



POLICY STATEMENT
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject: Management and Administration of Health Care	Policy Number: 13.1.1	
Date of Issue: November 9, 2016	Authority: Signature on File John E. Wetzel	Effective Date: November 16, 2016

I. AUTHORITY

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

II. PURPOSE

This policy establishes comprehensive health care management procedures by which the Department of Corrections and Contracted Health Care Provider staff can provide professional health care services that comply with Department policies and procedures, ACA standards, and applicable laws. These procedures are integral to planning, managing, evaluating, and directing the health care delivery system within the facilities of the Department.

III. APPLICABILITY

This policy is applicable to all staff, inmates, and contract staff at facilities under the jurisdiction of the Department.

IV. DEFINITIONS

All pertinent definitions are contained in the procedures manual for this policy.

V. POLICY

It is the policy of the Department of Corrections to provide comprehensive management procedures to each correctional facility's health care staff. Procedures include credentialing and privileging, orientation of nursing staff, medical contract monitoring, use of facility health care facilities by staff, management review audit of health care services, occupational exposure to bloodborne pathogens, inmate health education, long term care referrals, medical/legal, inmate deaths and attempted suicides, maintenance of integrated medical records, employee medical records, peer review committee, and telemedicine.¹

VI. PROCEDURES

All pertinent procedures are contained in the procedures manual for this policy.

VII. SUSPENSION DURING EMERGENCY

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specified period.

VIII. RIGHTS UNDER THIS POLICY

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose of the policies of the Department.

IX. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY**A. Release of Information**

1. Policy

This policy document is public information and may be released.

2. Procedures Manual (if applicable)

The procedures manual for this policy is not public information and shall not be released in its entirety or in part, without the prior approval of the Secretary/designee. This manual or parts thereof may be released to any Department employee on an as needed basis.

B. Distribution of Policy

1. General Distribution

The Department's policy and procedures manuals (when applicable) shall be distributed to the members of the Central Office Executive Staff, all Facility

¹ 4-4380

Managers, and Community Corrections Regional Directors on a routine basis. Distribution to other individuals and/or agencies is subject to the approval of the Secretary/designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the "General Distribution" section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedure.

X. SUPERSEDED POLICY AND CROSS REFERENCE

A. Superseded Policy

1. Department Policy

13.1.1, Management and Administration of Health Care Policy issued June 17, 2004, by former Secretary Jeffrey A. Beard.

2. Facility Policy

This policy supersedes all facility policy and procedures on this subject.

B. Cross References

1. Administrative Manuals

- a. DC-ADM 003, Release of Information
- b. ***DC-ADM 610, Food Service***
- c. 1.1.1, Policy Management System
- d. ***1.1.4, Centralized Services***
- e. 1.2.1, Victim Services
- f. ***4.1.1, Human Resources and Labor Relations***
- g. 5.1.1, Staff Development and Training
- h. 6.3.1, Facility Security
- i. 6.7.2, Special Teams
- j. 11.2.1, Reception and Classification
- k. 11.4.1, Case Summary
- l. 13.2.1, Access to Health Care
- m. 13.8.1, Access to Mental Health Care
- n. 15.1.1, Safety

2. ACA Cross References

- a. Adult Correctional Institutions: ***4-4062***, 4-4067, 4-4143, 4-4144, 4-4224, 4-4281-8, 4-4352, 4-4354, 4-4361, 4-4368, 4-4373, 4-4380, 4-4381, 4-4382, 4-4384, ***4-4386***, 4-4395, 4-4396, 4-4397, 4-4399, ***4-4403-1***, 4-4409, 4-4410, 4-4411, ***4-4412***, 4-4413, 4-4414, 4-4415, 4-4425, ***4-4477***

- b. Adult Community Residential Services: 4-ACRS-4C-02, 4-ACRS-4C-10, **4-ACRS-4C-19**, 4-ACRS-4C-23, 4-ACRS-5A-02
- c. Correctional Training Academies: 1-CTA-1C-11, 1-CTA-3B-07, 1-CTA-3F-01



PROCEDURES MANUAL
Commonwealth of Pennsylvania • Department of Corrections

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Release of Information:

Policy Document: The Department of Corrections policy document on this subject is public information and may be released upon request.

