



**POLICY AND ADMINISTRATIVE
PROCEDURES**
Manual of Policies and Procedures

Title

**THE DEVELOPMENT AND DELIVERY OF HEALTH CARE
SERVICES**

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 11-8-5-2 IC 11-10-1-2 IC 11-10-2-4 IC 11-10-3-1 IC 11-10-8-2(4) IC 11-10-8-5 IC 11-10-9-2 IC 11-10-10-2 IC 11-11-5-4 IC 11-11-6-2	00-02-201 01-04-101 01-04-104 03-02-103	ACA ACI: 4-4191*,4-4203* ,4-4281*, 4-4318, 4-4344*, 4-4345, 4-4346, 4-4347, 4-4348, 4-4349, 4-4350, 4-4351*, 4-4352, 4-4353*, 4-4354*, 4-4355, 4-4356*, 4-4357*, 4-4358*, 4-4359*, 4-4360, 4-4361, 4-4362*, 4-4363*, 4-4364, 4-4365*, 4-4366, 4-4367, 4-4368*, 4-4369, 4-4370*, 4-4371*, 4-4372, 4-4373*, 4-4374, 4-4375, 4-4376*, 4-4377, 4-4378*, 4-4379, 4-4380*, 4-4381*, 4-4382*, 4-4383, 4-4384*, 4-4385, 4-4386, 4-4387, 4-4388*, 4-4389*, 4-4390,4-4393, 4-4395, 4-4396*, 4-4397*, 4-4398, 4-4399, 4-4400*, 4-4401*, 4-4402*, 4-4403, 4-4404, 4-4405*, 4-4408, 4-4409, 4-4410, 4-4411*, 4-4412, 4-4413, 4-4414, 4-4415 Performance Standard 1A, 2A, 4A (*Mandatory) JTS: 1C-10,4C-01,4C-03,4C-04,4C-19 thru 4C-39 NCCHC P01 thru P72

I. PURPOSE:

This policy and its administrative procedures describe the standards and guidelines used to provide, maintain and improve the physical and mental health of adults and juveniles confined by the Indiana Department of Correction.

II. POLICY STATEMENT:

The Department of Correction has established and shall maintain a health care services program that protects and promotes the physical and mental well being of the confined offender population. The design and delivery of health care service programs shall also consider the health and safety of Department staff and the public.

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Matters involving clinical judgment shall be reserved to clinical personnel, with the ultimate clinical authority residing with the Department's Director of Health Services or designee.

All confined offenders shall have access to health care services necessary to treat serious medical conditions. The general categories of services that shall be available are consultation, diagnosis, evaluation, treatment, and referral.

Emergency and routine medical care shall be provided, but care provided will generally not include care that is not necessary either because the care is ineffective or the condition is not serious. Seriousness of a medical condition may be judged by considering the condition's propensity to cause death or disability, to cause pain, or to cause significant problems with activities of daily living.

Department personnel must consider how best to ensure continuity of care for serious medical conditions at the inception, during, and at the conclusion of confinement.

Health care services shall take into account effectiveness and efficiency, and shall be planned so as to conserve Department resources when possible.

The Department shall ensure compliance with all applicable federal and state statutes, promulgated rules and administrative directives pertaining to the delivery of health care services.

The delivery of health care services shall be coordinated with the delivery of all other health care related services. The Department shall promote consultation and cooperation between health care and other program service providers whose activities may impact the physical well being of the offender population.

The Department shall review annually its health services programs to assess their utility and impact.

III. DEFINITIONS:

For the purpose of this policy and its administrative procedures, the following definitions are presented:

- A. **ACCESS TO CARE:** An offender's ability to be interviewed, examined, and treated by Health Care Services staff.

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- B. DIRECTOR: The Director of the Division of Health Care Services who is responsible for the overall administration of health care services in the Department.
- D. DIVISION: The Division of Health Care Services.
- E. PROTECTED HEALTH INFORMATION (PHI): The individually identifiable health information transmitted by electronic media, maintained in any electronic medium, or transmitted or maintained in any other form of media.

IV. DIVISION OF HEALTH CARE SERVICES:

The Department shall establish a Division of Health Care Services within the Central Office that will be responsible for the overall administration and management of the provision of health care services to offenders and to staff, as provided in Department policies and procedures. The provision of health care shall include: medical, mental health dental, pharmaceutical services, diagnostic services, and specialty and inpatient care . This division shall be under the authority of the Fiscal Division, Chief Financial Officer.

