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Legal 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 IC 11-11-5-4 IC 11-11-6-2	Related Policies/Procedures (includes but is not limited to) 00-02-201 01-04-101 01-04-104 03-02-103	Other References (includes but is not limited to) National Correctional Healthcare Standards
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I. PURPOSE:

This policy and administrative procedure describes the standards and guidelines used to provide, maintain, and improve the physical and mental health of adults and youths confined by the Indiana Department of Correction.

II. POLICY STATEMENT:

The Department of Correction has established and shall maintain a Health Services program that protects and promotes the physical and mental wellbeing of the incarcerated population. The design and delivery of Health Services programs shall also consider the health and safety of Department staff and the public.

Matters involving clinical judgment shall be reserved to clinical personnel, with the ultimate clinical authority residing with the Department’s Chief Medical Officer (CMO) or designee.

All incarcerated individuals shall have access to Health 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 health 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.

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

Health 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 Services.

The delivery of Health Services shall be coordinated with the delivery of all other health care related services. The Department shall promote consultation and cooperation between Health Services 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 administrative procedure, the following definitions are presented:

- A. **ACCESS TO CARE:** An incarcerated individual's ability to be interviewed, examined, and treated by Health Services staff.
- B. **CHIEF MEDICAL OFFICER (CMO):** The Department Executive Staff member who is responsible for the overall clinical administration of Health Services in the Department.
- C. **DIRECTOR:** The Director of the Division of Health Services who is responsible for the overall administration of Health Services in the Department.
- D. **DIVISION:** The Division of Health Services.
- E. **INCARCERATED INDIVIDUAL:** An adult or juvenile person committed to a department of correction (federal, state, or local) and housed or supervised in a facility either operated by the department of correction or with which the department of correction has a contract, including an adult or juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum security assignment, including an assignment to a community transition program.

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F. 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 SERVICES:

The Department shall establish a Division of Health Services within the Central Office that shall be responsible for the overall administration and management of the provision of Health Services to incarcerated individuals and to staff, as provided in Department policies and procedures. The provision of health care shall include physical health, mental health, addiction recovery, dental, pharmaceutical services, diagnostic services, specialty care, and inpatient care.

The Department shall employ Division Directors of each Health Service team. These leaders shall have the responsibility of overseeing the provision of Health Services in the Department.

Other staff may be employed within the Division as determined by the CMO. These other staff may include persons necessary to oversee specific operations within the area of Health Services.

The CMO shall be responsible for determining the program components and policy for health care within the Department. The CMO and the Division Directors, in conjunction with the Wardens and, if Health Services are contracted, the vendor, shall determine the Health Services to be provided in the facilities and the appropriate staffing pattern for the facility.

V. SCOPE OF HEALTH SERVICES PROGRAM:

The scope of the Division shall be to ensure that adequate Health Services necessary to address serious medical conditions are provided to all persons committed to the Department. These Health Services shall be provided in accordance with appropriate standards (e.g., American Correctional Association [ACA] and National Commission on Correctional Health Care [NCCHC]), Indiana Department of Health (IDOH) rules and regulations, and acceptable community standards.

The health 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 clinical 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).

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Medically necessary care shall be the primary concern when determining whether care should be provided. Medical necessity can be evidenced by loss of life or limb, production of significant pain, or significant impact on activities of daily living.

Elective surgical procedures will not generally be provided during incarceration 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 incarcerated individual is released from confinement. Cosmetic procedures will typically not be performed.

VI. EMPLOYMENT OF STAFF:

The Health Services vendor shall ensure that all staff hired is appropriately qualified and licensed to perform the services required. Professionals whose practices are restricted to prison settings may not be employed. The Health Services vendor's Human Resources Office shall maintain copies of the licenses to practice for all persons providing Health Services at the facility. It shall be the responsibility of the individual providing these services to ensure that the facility has on file a current license, certificate, or permit. For physicians, advanced practitioners, and dentists, these licenses, certificates, and permits shall include both federal and State permits to issue controlled substances. The CMO or designee reserves the right to approve or deny any key level positions as presented by the Health Services vendor.