Procedures Manual: This Procedures Manual is **not public information** and **will not be released** in its entirety or in part, without the prior approval of the Secretary/designee. This manual or parts thereof may be released to any Department employee on an as needed basis.

Procedure Development: All required procedures will be developed in compliance with the standards set forth in this manual and/or the governing policy. These standards may be exceeded, but in all cases these standards are the minimum standard that must be achieved. In the event a deviation or variance is required, a written request is to be submitted to the appropriate Regional Deputy Secretary and the Standards and Practices Unit for review and approval prior to implementation. Absent such approval, all procedures set forth in this manual must be met.

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Section 1 – Credentialing and Privileging

A. General

1. This section establishes that qualified and competent health care professionals deliver medical services and that all medical, psychiatric, and dental matters involving medical judgment are the sole providence of the responsible medical provider, psychiatrist, Certified Registered Nurse Practitioner-Psychiatric Services (PCRNP), and dentist, respectively.¹ The Department shall ensure that a process for certification of their credentials and privileges is maintained. ***In addition, the Department's medical and mental health contractors conduct peer reviews for their providers in accordance with Section 12 of this procedures manual.*** The Department's Chief Psychologist ensures that peer reviews are conducted for all Department psychology staff every two years.²
2. The Department requires documentation of qualifications of prospective practitioners to ensure that the health care staff function within the defined scope of practice for his/her discipline. The Corrections Health Care Administrator (CHCA) shall be responsible for verifying that the required documents are submitted to the Bureau of Health Care Services (BHCS) prior to any medical services being provided to the Department and within 48 hours of any changes to credentials or scope of service performed.³

B. Responsibilities

1. Adverse credentialing decisions, initial credentialing, re-credentialing or credentialing with a peer review, shall be reported to the Department's BHCS, Chief of Clinical Services, Contracted Health Care Provider Corporate Medical Director, Contracted Psychiatric Provider Corporate Office and to the Clinician. The reason(s) for this adverse decision will be clearly outlined and strict confidentiality will be maintained to the extent possible.
2. The CHCA shall review all documents for completeness prior to forwarding copies of the required documents to the BHCS. Temporary privileges may be granted by a CHCA for 90 days until receipt of all completed documentation. However, at a minimum, the Pennsylvania License, Drug Enforcement Agency (DEA) number, and a medical liability/malpractice insurance coverage certificate must be presented to the CHCA for temporary privileges to be granted.
3. The CHCA shall be responsible to ensure that a reappraisal process of all documents is completed annually for Department and contract staff and shall verify all documents for completeness.

¹ 4-4368, 4-4381

² 4-4411

³ 4-4382, 4-4384

C. Credentialing and Privileging

The required documentation is as follows:

1. Physicians/Psychiatrists

- a. a current Pennsylvania license/certification (expires in December for MDs and October for Dos);
- b. a current DEA number;
- c. a medical liability/malpractice insurance coverage certificate;
- d. certification of residency training, where applicable;
- e. attestation of board eligibility or certification, where applicable;
- f. certification of Basic Life Support (BLS) (required);
- g. certification of continuing education and any specialty training, if applicable;
- h. the initial **Provider Competency Checklist (Attachment 1-A, Page 1)** and **Additional Questions for Providers (Attachment 1-A, Page 2)** or the annually required **Provider & Physician Assistant Reappraisal Form (Attachment 1-B, Page 1)** and **Additional Questions for Providers & Physician Assistants (Attachment 1-B, Page 2)** shall be completed by all providers, excluding psychiatrists; and
- i. the initial **Psychiatrist Competency Checklist (Attachment 1-C, Page 1)** and **Additional Questions for Psychiatrists (Attachment 1-C, Page 2)** and the annually required **Psychiatrist Reappraisal Form (Attachment 1-D, Page 1)** and **Additional Questions for Psychiatrists (Attachment 1-D, Page 2)**, shall be completed by all psychiatrists.

