation and security procedures throughout the inmate's medical visits.
3. At the conclusion of the medical visit, if the inmate is not admitted, transportation staff shall:
  - a. follow transportation procedures in securing and preparing the inmate for the return trip to the prison;
  - b. collect, from the health care entity, all available medical documents relating to the visit which may include, but not be limited to:
    - i. the Consultation Form;
    - ii. physician progress notes;
    - iii. laboratory test results; and
    - iv. diagnostic test results; and
  - c. transport the inmate and documents back to the prison.
4. If an inmate is admitted to the off-site health entity, transportation staff shall initiate and arrange for the necessary security with the Security and Enforcement Officer.
5. If an inmate is being released from an off-site healthcare entity, transportation staff shall:
  - a. be notified by CHS staff, the off-site health entity, or the security officer; and
  - b. transport the inmate back to the prison.

##### B. Disposition of Medical Documents

1. Medical documents being carried back to the prison by a transportation officer shall be delivered to the infirmary. All patient transports occur in a manner that maintains the confidentiality of health information.
- C. Disposition of Inmates
  1. Upon returning to the prison, transportation officers do not need to bring the inmate to the Correctional Health Services unless:
    - a. the inmate is returning from an inpatient stay;
    - b. it is indicated on the Travel Order;
    - c. physicians at the health entity have directed the inmate to be returned to the infirmary;
    - d. the transportation officer identifies a significant deterioration in the inmate's medical status during transport;
    - e. had a procedure; or
    - f. if questions arise.
  2. Inmates meeting the above criteria shall be transported to the infirmary or the clinics, at which time CHS staff shall evaluate the inmates' medical conditions and either:
    - a. return them to their housing unit; or
    - b. admit them to the prison infirmary.
- D. Stipulations
  1. The Transportation Unit shall not, without prior approval from the Assistant Medical Administrator/designee, cancel inmate medical appointments or inmate medical transportation runs.
  2. During medical emergencies, responding CHS staff shall:
    - a. determine if transportation to an off-site health entity is necessary; and
    - b. determine the type of transportation to be used, if needed (i.e., prison vehicle, ambulance, helicopter).
- E. Notification
  1. An inmate shall receive no advance notice of an appointment with a referral facility other than that provided by the Transportation Unit.
  2. Inmates who require advance notice shall be notified by CHS staff no earlier than necessary to complete the "prep time" and maintain the safety and security needs of the prison.

#### 08.03 Transporting of Inmate Medical Records and Medicines

- A. Medical Scheduling Coordinator
  1. The Medical Scheduling Coordinator generates a list of scheduled appointments and a travel order request.
- B. Travel Orders
  1. Travel Orders shall be forwarded to the Transportation Unit.
  2. The transportation scheduling officer should schedule the transport according to the time of the scheduled medical appointment.
- C. Transportation
  1. The transportation officer should obtain the medical records and any prescribed medications at the Infirmary or CUCF CHS.

2. CHS personnel at the sending facility should call the receiving facility about the patient's pending arrival, condition, and medications the patient is currently taking.
3. Department standards regarding confidentiality will be followed.

#### 08.04 Transportation by Non-Correctional Entities

##### A. Initiation of Transportation

1. Non-correctional transport entities that may be called upon to transport inmates to the referral facility or other health care providers shall include, but not be limited to:
  - a. air ambulance (Air Med);
  - b. paramedics; and
  - c. road ambulance.
2. A request for transport by non-correctional entities should be initiated by CHS staff and may take the form of:
  - a. direct communication by CHS staff; or
  - b. directions to a correctional officer (usually an officer manning the facility's control center) to make the request.
3. When directing a correctional officer to request transportation, CHS staff shall inform the officer of:
  - a. the method of transport to be requested;
  - b. the nature of the medical emergency; and
  - c. the facility to which the transport entity should respond.
4. Upon communication with the transport entity, staff initiating contact shall:
  - a. describe the emergency;
  - b. request that transport be sent; and
  - c. identify the facility to which the transport is to respond.

##### B. Transportation Unit Notification

1. CHS staff shall ensure that the control center of the facility from which an inmate shall be transported is notified of the:
  - a. nature of the emergency;
  - b. location of the inmate to be transported;
  - c. request for outside transport; and
  - d. type of transport requested.
2. The officer receiving the information specified above shall relay that information to the Shift Commander.

