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| NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE | CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.07</u> |
| SUBJECT: END OF LIFE CARE PROPONENT: <u>Paula Mattis, Director, Medical and Forensic Services.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office phone #</i> | EFFECTIVE DATE <u>05/18/2018</u> REVIEW DATE <u>05/18/2020</u> SUPERSEDES PPD# <u>6.07</u> DATED <u>05/15/04</u> |
| ISSUING OFFICER:  <i>Helen E. Hanks, Commissioner</i> | DIRECTOR'S INITIALS _____ APPENDIX ATTACHED: YES _____ NO _____ |
| REFERENCE NO: See reference section on last page of PPD. | |

I. PURPOSE:

To outline critical elements in care management as it pertains to those approaching the end of life and to provide direction on caring for those who have passed. Approaching the end of life is defined as having a critical and terminal illness for which a cure is improbable and death is imminent.

II. APPLICABILITY:

All staff, patients, visitors, volunteers, family members and significant others.

III. POLICY:

It is the policy of the Department of Corrections (DOC) to provide for as tranquil, dignified and pain-free death in a supportive environment to the maximum extent practicable for people under departmental control and to take the appropriate and necessary steps in respecting them in death. The approach used in assuring that this occurs shall be interdisciplinary.

IV. PROCEDURE:

A. Hospice Care

1. Hospice care is a voluntary program. A patient may decline this service.
2. The decision to place a person into hospice care rests solely with the Chief Medical Officer of the NHDOC or designee.
 - a. The CMO is responsible for notifying the appropriate DOC facility's Nurse Coordinator of the need to appoint a primary care nurse.
 - b. The CMO, or designee, shall provide and document orders that the patient is on hospice status. This may be done in consultation with any community provider involved in providing care to the patient.
 - c. The CMO, or designee, shall determine the most appropriate level of medical care, based on individual needs, both within the DOC system and external to the DOC system. This shall include determining if medical parole, community hospice care, community hospital care or other services will best serve the patient

- to maintain the highest level of quality of life possible and will initiate these actions as appropriate.
- d. The CMO, or designee, will determine who is responsible for discussing with the patient available treatments and outcomes, if any, the expected course of the condition and any palliative treatment options available.
 - e. The CMO, or designee, shall discuss need for advance directives and code status with the patient and honor these to the maximum extent practicable.
3. Hospice Care in a DOC facility: Once hospice orders are written and a primary care Nurse has been appointed; an Interdisciplinary Care Team (ICT) comprised of the following members shall be coordinated by the primary care nurse. The following disciplines are considered to be the core team members. Others may be added as needed.
 - a. The primary care nurse will be responsible for:
 - i. coordinating the ICT.
 - ii. attaining releases to speak with designated family members and communication with these designated family members the course of care as well as assisting the patient in making contact, including arranging visits;
 - iii. coordinating clinical care services including facilitating completion of New Hampshire Advance Directives and Durable Power of Attorney for Health Care and Living Will as available in the *Advance Care Planning Guide* published by the Foundation for Healthy Communities.
 - iiii. providing for nursing care and implementation of the medical regimen;
 - iiiii. assessing the need for and facilitating communication with security for special visits by family and significant others. It is expected that these visits may fall outside of normal visitation parameters.
 - b. The Deputy Director of Forensic Services will ensure that a mental health clinician will be assigned to the ICT. The mental health clinician is responsible for assessing mental health status, counseling, and support. The mental health clinician will also work with the primary care nurse to support completion of any and all advance directives.
 - c. The chaplain will be responsible for:
 - i. providing spiritual support to promote well-being;
 - ii. assisting with funeral arrangements;
 - iii. providing support to family and significant others;
 - iiii. arranging volunteer hospice visits for the patient and coordinating these volunteer visits with security.
 - d. Security will be responsible for approving and/or arranging for authorization for family and/or volunteer visits within the prison and communicating with health services regarding these visits.
 4. Hospice Care in the Community: If a patient is admitted to hospice care in a Community setting, this decision will be in conjunction with security and classifications. A nurse will be assigned to the patient to ensure that communication occurs on a daily basis.
- B. Death Notification:
1. Upon the expected death of a critically and/or terminally ill patient within any DOC facility the following steps shall be taken:
 - a. Nursing staff on duty will notify the Shift Commander, the on-call provider, the CMO, the Director of Nursing and the Director of Medical and Forensic Services.
 - b. For patients on hospice status a registered nurse, medical advance practice registered nurse or physician may pronounce death upon personally viewing and examining the body of the person and then signing the medical portion of the death certificate. This shall occur no later than 24 hours after death. The State Medical