2. Certified Registered Nurse Practitioner-Psychiatric Services (PCRNP)

- a. current Pennsylvania Registered Nurse (RN) license;
- b. current Pennsylvania CRNP certificate;
- c. current DEA number;
- d. medical liability/malpractice insurance coverage certificate;
- e. certification of Basic Life Support (BLS) for Health Care Providers;
- f. certification of continuing education as determined by governing boards;

- g. the initial **PCRNP (Psychiatric Services) Competency Checklist (Attachment 1-E, Page 1)** and **Additional Questions for PCRNPs (Psychiatric Services) (Attachment 1-E, Page 2)**, and the annually required **PCRNP (Psychiatric Services) Reappraisal Form (Attachment 1-F, page 1)** and **Additional Questions for PCRNPs (Psychiatric Services) (Attachment 1-F, Page 2)** shall be completed by all PCRNPs providing psychiatric services.
3. Physician Assistant (PA)
- a. a current Pennsylvania license/certification (expires in December);
 - b. a medical liability/malpractice insurance coverage certificate;
 - c. certification of BLS (required);
 - d. a copy of the letter from the Bureau of Operations and Professional Affairs showing approval is granted from the PA's supervising physician. The Primary PA Supervisor must be currently employed/contracted with the Department or Contracted Health Care Provider; and
 - e. the **Physician Assistant Competency Checklist (Attachment 1-G, Page 1)** and **Additional Questions for Physician Assistants (Attachment 1-G, Page 2)** and/or the annually required **Provider & Physician Assistant Reappraisal Form** and **Additional Questions for Provider & Physician Assistants** shall be completed by every PA.
4. Nurses (RN & LPN)
- a. a current Pennsylvania license/certification (a RN expires in April and October, a Licensed Practical Nurse (LPN) expires in June);
 - b. certification of continuing education and any specialty training, if applicable;
 - c. certification of Cardiopulmonary Resuscitation (CPR) updates; and
 - d. the **Nurse Competency Checklist (RN and LPN) (Attachment 1-H, Page 1)** and **Additional Questions for RN and LPN (Attachment 1-H, Page 5)**.
5. Nurse Assistant
- a. current registry verification for a nurse assistant or one of the following must be met:
 - (1) documentation to show that the individual will be a full time employee and in an approved training program; and

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Section 1 – Credentialing and Privileging

- (2) documentation to show that the individual recently successfully completed a training and competency evaluation process and has not yet been included on the register.
 - b. enrollment of nurse aide registry;
 - c. certification of CPR updates; and
 - d. the **Nurse Assistant Competency Checklist (Attachment 1-I)**.
6. Dentist
- a. a copy of the current Pennsylvania license/certification (expires in March);
 - b. BLS certification required;
 - c. certification of continuing education and any specialty dental training, if applicable;
 - d. a current individual or facility DEA number;
 - e. a medical liability/malpractice insurance coverage certificate;
 - f. certification of CPR updates; and
 - g. the **Dentist Competency Checklist (Attachment 1-J)**.
7. Dental Hygienist
- a. a copy of the current Pennsylvania license/certification (expires in March);
 - b. certification of continuing education and any specialty dental training, if applicable;
 - c. certificate of CPR updates; and
 - d. the **Dental Hygienist Competency Checklist (Attachment 1-K)**.
8. Medical Record Director/Technician
- a. copy of current American Health Information Management Association (AHIMA) certification (Registered Health Information Administrator [RHIA] or Registered Health Information Technician [RHIT]); and
 - b. certification of continuing education.

D. Staffing

1. To ensure health care resources are being used in a cost effective and efficient manner, the BHCS will perform an annual statewide staffing analysis to identify the essential positions needed to perform the health services mission and provide the defined scope of services.
2. The staffing plan will be reviewed annually by the BHCS to ensure the factors used to determine the appropriate number and type of staff are still valid.⁴