##### C. Transportation Unit Procedure

1. The Shift Commander, upon receiving the information specified above, shall assign an officer to:
  - a. meet the outside transport at the predetermined landing site or the Vehicle Direction Station, notifying the Vehicle Sally Port (USCF);
  - b. direct the transport vehicle and escort the transport medical team to the inmate requiring transport;
  - c. escort the transport medical team and inmate back to their transport;

- d. secure the inmate insofar as permitted by the transport medical team;
  - e. accompany the transport to the referral facility or other health care entity; and
  - f. remain with the inmate until relieved, or the inmate is returned to USCF.
2. If there is no room in an air ambulance for the officer assigned to accompany the inmate, other means of transportation shall be utilized.
3. Only under exigent circumstances and at the discretion of facility security personnel shall an inmate leave prison property without a security escort.

## 09.00 GENERAL MEDICAL REGULATIONS

### 09.01 Medical Clearances

#### A. General

1. CHS staff shall provide a medical issue clearance that is communicated to O-Track through EMR for an inmate who, by medical order, may keep the following:
  - a. medical equipment or supplies in their cell; or
  - b. expendable medical supplies in their cell.
2. An order for a medical issue clearance shall be written or authorized by a provider.

#### B. Medical Issue Clearance Cancellation and Confiscation

1. CHS staff may cancel an inmate's medical clearance if:
  - a. the inmate abuses the privileges associated with the clearance;
  - b. the inmate fails to comply with the specifications of the clearance;
  - c. the time limit set forth in the clearance expires; or
  - d. it is no longer medically expedient (as determined by CHS staff only).
2. A medical clearance canceled by CHS staff shall be documented.
3. Correctional officers may confiscate medical supplies and equipment from an inmate if the inmate does not have a legitimate:
  - a. clearance authorizing the supplies and equipment;
  - b. the supplies and/or equipment are being improperly used;
  - c. the time limit set forth in the permit expires;
  - d. the supplies and/or equipment are being improperly used to threaten the safety and security of the institution; and
  - e. a clearance is expired but an obvious necessity, the officer may allow access and shall contact medical, i.e. wheelchair, oxygen, hearing aids and supplies, etc.
4. Correctional officers, upon confiscating medical supplies and/or equipment, shall immediately notify CHS staff of their action and return the items to the Correctional Health Services.

### 09.02 Do Not Resuscitate Orders (DNR)

All DNR orders shall be documented by CHS in the inmate's medical record.

## 10.00 FORENSIC EXAMINATIONS BY A SEXUAL ASSAULT NURSE EXAMINER (SANE) AND STAFF MEMBER DUTIES

#### 10.01 Staff Member's Duties and Responsibilities

If a sexual assault is reported to a staff member by an inmate or an staff member officer has reason to believe a sexual assault may have taken place. The officer shall:

- A. separate and secure the inmates suspected to be involved in the incident, gather information, and preserve the crime scene; and
- B. contact the Shift Commander as soon as possible and provide information.
  - 1. The Shift Commander shall contact LEB, OIC, DHHS/CHS, and the PREA Coordinator with the information.

#### 10.02 Forensic Examinations

- A. After interviewing the inmates, the LEB investigator shall determine if a forensic exam may be viable. The investigator may discuss this with the PREA Coordinator and SANE nurse.
  - 1. If the reporting victim agrees to the exam, the SANE nurse shall be contacted and the exam will be scheduled.
  - 2. The exam will also be coordinated through DHHS/CHS staff.
  - 3. CHS medical staff shall treat any medical issues that fall outside of the forensic exam.
  - 4. A mental health professional shall be contacted to respond to the reporting victim.
  - 5. If available, a sexual assault victim advocate from the Rape Recovery Center will attend the exam.
  - 6. The LEB Investigator shall take possession of the completed Rape Kit and deliver it to the State Crime Lab.
  - 7. The PREA Coordinator or designee shall follow up with the inmate.

### 11.00 CONTINUITY OF CARE

#### 11.01 General

Correctional Health Services provides paroling/terminating inmates:

- A. a quantity of medication that allows adequate time for the inmate to receive outside care; and
- B. an opportunity to discuss with CHS staff any community resources or needed follow-up.