The Department shall employ a Director of the Division of Health Care Services. This person shall have the responsibility of overseeing the provision of Health Care Services in the Department.

Other staff may be employed within the Division as determined by the Director and the responsible Department executive staff. These other staff may include persons necessary to oversee specific operations within the area of Health Care Services.

The Division Director shall be responsible for determining the program components and procedures for health care within the Department. The Director, in conjunction with the Facility Heads and, if health services are contracted, the vendor, shall determine the health care services to be provided in the facilities and the appropriate staffing pattern for the facility.

V. SCOPE OF HEALTH CARE SERVICES PROGRAM:

The scope of the Division shall be to ensure that adequate health care services necessary to address serious medical conditions are provided to all persons committed to the Department. These health care services shall be provided in accordance with appropriate standards (e.g. American Correctional Association

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[ACA] and National Commission on Correctional Health Care [NCCHC]), Department of Health rules and regulations and acceptable community standards. The health care services provided shall include reasonable preventive services, routine care as directed by qualified health care professionals, necessary emergency care, specialist consultation when indicated, and hospitalization, when necessary. The Division staff shall distinguish between care that is necessary (and should be provided) and care that is desirable and not necessary (and should not be provided).

Seriousness shall be the primary concern when determining whether care should be provided. Seriousness can be evidenced by loss of life or limb, production of significant pain, or significant impact on activities of daily living. When determining the necessity for care to be delivered through departmental resources, Division staff shall take into account the likelihood of a treatment's benefit to the individual patient and the likelihood of deleterious effects should treatments be delayed, either later during confinement or after the offender's release.

Elective surgical procedures will not generally be provided during confinement unless the condition is a serious medical condition and other treatment is not available, nonsurgical treatment has been provided and determined to be unsuccessful, or the elective procedure cannot wait until the offender is released from confinement. Cosmetic procedures will not be performed.

VI. EMPLOYMENT OF STAFF:

The facility shall ensure that all staff hired, or provided through a contract, is appropriately qualified and licensed to perform the services required. Professionals whose practices are restricted to prison settings may not be employed. The facility Human Resources Office or designee (e.g. vendor) shall maintain copies of the licenses to practice for all persons providing health care services at the facility. It shall be the responsibility of the individual providing these services to ensure that the facility has on file an up-to-date license, certificate or permit. For physicians, psychiatrists, advanced practice nurses, and dentists, these licenses, certificates and permits shall include both federal and state permits to issue controlled substances.

Persons who are employed by the Department or who provide services through a contract shall not provide services to confined persons or the families of confined persons through any private arrangement.

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In those cases where an individual providing health care services either has a license, certificate or permit suspended or revoked, it shall be that individual's responsibility to notify the facility immediately. The facility, in conjunction with the Director, shall take whatever action necessary to ensure that health care services are not interrupted.

VII. ACCESS TO HEALTH CARE:

All offenders shall have access to health care services to meet their serious health care needs. Access to health care shall be unimpeded. Non-health care staff shall not be authorized to approve/disapprove requests for access to health care services. Upon arrival at a facility, offenders shall be advised both orally and in writing, as to the procedures to access health care services. Offenders shall not be denied access to health care services simply due to an inability to pay a health care co-pay charge.

Offenders shall not be permitted to choose a personal health care professional to provide health care services. All necessary treatment shall be provided by licensed health care professionals selected by the Department and shall be provided at Department expense. This procedure does not preclude the examination or treatment of an offender by a private health care professional as required by a specific court order or as approved by the Commissioner.

All staff persons who have received the proper training in first-aid and cardiopulmonary resuscitation (CPR) shall have an affirmative duty to respond and provide any necessary services for which they have been trained. These services shall be provided to offenders, staff or visitors at the facility. Response to an emergency situation shall be within four (4) minutes whenever possible.

VIII. HEALTH CARE PHYSICAL FACILITIES AND EQUIPMENT:

Facilities delivering health care services shall ensure that adequate space, equipment and materials are provided. The amount of space, supplies and materials shall be based upon the size of the facility and resource availability.

Within the limitation of security requirements, adequate space shall be provided to ensure examinations and treatments are conducted with consideration of the dignity and privacy of the offender.

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IX. CONTINUING EDUCATION FOR QUALIFIED HEALTH CARE PROFESSIONALS:

All qualified health care professionals who have offender/student contact shall receive 40 hours of training in addition to orientation training during their first year of employment and 40 hours of training each year thereafter. At least twelve (12) hours of annual training shall consist of continuing education or staff development appropriate for their positions. Professional health care staff members are expected to complete those hours of professional continuing education needed to keep their licenses and certificates current and valid.