⁴ 4-4412

Section 2 – Orientation for Nursing Staff

A. Responsibilities

1. Corrections Health Care Administrator (CHCA)
 - a. The CHCA/designee shall ensure **that** all nursing staff are oriented to the operations of the Department and **that they** receive orientation on the following subjects:¹
 - (1) Department medical **policies and procedures (13.1.1, 13.2.1, 13.3.1 and 13.8.1), including where medical policies are stored and how to find them, both paper and electronic copies;**
 - (2) telephone procedures;
 - (3) operation of medical equipment;
 - (4) daily reports;
 - (5) assignments/schedules;
 - (6) ordering and storage of supplies;
 - (7) security trash;
 - (8) medical records/forms and confidentiality;
 - (9) Team Leader/Charge Nurse responsibilities;
 - (10) review of inmates returning from outside visits (specialty care, hospitalization, etc.);
 - (11) psychiatric protocols and referrals;
 - (12) notification of physicians on call;
 - (13) tool control;
 - (14) contracted health care provider staff and responsibilities including physician assistant's regulations;
 - (15) medical services provided to employees (**first aid and emergencies, TB testing, flu and Hepatitis B vaccines**);
 - (16) nursing treatment protocols;

¹ 4-4384

- (17) RHU policies and procedures;
 - (18) QA/QI duties;
 - (19) infection control;
 - (20) dental services;
 - (21) pharmacy guidelines and procedures; and
 - (22) preparations for inmate release.
- b. The CHCA shall use the **On-Site Nursing Training Protocols (Attachment 2-A)** to ensure that each **Department and contracted service provider** nurse receives clinical orientation in the following areas:
- (1) medication line;
 - (2) sick line;
 - (3) treatment line;
 - (4) emergency response(s);
 - (5) specialty/chronic clinics;
 - (6) transaction of orders;
 - (7) insulin line;
 - (8) nursing responsibilities in medical and psychiatric observation areas;
 - (9) medication room;
 - (10) reviewing medical records for transfer; and
 - (11) initial assessments.
- c. **Contract service provider nursing staff must be oriented to areas and operations for which they are to be assigned.**
- d. The CHCA/designee must sign the orientation forms documenting that these items were discussed and the nurse must sign documenting that he/she observed/understood the items.

2. Intelligence Gathering Captain/Designee
 - a. The Intelligence Gathering Captain/designee shall ensure all **contract service provider** nursing staff receives orientation on Department security procedures as outlined in the **Security Orientation Packet for Contract Nurses (Attachment 2-B)**.
 - b. After receiving the security orientation, the **contract service provider** nurse must sign the **Security Orientation for Contract Nurses Review & Acknowledgement Form (Attachment 2-C)**, acknowledging he/she received a copy of the **Security Orientation Packet for Contract Nurses**.
 - c. After delivering the security orientation to **contract service provider** nursing staff, the Intelligence Gathering Captain/designee shall sign the **Security Orientation for Contract Nurses Review and Acknowledgement Form** acknowledging that he/she reviewed and delivered the **Security Orientation for Contract Nurses**.

B. Documentation

1. The **On-Site Nursing Training Protocols** shall be reviewed with Department nurses at the annual Performance Evaluation.
2. **The Security Orientation Packet for Contract Nurses shall be reviewed with contract service provider nurses at the annual Performance Evaluation.**
3. All nursing orientation documentation shall be kept in the Department and contract service provider nursing staff file.

Section 3 – Health Care Contract Monitoring

A. General Contract Performance

1. The contract indicates specific services to be provided by the Contracted Health Care Provider. Instructions for monitoring each medical contract are included in this section and entitled **Medical Contract Compliance Manual (Attachment 3-A)**.¹
2. The Department requires evidence of a Contracted Health Care Provider's compliance with all parameters of the contract and all attachments to the contract.
3. The Department's Corrections Health Care Administrator (CHCA)/designee shall be responsible for ensuring that the Contracted Health Care Provider complies with the contract.² ***The Medical Contract Monitoring Form (Attachment 3-B) shall be maintained and submitted electronically to the Bureau of Health Care Services (BHCS) Medical Contract Monitor by the 10th of every month.***

B. Hours of Service

1. The contract identifies a specific number of hours of on-site service for each Contracted Health Care Provider. The CHCA/designee shall verify that all hours of service are provided.
2. The Contracted Health Care Provider shall provide to the CHCA/designee hours of service for each employee position indicated by the contract.
3. The CHCA/designee shall verify and approve the hours of service submitted as stipulated in the contract by the Program Administrator within three working days.
4. The Contracted Health Care Provider shall submit the approved hours of service to the Division of Fiscal Management.