### 12.00 ENVIRONMENTAL SERVICES

#### 12.01 Communicable/Infectious Disease Control

- A. Detection
  - 1. Correctional Health Services shall, as part of the receiving and orientation process, attempt to identify the existence of a communicable disease.
  - 2. The Intake Medical Screening process shall include, but not be limited to:
    - a. inquiries of the inmates as to whether they have:
      - i. tuberculosis;
      - ii. a venereal disease;
      - iii. ectoparasites (lice or scabies);
      - iv. MRSA (Methicillin-resistant Staphylococcus Aureus); and/or

- v. HIV and Hepatitis;
    - b. a test for tuberculosis; and
    - c. observation of the inmate for signs and symptoms of a communicable disease (i.e., jaundice, rashes).
  3. If a contagious disease is identified or suspected during the intake process, the CHS staff member screening the afflicted inmate shall refer them immediately to an NP/PA or physician for further evaluation and treatment.
- B. Control
  1. Upon identification of an inmate with an infectious disease, the treating NP/PA or physician shall take steps to prevent the spread of the disease among the inmate community.
  2. As medically indicated, the steps may include, but not be limited to:
    - a. quarantine in the prison infirmary or other confined housing area;
    - b. patient education regarding how the particular disease is spread;
    - c. hygiene or behavioral modifications that prevent the spread of the disease; and
    - d. medical treatment as CHS indicated.
- C. Notification
  1. The treating physician/designee shall notify the Infection Control Coordinator RN of a communicable disease which, in their judgment, is or threatens to become:
    - a. an epidemic; or
    - b. a threat to the safety and security of the prison.
  2. if an infectious disease is discovered or suspected that may threaten or imperil the health of staff or inmates of the USCF/CUCF, the Medical Director/Administrator will notify the custody chain of command.
- D. Inmate Ectoparasite Control
  1. The nursing intake shall complete screening for ectoparasites.
  2. If ectoparasites are suspected, notification shall be made to the:
    - a. facility physician;
    - b. a physician assistant or another appropriate provider; and
    - c. Infection Control Nurse.
  3. The assigned provider shall determine the appropriate treatment.

#### 12.02 Infectious Waste Disposal

- A. Disposable Items
  1. All staff shall follow CDC guidelines for personal protective equipment (PPE).
  2. All staff shall dispose of infectious waste according to the steps listed below.
    - a. Use of labeled red or yellow biohazard plastic trash liner shall be used for infectious waste.
    - b. The liners shall be inserted into the waste disposal cardboard boxes or dedicated receptacle(s) and maintained in a safe location.
    - c. Red, plastic "sharps" containers shall be available to dispose of medical sharps.
- B. Clothing and Bed Linens
  1. Biohazard-contaminated bed linens and clothing shall be placed in a water-soluble laundry bag and sent to the laundry.



12.03 Sanitation

- A. Correctional Health Services should make routine inspections of CHS areas to identify potential health problems due to poor sanitation.
- B. Upon identification of poor sanitation, the CHS should initiate corrective action.
- C. All staff should assist in maintaining good sanitation by:
  - 1. cleaning up after themselves; and
  - 2. encouraging and assisting inmates in maintaining good sanitation in their cells or rooms.

13.00 INPATIENT SERVICES13.01 Admission

- A. Admission Privileges
  - 1. An inmate may be admitted to the infirmary by any designated CHS staff.
  - 2. Nursing staff should provide instructions and information about the inmate's condition to the infirmary security officer.
  - 3. Admission to the Mental Health facility medical beds should follow the same procedures for admission and discharge.
- B. Patient Classification and Disposition
  - 1. Infirmary custody officers will house patients according to medical and custody classification.
- C. Criteria for Admission
  - 1. For CHS staff, criteria for admission may consist of, but not be limited to, an inmate who is:
    - a. self-destructive or otherwise a danger to themselves;
    - b. suffering from acute or chronic psychotic episodes that prevent them from functioning, even minimally, in the general inmate population;
    - c. afflicted with a medical condition that cannot be properly treated on an outpatient basis or which impairs their ability to minimally function in the general inmate population;
    - d. receiving a significant amount of pain medication(s); or
    - e. afflicted with a medical condition that may deteriorate rapidly and, therefore, requires close medical observation.
- D. Shakedown
  - 1. An inmate being admitted to the infirmary shall be pat-searched for contraband prior to admittance. Exceptions shall be evaluated on a case-by-case basis by the on-duty CHS staff.
  - 2. An inmate who is admitted to the infirmary for suicide concerns, danger to self, or who poses a high-security risk shall always be strip-searched for contraband prior to being admitted.
  - 3. The search shall be conducted by a correctional officer rather than CHS staff.
    - a. Any disagreements regarding privileged property shall be mediated by the Medical Director/Administrator in conjunction with the Warden/designee.
    - b. Property items that an inmate is not allowed to retain during their inpatient stay shall be sent to the property office.