All clerical/support employees who have minimal contact with offenders/students receive 16 hours of training in addition to orientation training during their first year of employment and 16 hours of training each year thereafter

All part-time staff and contract personnel receive formal orientation appropriate to their assignments and additional training as needed

All qualified health care professionals who have patient contact shall have current training in cardiopulmonary resuscitation (CPR).

All training shall be documented in the staff person's training file.

X. TRAINING FOR NON-HEALTH CARE STAFF:

Each facility shall develop a training program that provides for health-related training to non-health care staff. All custody staff and any other appropriate staff having routine offender contact shall be trained minimally in the delivery of first-aid and CPR. These staff persons shall also be required to maintain a current and valid certification in accordance with the rules of the certifying agency, such as the American Red Cross. The proposed training for these staff persons shall be reviewed and approved by the Director and the Executive Director/Staff Development and Emergency Operations or designee for appropriateness.

This training shall be ongoing (i.e., each staff person trained shall receive training every two [2] years, at a minimum). The training provided to the custody staff and other appropriate staff shall minimally include updates on the following topics:

- A. Administration of first aid;
- B. Recognition of the need for emergency care in life-threatening situations (e.g., heart attack, asthma, etc.);

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- C. Recognition of acute manifestations of certain chronic illnesses (e.g., seizures, intoxication and withdrawal and adverse reaction to medication);
- D. Recognition of the signs and symptoms of mental illness;
- E. Prevention of suicide;
- F. Procedures for the appropriate referral for health complaints;
- G. Precautions and procedures with respect to infectious and communicable diseases; and,
- H. Cardiopulmonary resuscitation (CPR).

XI. MEDICAL DIRECTION:

The Department shall employ a physician either within the Division of Health Care Services or through contractual services to serve as the Medical Director for the Department. This physician shall be responsible for ensuring that the procedures used and services provided by the Department meet all applicable health care standards.

Additionally, each facility that has Health Care Services staff shall designate a physician at the facility to serve as the facility's authority in medical judgments. This physician shall report to the Health Care Administrator at the facility. This physician shall be responsible for monitoring the delivery of health care services provided by nursing and allied health care services staff, including persons providing services through contracts. This physician shall be thoroughly familiar with all applicable Health Care Services Directives and shall ensure that they are followed at the facility.

XII. HEALTH CARE SERVICES ADMINISTRATOR:

Each facility that operates a Health Care Services Department shall have a person serve as a Health Care Services Administrator. This person may be provided through a contract. In some cases, it may be possible that one Health Care Services Administrator may serve more than one facility, due to the size and locations of the facilities. The duties of the Health Care Services Administrator shall include, but not be limited to:

- Prepare monthly, quarterly, annual and other needed statistical and health care reports;
- Meet with the Facility Head and other designated staff to discuss Health Care Services needs;
- Maintain an up-to-date and complete manual of all Health Care Services Directives;

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- Provide an annual review of, and revise as necessary, the facility directives for Health Care Services;
- Determine, in conjunction with the Facility Head and the Director, the staffing needs of the facility and the appropriate services to be provided; and,
- Ensure that all necessary medical equipment is available in designated areas and are maintained appropriately.

XIII. HEALTH CARE SERVICES DIRECTIVES:

The Division of Health Care Services shall develop division directives to cover specific topics relative to the provision of Health Care Services within the Department. These division directives shall be called Health Care Services Directives. Each directive shall be numbered and titled and shall distinguish whether they are applicable to adult (HCSA) or juvenile (JHCSA) facilities. The Director shall develop a specific format for the Health Care Services Directives and the manner in which they are to be filed.

The purpose of these Health Care Services Directives shall be to present information and procedures to be followed by Health Care Services staff and other staff in the provision of health care services in the Department. Health Care Services Directives shall be prepared by staff from the Division of Health Care Services. When preparing these directives, staff shall take into consideration standards of the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCCHC) as well as any applicable statutes and Department of Health rules and regulations. The Director and any other appropriate staff shall review and approve these directives prior to implementation. Health Care Services Directives shall be distributed with an Executive Directive from the Commissioner.

These Health Care Services Directives shall be filed in a manual. Copies of this manual shall be maintained by the facility's Health Care Services staff and any other appropriate staff, as determined by the Facility Head. Staff and contractual individuals providing services to the Department shall be expected to abide by the Health Care Services Directives.