Persons who are employed by the Department or who provide services through a vendor shall not provide services to incarcerated individuals or their families through any private arrangement.

In those cases where an individual providing health 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 Health Services Administrator (HSA), in conjunction with the Health Services vendor, shall take whatever action necessary to ensure that health services are not interrupted.

VII. ACCESS TO HEALTH CARE:

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

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Incarcerated individuals shall not be permitted to choose a personal health care professional to provide health services. All necessary treatment shall be provided by licensed health care professionals selected by the Health Services vendor and shall be provided at their expense. This procedure does not preclude the examination or treatment of an incarcerated individual by a private health care professional as required by a specific court order or as approved by the Commissioner.

All employees who have received the proper training in first aid and cardiopulmonary resuscitation (CPR) shall have an affirmative duty to respond and provide any necessary service(s) for which they have been trained. These services shall be provided to incarcerated individuals, staff, and visitors at the facility.

VIII. HEALTH SERVICES PHYSICAL FACILITIES AND EQUIPMENT:

Facilities delivering health 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 incarcerated individual.

IX. CONTINUING EDUCATION FOR QUALIFIED HEALTH SERVICES PROFESSIONALS:

All qualified Health Services professionals who have contact with incarcerated individuals shall receive forty (40) hours of training in addition to orientation training during their first year of employment and forty (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 Services employees shall complete those hours of professional continuing education required to keep their licenses and certificates current and valid. The Health Services vendor shall be responsible for tracking and ensuring that training is completed as required.

All clerical/support employees who have minimal contact with incarcerated individuals receive sixteen (16) hours of training in addition to orientation training during their first year of employment and sixteen (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.

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All qualified Health Services professionals who have contact with incarcerated individuals shall have current training in cardiopulmonary resuscitation (CPR).

All training shall be documented in the employee's training file.

X. TRAINING FOR NON-HEALTH SERVICES STAFF:

A training program that provides for health-related training to non-Health Services staff shall be developed by the Division of Staff Development and Training in accordance with Policy and Administrative Procedure 01-05-101, "Staff Development and Training." All Custody staff and any other appropriate staff having routine contact with incarcerated individuals shall be trained in the delivery of first-aid and CPR. These employees shall also be required to maintain a current and valid certification in accordance with the rules of the certifying agency. The proposed training for these employees shall be reviewed and approved by the CMO, and the Executive Director of Staff Development and Training, or designee for appropriateness.

This training shall be conducted on an annual basis. The training provided to Custody staff and other appropriate staff shall minimally include instruction on the following topics:

- A. Recognition of signs and symptoms and knowledge of action that is required in potential emergency situations;
- B. Administration of basic First Aid;
- C. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
- D. Methods of obtaining assistance;
- E. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
- F. Procedures for patient transfers to appropriate medical facilities or health care providers; and,
- G. Suicide intervention and prevention.

Correctional and Health Services personnel shall be trained to respond to health-related situations within a four (4)-minute response time.

XI. MEDICAL DIRECTION:

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The Department shall employ a physician within the Division of Health Services to serve as the Chief Medical Officer (CMO) for the Department. The CMO shall be responsible for ensuring that the policies developed meet all applicable health care standards and the Health Services vendor enacts procedures that encompass the policies as detailed in the Health Care Services Directives.

The Health Services vendor shall designate a Statewide medical director at its regional office to oversee and provide direct clinical oversight for the Health Services contract. The Health Services vendor shall designate a physician at the facility to serve as the site medical director. This physician shall report administratively to the facility Health Services Administrator. This physician shall be responsible for monitoring the delivery of Health Services provided by nursing and ancillary Health Services staff. All physicians shall be thoroughly familiar with all applicable Health Care Services Directives (HCSD) and shall ensure their compliance at the facility.

