

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.03</u>
SUBJECT: HEALTH CARE REGULATIONS PROPONENT: <u>Helen Hanks, Administrative Director</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>10/15/12</u> REVIEW DATE <u>10/15/13</u> SUPERSEDES PPD# <u>6.03 & 6.33</u> DATED <u>07/01/08</u> <u>06/01/01</u>
ISSUING OFFICER: _____ <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide guidance for the operation of medical facilities within the Department of Corrections.

II. APPLICABILITY:

To all staff involved in the delivery of health care.

III. POLICY:

It is the policy of the NH Department of Corrections that:

- A. Adequately equipped medical facilities that meet the legal requirements for licensed general hospitals are available to all inmates.
- B. There is an established health maintenance and illness/injury treatment system applicable to all inmates.
- C. A service agreement with a designated health care facility utilized by the Department of Corrections is maintained.
- D. The Secure Psychiatric Unit/Residential Treatment Unit (SPU/RTU) provides for close medical/behavioral observation, monitoring and care for infirm patients and/or inmates. These services include:
 - 1. Administration of medications and treatments
 - 2. Implementation of nursing care procedures
 - 3. Implementation of medical orders
 - 4. Prevention of contagion
 - 5. Provision for safety
 - 6. Evaluation of behavioral/emotional status

IV. PROCEDURE:

A. New Arrivals Health Screen

- 1. New, in-transit and intrasystem transfer inmates arriving at a facility will receive, during the arrival process, a screening by a health trained officer who will fill out the medical intake screening form. The screening includes the following:

- a. **Inquiry into:**
 - 1) Current illness and health problems, to include dental problems, venereal diseases, other infectious diseases and mental health problems.
 - 2) Prescriptions presently being taken.
 - 3) Use of alcohol and other drugs, to include types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and a history of problems that may have occurred after ceasing use.
 - 4) Past and present treatment or hospitalization for mental disturbances or suicide attempts.
 - 5) Allergies
 - 6) Possibility of pregnancy
 - b. **Observation of:**
 - 1) Behavior, to include state of consciousness, mental status, appearance, conduct, tremor and sweating.
 - 2) Body deformities, ease of movement.
 - 3) Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations, and needle marks or other indications of drug abuse.
 - c. **Disposition of Inmate/Resident:**
 - 1) Send to appropriate receiving area.
 - 2) Send to appropriate receiving area with prompt referral to health care and mental health services.
 - 3) Send to appropriate health services on an emergency basis.
4. Returned inmates who have not been in a NHDOC facility (to include transitional housing units), in the last 90 days will be processed as a new inmate. Returned inmates may present to sick call for any acute medical concerns otherwise they will be scheduled for a medication review with a prescribing practitioner within 30 days of arrival. All new and returning inmates will have a health appraisal within 10 consecutive days of their arrival to the facility that includes:
- a. Review of intake screen form
 - b. Medical history
 - c. Medical, dental and mental health examinations
 - d. Recording of height, weight, blood pressure, pulse and temperature.
 - e. Lab work that includes Total Cholesterol for males 35-65 years of age, Total Cholesterol for females 45-65 years of age, Fasting Plasma glucose for inmates 45 years of age or older, and HIV screening.
 - f. A TB Mantoux skin test or alternative per procedure.
 - g. Initiation of therapy, if appropriate
 - h. A medical classification code will be determined based on results of the above tests. That code will be used to help determine housing, job and program assignments. The medical classification code will be kept in the medical record with a copy forwarded to the Classification Office.
 - i. The health care provider doing the health appraisal will order any additional tests deemed necessary and begin any treatments deemed necessary.
5. 90 Day Parole Violators will receive the same initial physical as all newly booked inmates unless they have been out for less than 90 days.
- B. Subsequent physical examinations will be performed in accordance with the following schedule to ensure that an individual's health has not declined while in confinement and to review and update the medical record of that inmate:
1. Under 35 years of age: Every 3 years
 2. Between 35-39 years of age: Every 2 years
 3. 40 years of age and older: Annually
- C. Sick Call:
1. Sick call is available on a daily basis either through posted clinic times or telephone triage.

2. Any inmate too ill to report to the Health Services Center at the direction of health staff will be brought to Health Services by correctional staff, or the nurse will go to the inmate.
 3. Inmates in restrictive housing may request routine medical needs and doctor's appointments through the nurse when daily medical rounds are made.
 4. The physician, nurse practitioner or physician assistant will go to restricted housing units to see sick inmates by appointment.
- D. Health Services Center Care:
1. The Health Services Center at the men's prison serves as the primary in-patient care unit for NHSP/M, NHSP/W, SPU and RTU. NCF has their own inpatient facility.
 2. There is a physician on call 24 hours per day, 7 days per week.
 3. Nursing services are provided 24 hours per day, 7 days per week.
 4. All inmates are within sight and sound of a staff person.
 5. A separate and complete medical record is kept for each inmate. Medical and correctional staff will document SPU/RTU admissions in the medical record.
 6. The Health Services Center complies with all applicable State statutes and local licensing requirements.
 7. There is a manual of nursing procedures that defines the scope of in-patient and out-patient nursing services available.
 8. Non life-threatening acute intervention care will be provided at Health Services at any time as clinically indicated.
 9. Life threatening medical emergencies will be provided in accordance with PPD 6.47.
 10. There is a manual of medical criteria and procedures defining specialized care and in-patient utilization
 11. PPD 6.18 will be followed for SPU/RTU infirmary use in psychiatric emergencies.
- E. Referral to outside specialists:
1. After examining an inmate if the prison physician feels an outside specialist is necessary to check an opinion, identify an illness or correct an ailment, a consult will be ordered (see PPD 6.15).
 2. This will be done only if:
 - a. The condition did not pre-exist the inmate's confinement;
 - b. The condition did pre-exist the inmate's confinement and there is a likelihood the condition will deteriorate significantly without treatment or that the condition has significantly worsened and significantly impairs the inmate's functional capacity.
- F. Unimpeded access to health care:
1. All inmates will have unimpeded access to health care.
 2. No officer or other staff person will impede an inmate's access to medical treatment, absent an emergency situation.
 3. All inmates may file complaints regarding health care by using the request slip or grievance processes.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

4-4344; 4-4346; 4-4351 thru 4352; 4-4362 thru 4367; 4-4398

Standards for Adult Community Residential Services
Fourth Edition Standards

4-ACRS-4C-01, 4-ACRS-4C-03, 4-ACRS-4C-07

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other

**Evaluation of Routine Intake Screening: W. Peternel, 8/00, on file
Clinician's Handbook of Preventive Services, 2nd Edition; US Dept of HHS, Public Health Svcs,
Office of Disease Prevention and Health Promotion, 1998
National Commission on Correctional Health Care, Health Appraisal, 1997
American Correctional Academy; Full Health Appraisal, 3-4345**

HANKS/pf