XIV. STUDENTS AND/OR INTERNS:

Any students, interns, or residents delivering health care services in the facility, as part of a formal training program, must work under staff supervision, commensurate with their level of training. There must be a written agreement between the facility and the student's/intern's training or educational facility that covers scope of work, length of agreement, and any legal or liability issues.

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Students or interns must agree in writing to abide by all Department and facility policies/procedures and applicable facility directives, including those relating to the security and confidentiality of information.

XV. OFFENDER WORK ASSIGNMENTS:

Offenders may be assigned to provide general maintenance services and peer support in the Health Care Services area of the facility. Offenders shall not be assigned to provide the following services:

- A. Any type of direct patient care services;
- B. Schedule health care appointments;
- C. Determine access of other offenders to Health Care Services;
- D. Handle or have access to surgical instruments, syringes, hypodermic needles or medications;
- E. Handle or have access to health care records; or,
- F. Operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program

XVI. PROHIBITION OF MEDICAL EXPERIMENTATION:

The use of offenders for medical, pharmaceutical, or cosmetic experiments is prohibited. This prohibition does not preclude the use of normal laboratory and diagnostic services required for the proper evaluation and treatment of a medical condition. Nor does this prohibition preclude the individual treatment of an offender based upon the need of a specific medical procedure not generally available and which has been approved by the Department's Medical Director.

XVII. USE OF RESTRAINTS:

Therapeutic restraints shall be employed as necessary only upon the order of a properly authorized health care professional. The use of such restraints shall be in accordance with applicable Health Care Services Directives and the administrative procedures for Policy 02-01-112, "The Use of Restraint Equipment with Adults," and Policy 03-02-108, "The Use of Restraints with Juveniles."

XVIII. OFFENDER MEDICAL CO-PAYMENT:

All adult offenders who are committed to the Department and housed in a Department facility or a facility contracting with the Department shall be subject to a medical co-payment as described in IC 11-10-3-5 and 210 IAC 7-1-1 *et seq.*

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XIX. OFFENDER HEALTH RECORD:

An offender health record shall be developed when an offender is received into the Department. This offender health record shall be developed and maintained in accordance with all applicable Health Care Services Directives and the administrative procedures for Policy 01-04-104, "The Establishment, Maintenance and Disposition of Offender Records."

The offender health record shall contain a complete record of all health care services provided to an offender while the offender is in a Department-controlled facility, including services provided by an external agency.

Offenders shall be provided access to the offender health record in accordance with the administrative procedures established for Policy 01-04-104.

Offenders will be afforded the right to privacy of all medical records and other personal health information (PHI) used or disclosed by the Department in any form, whether electronically, on paper, or orally. PHI may be disclosed:

- As required by law, including laws that require the reporting of certain types of wounds or other physical injuries;
- In compliance with and as limited by the relevant requirements of
 - A court order or court ordered warrant or a subpoena or summons issued by a judicial officer;
 - A grand jury subpoena; or,
 - An administrative request or similar process authorized under law, provided that: (1) the information sought is relevant and material to a legitimate law enforcement inquiry; (2) the request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and, de-identified information could not reasonably be used.

Under the HIPAA Privacy Rule, PHI may be obtained from or disclosed to a correctional staff, a law enforcement official having lawful custody of an offender or to another correctional system housing the offenders in "lawful custody" (e.g. jail, other Department of Correction) if the correctional facility or law enforcement official represents that such PHI is necessary for the purposes of:

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- Provision of health care to the individual offender;
- The health and safety of such individual or other offenders; (Only the minimum necessary PHI will be disclosed to preserve the health and safety of an offender, other offenders, volunteers, visitors, or other correctional staff.);
- The health and safety of the Officers or employees of or others at the correctional facility;
- The health and safety of such individuals and Officers or other employees responsible for the transporting offenders or their transfer from one facility to another;
- Law enforcement on the premises of the correctional facility; or
- The administration and maintenance of the safety, security, and good order of the correctional facility.

Correctional facilities may use PHI for all the purposes for which it can be disclosed until the offender is released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

Questions regarding the release of PHI should be addressed to the Facility Head or designee, the Director of Health Care Services or to the Division of Legal Services.

XX. APPLICABILITY:

These administrative procedures are applicable to all Department facilities, both adult and juvenile.

Signature on File
Bruce Lemmon, Commissioner

Date