C. Inmate Count

1. The CHCA shall ensure that the Contracted Health Care Provider receives the inmate count for each day as stipulated in the contract. The count shall consist of the last daily count and shall include inmates physically present, on furlough, and those in outside hospitals.
2. The CHCA shall approve the daily inmate count for each month.
3. The Contracted Health Care Provider shall submit the approved daily inmate count for each month to the Division of Fiscal Management.

¹ 4-4380

² 4-4380, 4-ACRS-4C-02

D. Facility Auditing

1. The Facility Manager/designee shall assign staff from the Business Office to complete quarterly reviews to ensure contract compliance, accuracy of hours of service, and inmate count reporting approved by the CHCA.³
2. Any discrepancies found in the audit shall be reported to the CHCA/designee, the Facility Manager, and the Medical Contract Monitor for evaluation and any action deemed necessary to remedy the discrepancies.
3. The Medical Contract Monitor shall notify the Division of Fiscal Management of any discrepancies found during the review.

³ 4-4380

Section 4 – Use of Health Care Facilities by Staff and Maintenance of Employee Medical Records

A. Use of Health Care Facilities by Staff

1. The **Corrections Health Care Administrator (CHCA)/designee** is responsible to ensure every employee and contract staff is informed that he/she may only receive treatment by facility medical staff under the following circumstances:
 - a. first aid (include volunteers) in accordance with Department policy **13.2.1, “Access to Health Care;”**
 - b. tuberculin testing (include volunteers) in accordance with Department policy **13.2.1;**¹
 - c. influenza immunization (**contract staff will be offered flu vaccine based on availability**);
 - d. pre-employment physical **examinations;**²
 - e. medical monitoring for asbestos abatement;
 - f. medical monitoring for lead abatement;
 - g. respiratory protection program;
 - h. hepatitis immunizations; and
 - i. any other preventive medical programs authorized by the Department.
2. Use of on-site pharmacy and/or laboratory services by an employee or contract staff without specific authorization is prohibited. Authorization may be provided through the CHCA for programs required by Department policy (the asbestos monitoring program, respiratory protection program, hepatitis and influenza vaccination programs, etc.).
3. Written documentation shall be kept on file to verify employees **and contract staff are notified of the medical services that can be provided to them as listed above.**

B. Maintenance of Employee Medical Records

1. All personnel shall have a medical record established at the time of employment. The confidentiality of these records shall be maintained at all times.³

¹ 4-4386

² 4-4062

³ 4-4067

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2. Employee medical records shall be maintained by the CHCA/designee in the medical department, in a secure designated area. These records shall be maintained with limited access to health care staff and shall be current and accurate.⁴
3. All employee medical records shall be maintained in a confidential manner in accordance with Department policy **DC-ADM 003, “Release of Information.”**⁵
4. All records shall be maintained in manila folders with the employee name clearly marked on the folder.
5. All employee medical records shall be maintained in alphabetical order according to last name.
6. Medical staff shall document all encounters in the employee medical record. The employee medical record shall consist of:
 - a. pre-employment physical examination, if applicable;
 - b. **Physician’s Orders;**
 - c. **DC-472, Progress Notes;**
 - d. laboratory results, if applicable;
 - (1) **general lab reports; and**
 - (2) **any baseline testing for Hepatitis C antibody in accordance with Act 115, Labor and Industry Law.**
 - e. **DC-488, Snellen Visual Acuity/Test Tonometry Results Form (near and far vision upon employment and near vision if a periodic exam is required);**
 - f. electrocardiogram, if applicable;
 - g. **DC-469, TB Summary Record or Bureau of Health Care Services (BHCS) TB Summary Form;**⁶
 - h. record of influenza immunization;
 - i. **DC-517, Employee Hepatitis B Vaccine Immunization Consent/Refusal Form;**
 - j. **DC-457, Medical Incident/Injury Report;**