Examiner shall be notified by the approved medical professional pronouncing the death.

- c. Nursing will be responsible for preparing the body for removal by the funeral director.
- d. Security will be responsible for safeguarding the patient's personal property.
- e. The Chaplain will be responsible for notifying family/designated members of the death.
- f. The Shift Commander will be responsible for arranging for on-site access by the funeral director and notifying the warden of the facility, Investigations, the Public Information Officer, the Chaplain and the Commissioner.

REFERENCES

Standards for Health Services in Prisons

National Commission on Correctional Health Care 2014
P-G-11; P-I-04

Advance Care Planning Guide (2017)

Foundation for Healthy Communities 2017
Concord, New Hampshire

New Hampshire Department of Corrections PPD 5.07

New Hampshire RSA 290:1-b

Mattis/lb



NH Department of Corrections: NH State Prison for Men/Division of Medical & Forensic Services

Memorandum: Volunteer Hospice Process – Training and Selection
Site: All Infirmarary Sites

Per PPD 6.07 Hospice Services, the Department is committed to provide for as tranquil and dignified a death as reasonably possible for inmates who are critically/terminally ill with a medical condition for which a cure is improbable and which will most likely result in the death of the inmate.

In order to plan for as dignified a death as possible utilizing an interdisciplinary care team approach, the process below is establish to create hospice volunteers in collaboration with facility security, the chaplain, and the health services staff:

1. Chaplain identifies volunteer candidates
2. Candidate list reviewed by health services staff (HSC)designee for comment (HSC Security, nursing, administrator of rehabilitation services, and medical will review)
3. The list is cleared using the process outlined in PPD 7.15 Inmate Work
Assignments to ensure an inmate’s assignment shall be made with consideration for the institution’s security and operational needs as well as the public’s and the inmate’s safety. In making work and/or program assignment(s), staff shall consider the inmate’s risk level, capacity to learn, interests, requests, needs, eligibility and the availability of assignments. (See Attachment 1 for the facility Job Change Request form in PPD 7.15)
4. Candidate list submitted to security for clearance, using same criteria as what would apply security sensitive jobs in PPD 7.15:

Criteria for inmates to be approved for security sensitive jobs
as listed in NH DOC PPD 7.15

Sentence:

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| <u>Life w/o the possibility of parole</u> | <u>Must be 5 years post-sentence</u> |
| <u>Minimum of 20 years or greater</u> | <u>Must be 3 years post-sentence</u> |
| <u>Minimum of 10 to 20 years</u> | <u>Must be 2 years post-sentence</u> |
| <u>Minimum of less than 10 years</u> | <u>No restriction based on sentence</u> |

Crime:

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| <u>Currently serving sentence for escape</u> ... | <u>Classified C3 for at least 5 years</u> |
| <u>Offenses of extreme violence</u> | <u>No specific restriction – Can be considered on a case by case basis</u> |

(Murder, attempted murder, assault w/weapon, Use of weapon during the crime)

Escape History, but not currently serving sentence for escape:

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|-------------------------|----------------------|
| <u>Escape</u> | <u>5 years after</u> |
| <u>Walk-away</u> | <u>3 years after</u> |
| <u>Absconding</u> | <u>1 year after</u> |

Documented Institutional History:

Possession of Contraband 5 years after most recent event
(Escape Implements)

Possession of Contraband 2 years after most recent event
(Dangerous Materials, Drugs, Weapons)

Positive Drug Screen 1 year after most recent event

Disciplinary History:



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Major Infraction 60 days after hearing or plea
Minor Infraction No Restriction

Notes:

Keep-away lists should be reviewed for all inmates in an effort to maintain security and safety.