XII. HEALTH SERVICES ADMINISTRATOR (HSA):

Each facility that operates a Health Services Department shall have a person serve as a Health Services Administrator (HSA). The CMO or designee reserves the right to provide approvals for this key level position prior to a job offer by the Health Services vendor. In some cases, it may be possible that one HSA may serve more than one facility, due to the size and locations of the facilities. The Health Services vendor shall be responsible for a detailed job description that is in line with the relevant Health Care Services Directive and provide it to the Health Services Division for review and approval.

XIII. HEALTH CARE SERVICES DIRECTIVES (HCSD):

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

The purpose of the HCSDs shall be define the overall goal of the provision of health services for patients in all Department facilities.

HCSDs shall be maintained by the CMO and the appropriate Executive Directors. When preparing and revising the directives, staff shall take into consideration standards of the American Correctional Association (ACA) and the National

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Commission on Correctional Health Care (NCCHC), as well as any applicable statutes and IDOH rules and regulations. The CMO and any other appropriate staff shall review and approve the directives prior to implementation. HCSDs shall be distributed with an Executive Directive from the Commissioner.

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

XIV. STUDENTS AND/OR INTERNS:

Any students, interns, or residents delivering Health Services in the facility, as part of a formal training program, must work under staff supervision, commensurate with their level of training. There shall 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. 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. The Health Services vendor shall inform the CMO or appropriate Executive Director of all potential students or interns.

XV. INCARERATED INDIVIDUALS WORK ASSIGNMENTS:

Incarcerated individuals may be assigned to provide general maintenance services and peer support in the Health Services area of the facility. Incarcerated individuals 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 incarcerated individuals to Health 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. RESEARCH AND PROHIBITION OF MEDICAL EXPERIMENTATION:

The use of incarcerated individuals 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

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of an incarcerated individual based upon their need of a specific medical procedure not generally available and which has been approved by the CMO.

Any research projects shall comply with all State and federal guidelines and shall be in accordance with Policy and Administrative Procedure 00-04-201, "Research and Statistics."

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 HCSDs 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. GRIEVANCES:

The grievance process is detailed in Policy and Administrative Procedure 00-03-301, "The Offender Grievance Process." All incarcerated individuals shall be informed at the time of admission about procedures for permitting grievances.

XIX. MEDICAL CO-PAYMENT:

All incarcerated adults 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. At the time of admission, all incarcerated individuals shall be informed about the co-payment requirements.

XX. HEALTH RECORD:

A health record shall be developed when an incarcerated individual is received into the Department. This health record shall be developed and maintained in accordance with all applicable HCSDs and the administrative procedures for Policy 01-04-104, "The Establishment, Maintenance, and Disposition of Offender Records."

The health record shall contain a complete record of all health services provided to an incarcerated individual in a Department-controlled facility, including services provided by an external agency.

Incarcerated individuals shall be provided access to their health record in accordance with Policy and Administrative Procedure 01-04-104.

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Incarcerated individuals shall 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, communicable disease, 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 Health Insurance Portability and Accountability Act (HIPAA), PHI may be obtained from or disclosed to a Correctional staff, or a law enforcement official having lawful custody of an incarcerated individual or to another correctional system housing the incarcerated individual in “lawful custody” (e.g., jail, other department of correction) if the correctional facility or law enforcement official requests that such PHI is necessary for the purposes of:

- Provision of health care to the incarcerated individual;
- The health and safety of such individual or other individuals; (Only the minimum necessary PHI shall be disclosed to preserve the health and safety of an incarcerated individual, other incarcerated individuals, volunteers, visitors, or other Correctional staff.);
- The health and safety of the employees of or others at the correctional facility;
- The health and safety of such individuals and officers, or other employees responsible for the transporting of incarcerated individuals or their transfer from one facility to another;
- Law enforcement on the premises of the correctional facility; or,

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- 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 incarcerated individual 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 Warden or designee, the CMO or designee, or to the Division of Legal Services.

XXI. PARTICIPATION IN EXECUTIONS:

No Health Services personnel, State or contracted, shall participate in any execution.

XXII. APPLICABILITY:

This policy and administrative procedure is applicable to all Department facilities and their staff.

_____ signature on file
 Robert E. Carter, Jr.
 Commissioner

_____ Date