13.02 Discharges

## A. Discharge Privileges

1. An inmate classified as a psychiatric or medical patient may be discharged from the infirmary only at the direction of the Charge RN with appropriate documentation.

## B. The Discharge Process Upon the receipt of a legitimate order to discharge is as follows:

1. CHS staff shall inform the infirmary officer of the discharge; and
2. the officer shall process the inmate out of the infirmary and into another facility.

13.03 Inpatient Care

## A. Daily Care

1. CHS staff shall provide inmates residing in the infirmary with medical treatments and therapies as ordered and documented in the Inpatient Medical Record.

## B. For the use of clinical restraints, see FD25 Intensive Management.

## C. Personal Hygiene

1. The infirmary security officer or medical staff shall provide inmates housed in the infirmary with the necessary items for hygiene.
2. Custody will defer to CHS staff direction with regard to hygiene items.

13.04 Inpatient Privileges

## A. Visits

1. Visiting to the Infirmary will be determined on a case-by-case basis.

## B. Telephone Privileges

1. Inmates housed in the infirmary shall have limited telephone privileges on a case-by-case basis.

## C. Commissary

1. Inmates housed in the infirmary should have access to the commissary only as determined by the Housing Captain/designee.

14.00 INMATE MENTAL HEALTH SERVICES14.01 Referral for Mental Health Treatment Services

A referral for Mental Health services-- including acute care treatment, may be made by:

- A. any institutional staff member;
- B. by request of the inmate; or
- C. by the Board of Pardons and Parole.

14.02 Purpose of Outpatient Care

- A. Mental Health Outpatient Care is a component of Mental Health Treatment Services.
- B. The outpatient care component is intended to provide mental health treatment to inmates housed in the general inmate population.
- C. Outpatient care is the least intensive and structured care provided through Mental Health Treatment Services.

- D. Outpatient care is designed to help inmates resolve psychological issues that are limiting their cognitive, affective, and behavioral functioning through scheduled therapy sessions and/or medication.

#### 14.03 Outpatient Care Disciplinary Action

- A. When disciplinary action is being considered for an inmate in outpatient treatment, the psychiatrist and mental health staff shall provide information to the IDHO stating whether or not the behavior was due to mental illness.

### 15.00 HEALTH RECORDS MAINTENANCE

#### 15.01 Electronic Document Management/UDOCA

- A. The Correctional Health Services shall maintain medical records for all inmates receiving care at any of the facilities.
- B. Correctional Health Services uses an electronic document management system to store, access, and manage digital documents not entered into the Electronic Health Record. Usual records stored, accessed, and managed through the electronic document management system include Consultation Reports, Imaging Reports, Miscellaneous Reports, EKG Tracings, Health Information from Outside Sources, Consent/Refusal for Treatment forms, Laboratory Reports, and Correspondence. GRAMA forms are stored in the GovQA.
- C. Maintenance Process
  - 1. All inmate health documents shall be routed to the records department each working day for proper storage handling.
  - 2. The record technician(s) shall ensure that the scanning of health documents is done:
    - a. in a timely manner; and
    - b. in the proper category and type in the UDOCA system.
  - 3. Documents shall be maintained and stored according to UCD policy AC28, "Implementation of GRAMA Requirements."
  - 4. Health Records staff audit records are uploaded into the UDOCA system to ensure the accuracy of patient information and a log of these audits is maintained.
  - 5. All inmate medical and mental health provided services are to be documented separately from their custody records and to remain confidential.