⁴ 4-4067

⁵ 4-4067

⁶ 4-4386

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- k. record of any emergency treatment;
- l. **employee health information outlined in Section 5 of this procedures manual;**
 - (1) **DC-518, Blood-Borne Pathogen Exposure Checklist; and**
 - (2) **DC-574, DOC Post Exposure Prophylaxis (PEP) Consent/Refusal Form.**
- m. **employee authorizations to release medical information;**
- n. **the employee medical record shall contain a subfolder section that maintains information in accordance with Department policy 15.1.1, “General Safety” regarding asbestos, lead, chemical exposures and respiratory protection. The below list of forms will be filed in the subsequent subfolder.**
 - (1) **Asbestos Abatement**
 - (a) **Asbestos Medical Monitoring Initial Medical Questionnaire (refer to Attachment 15-A of Department policy 15.1.1, Section 15) (30 year file);**
 - (b) **Asbestos Medical Monitoring Periodic Medical Questionnaire (refer to Attachment 15-B of Department policy 15.1.1, Section 15) (30 year file);**
 - (c) **Asbestos Medical Evaluation (refer to Attachment 15-C of Department policy 15.1.1, Section 15) (30 year file);**
 - (d) **Asbestos Exposure Data Sheet (only as directed by the Safety Manager) (refer to Attachment 15-D of Department policy 15.1.1, Section 15) (30 year file); and**
 - (e) **any employee leaving the asbestos program must have an exit physical conducted and documented in their file. If the employee leaves the program mid-physical year, and it can be documented that no asbestos work was performed by this employee, the last physical can be used as the exit physical.**
 - (2) **Lead**
Annual lab work (Blood Lead Level [BLL] and Zinc Protoporphyrin [ZPP] tests).
 - (3) **Chemical Exposures**
Exposure Data Sheet (refer to Attachment 4-A of Department policy 15.1.1, Section 4) (30 year file).

- (4) **Respiratory Protection**
 - (a) **Medical Clearance for the use of Respiratory Protection (refer to Attachment 8-A of Department policy 15.1.1, Section 8);**
 - (b) **Respiratory Protection Initial and Annual Medical Evaluation (refer to Attachment 8-B of Department policy 15.1.1, Section 8); and**
 - (c) **Exposure Data Sheet (refer to Attachment 4-A of Department policy 15.1.1, Section 4) (30 year file).**
7. Upon notification by the Facility Human Resources Department, an employee who transfers to another state correctional facility shall have his/her employee medical record forwarded to the Medical Department of that facility. ***If the employee transfers to another state agency, his/her employee medical record shall be forwarded to the designated department of that agency. The employee medical record for an employee that participated in an asbestos program and/or was involved in an exposure shall be transferred to the Department.***
8. ***Inactive employee medical records shall be maintained by the CHCA/designee in a separate filing area in the following manner:***
 - a. ***for employees that did not work with asbestos abatement or have chemical exposures, medical records must be maintained for a period of seven years after termination of state employment;***
 - b. ***for employees that worked in asbestos abatement, medical records and x-ray films must be maintained for a period of thirty years after termination of state employment;***
 - c. ***for employees that had exposures such as chemical; respiratory; lead or asbestos, medical records must be maintained for 30 years after the occurrence of the exposure; and***
 - d. ***employee medical records that are eligible for destruction shall be shredded and disposed of in a confidential manner.***
9. An employee may obtain a copy of his/her medical records for purposes of continuity of care with his/her family physician. A **DC-108, Authorization for Release of Medical Information Form** shall be completed prior to releasing information.

Section 5 – Occupational Exposure to Blood-borne Pathogens

A. Background and Description of Contagious Diseases

The Department is committed to maintaining safe and secure facilities. However, a correctional employee may occasionally become exposed to blood or body fluids. By following Department policy (universal/standard precautions), the risk to the employee's health can be minimized. Universal/standard precautions are an approach to infection control. All human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and other blood-borne pathogens. It is mandatory that every employee follow the universal/standard precautions.¹