The Unit Management Team should review all inmates to assess suitability, genuine interest, and motivation to participate in the specific activity/work assignment.

Inmates working in these areas are subject to removal if their actions make them noncompliant with original approval standards.

Recommendations against job approval can be offered in spite of approval standards. These would be based on unusual circumstances, confidential intelligence information, and firsthand knowledge of the inmate.

Any exceptions to these standards will only be approved by the Chief of Security or higher authority.

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5. Candidates who are cleared by security are trained by Chaplain. Training will include:
 - a. 6 week initial 1-hour training sessions
 - i. Orientation to Hospice
 - ii. Orientation to death/dying
 - iii. Self-care training
 - iv. Orientation to HSC Nursing
 - v. Orientation to Security concerns
 - b. Ongoing 1-hour training every 2 months
 - c. As-needed trainings and debriefing groups after hospice activities
 6. Candidates sign volunteer contract
 7. Chaplain coordinates ongoing trainings, support, and keeps list updated.
 8. If a volunteer receives a Disciplinary Report, Security will notify the Chaplain and the volunteer will be removed from the program pending further review by security and the HSC staff.

Implementation at HSC

1. Treatment team identifies patient needing vigil and alerts chaplain
2. Chaplain proposes list of volunteers and submits to the Major or security designee
3. Security clears volunteer list and alerts chaplain
4. Chaplain creates proposed schedule and submits to Officer in Charge
5. OIC's office clears schedule and submits to Chaplain
6. Chaplain coordinates volunteers with HSC inpatient nurse, HSC Security, and HSC Administrator.
7. HSC Security will determine movement privileges within HSC including bathroom and meals.



Memorandum: Volunteer Hospice Process – Training and Selection
Site: All Infirmiry Sites

NH DEPARTMENT OF CORRECTIONS
Hospice Volunteer Contract

Participating in the Hospice Volunteer Program is a privilege with specific responsibilities.

1. Procedure
 - a. You will present your yellow ID to the officer at the HSC desk
 - b. You will be searched
 - c. Sign in on the Hospice Volunteer Sheet
 - d. The inpatient nurse will bring the you to the patient’s bedside, and give you a yellow shirt to wear at all times – noted as Volunteer
 - e. Look above the patient’s bed for any signs with clinical alerts
 - f. You will remain at the side of the patient’s bed until another volunteer replaces you and/or you are escorted out of HSC by a nurse
 - g. You will be locked in with the patient.
 - h. Staff members may escort you to an inmate bathroom if you request
 - i. After you are relieved, the you will sign out, leave your yellow shirt with HSC staff, and check out with the officer to retrieve your badge
 - j. You will be searched at completion of your shift
2. You will not perform hands-on personal care for patients such as bathing, toileting or dressing. You may assist with feeding as directed by nursing staff.
3. You may not bring any objects or property in with you to HSC when sitting vigil, including green medications, unless cleared in advance with HSC security.
4. You are responsible to be on time for your shift.
5. Shifts will typically be 3 hours.
6. You must wear a yellow volunteer shirt at all times while in Health Service Center.
7. Preparing the dead body for burial is not a part of the your responsibilities.
8. You will not leave the bedside unless staff instruct you to do so.
9. You will not go behind the nursing desk, into the treatment room, into security areas, storage rooms, dental or x-ray areas. You may enter the kitchen with staff accompaniment only.
10. If you receive disciplinary report there will be a security review of your ability to be part of this program.
11. No medications of any kind will be kept in the patient’s room
12. You will participate in any mandatory meetings and trainings. These will include debriefing sessions with the Mental Health department. If staff are not confident you understand the training, you will not be offered the volunteer position
13. Loss of your ID will result in a \$5 charge.

Signed _____ Volunteer _____ Date _____
 _____ Chaplain _____ Date _____
 _____ Security _____ Date _____