1. Universal/Standard Precautions to be Used by an Employee

- a. Extraordinary care should be taken to avoid accidental wounds from sharp instruments contaminated with potentially infectious materials and to avoid contact with open skin wounds/lesions.
- b. Personal Protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. PPE are items such as, but not limited to, gown, gloves, mask, goggles, and face shields.
 - (1) Gowns shall be worn when it is anticipated the employee's clothing may become soiled with blood or other potentially infectious materials.
 - (2) Gloves (disposable latex or vinyl) shall be worn when it is reasonably anticipated that the employee may have hand contact with blood or other potentially infectious materials. Utility gloves may also be used, but will be decontaminated after each use. These gloves will be disposed of when they become cracked, torn, or punctured.
 - (3) Masks, goggles, and face shields shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- c. Hands should be washed as soon as possible after removing gowns and gloves. Hands should also be washed thoroughly with soap and water immediately if they become contaminated with blood/body fluids.
- d. Every employee shall receive training concerning blood and body fluid pathogens, universal/standard precautions, and proper initial treatment (proper washing of the exposed areas) in accordance with Department policies **5.1.1, "Staff Development and Training," 13.2.1, "Access to Health Care,"** and **Employee Exposure to Blood and Body Fluids (Attachment 5-A).**

¹ 4-4354

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- e. All blood products and other specimens from an inmate shall be labeled **Blood/Body Fluid Precautions**, and shall be stored in containers that are prominently labeled, **Biohazard or Biohazardous**, until properly disposed.
 - f. Blood spills shall be cleaned promptly with an Environmental Protection Agency (EPA) approved disinfectant or bleach solution, in accordance with Department Policy **13.2.1**.
 - g. Articles soiled with blood shall be handled in accordance with **Act 96, Pennsylvania Guidelines on Bloodborne Pathogens for the Public Sector**. If clothing is contaminated with blood, place in a brown paper bag. For non-assault related contamination of clothing involving uniformed or non-uniformed staff, notify the supervisor and place in a bag for laundry (in both cases, talk to the supervisor). For either situation, do not place in a red bag.
 - h. Only disposable needles and safety syringes shall be used. Under no circumstances are needles to be recapped, purposely bent, broken, removed from syringes, or otherwise manipulated by hand after use. The safety device shall be engaged on all safety items. They shall be promptly placed in the puncture-resistant sharps container marked exclusively for such disposal in accordance with Department policy **6.3.1**, **“Facility Security.”**
2. Human Immunodeficiency Virus (HIV)
- a. The risk for HIV infection after a documented significant exposure is low, but remains present. A significant exposure is direct contact with blood or body fluids of an individual in a manner which, according to the most current guidelines of the Center for Disease Control and Prevention (CDC), is capable of transmitting HIV including, but not limited to, a percutaneous injury (a needle stick or cut with a sharp object), contact of mucous membranes or contact of skin or if the contact is prolonged or involves an extensive area.
 - b. Blood is always considered an infectious body fluid. The following human body fluids are considered potentially infectious: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and all body fluids in situations where it is difficult or impossible to differentiate between the types of body fluids involved.
 - c. Exposure of mucous membranes to any other body fluids (feces, urine, saliva, or sweat) is not considered a significant exposure, unless it is visibly contaminated with blood.
 - d. Seroconversion usually occurs six weeks to six months after a significant exposure; a follow-up period of at least 12 months with the outside provider is recommended.
 - e. All HIV-related information that is in the possession of a person who provides one or more health or social services or that is obtained pursuant to a release of confidential HIV-related information is confidential. This could include information that indicates

whether an individual has had a significant exposure, has been the subject of an HIV-related test, or has the diagnosis of HIV or AIDS; or any information which identifies or reasonably could identify an individual as having one or more of these conditions, including medications and information pertaining to the individual's contacts. Confidentiality restrictions also apply to oral communications. Any information regarding an employee's possible HIV status that is learned by a supervisor, co-worker, or other state employee, is to be treated as confidential.

- f. HIV transmission can be largely prevented by timely drug prophylaxis immediately following the exposure. To be maximally effective, medication should begin within two hours of exposure. **The medication process is outlined in the Steps to Obtain PEP Medication Flow Chart (Attachment 5-B).** Medical begun more than 72 hours after the exposure is thought to be essentially ineffective.

3. Hepatitis B Virus (HBV)

The HBV is transmitted in similar blood and body fluids as HIV. Hepatitis B infection is endemic among inmates who have a history of injection drug use. The risk of infection for the employee is low with routine day-to-day contact, provided universal standard precautions are followed. Every employee shall be provided the opportunity for primary prevention with three doses of Hepatitis B vaccine, if he/she has not been previously vaccinated.

4. Hepatitis C Virus (HCV)

The HCV is a blood-borne pathogen that is present in the inmate population. Hepatitis C is most efficiently transmitted by blood-to-blood contact. The risk of infection for an employee is low with routine day-to-day contact, provided universal standard precautions are followed. It is very different from Hepatitis B; therefore, the HBV vaccine does not provide protection from HCV.

B. Responsibilities

1. Employee Responsibilities

- a. The exposed employee shall seek or undergo first aid immediately. The type of first aid shall depend on the type of the exposure. Based on the following types of exposures, the first aid procedures (at a minimum), listed below, shall be provided/used by the employee.

(1) Eye Splash

The employee shall flush eye(s) with water. This can be accomplished at an eye wash station, with an eye wash bottle, or with a cup of water. This process should be performed for at least three to five minutes.

(2) Splash into Mouth

The employee shall rinse his/her mouth with water and spit the water into a sink. This process should be repeated a minimum of four times.

(3) Blood or Body Fluid Exposure to Non-Intact Skin

The employee shall wash the exposed area with soap and water for at least 15 seconds.

(4) Blood or Body Fluid Exposure to a Break in the Skin Caused by a Needle, Broken Glass, etc.

The employee shall wash the exposed area with soap and water for at least 15 seconds.

- b. The exposed employee shall immediately notify his/her supervisor of the incident so testing and treatment options, if needed, can be initiated immediately.
- c. If exposure occurs at a Community Corrections Center (CCC), the employee shall be instructed to report to a pre-approved outside medical treatment center for additional treatment and care. As explained above, it is important that the employee report for treatment immediately.
- d. ***If the employee is referred for an outside evaluation of the exposure, he/she must return the DC-518, Blood-Borne Pathogen Exposure Checklist (Attachment 5-C) to the Corrections Health Care Administrator (CHCA), Infection Control Nurse (ICN), or Registered Nurse (RN) Supervisor within 12 hours of release from the evaluating facility. This will initiate the process of testing the source for HIV.***

2. Supervisor Responsibilities

Upon notification that an employee has had an occupational exposure to blood or body fluids, the supervisor shall:

- a. instruct the employee to wash the exposed area in accordance with **Subsection B.1. above**. If the employee has already received initial treatment (flushing of the exposed area), the employee shall be directed to proceed immediately to the medical department;
- b. initiate a **JPA-797, Workers Compensation Claim Report** (refer to Department policy 4.1.1, “**Human Resources and Labor Relations,**” **Section 26, Attachment 26-G**) through the facility’s Human Resources Department within 24 hours of the incident; and
- c. provide the facility’s HIV/AIDS Workplace Coordinator with the name(s) of the employee(s) who was exposed to blood and body fluids.

3. Medical Department Responsibilities

- a. Upon arrival of the employee who was exposed to blood or body fluids, the physician/designee shall:
 - (1) immediately assess the employee's exposure and provide additional first aid or treatment consistent with the type of exposure the employee experienced;
 - (2) complete a **DC-457, Medical Incident/Injury Report (Attachment 5-D)**;
 - (3) complete the **DC-518**. The **DC-457** and the **DC-518** shall not contain any references to the exposed employee's HIV, HBV, or HCV status.
- b. After completing the medical treatment of the employee, the on-site physician/designee treating the employee shall also document the care provided to the employee on a **DC-472, Progress Notes** form (refer to Department Policy **13.2.1, Section 1, Attachment 1-E**) that shall be kept in the employee's confidential medical record.
- c. The on-site physician/designee shall complete the **DC-457** and the **DC-518** and this information shall be maintained in the employee's medical record.
- d. The on-site physician/designee shall determine whether any exposure has occurred with any potential of transmitting a blood-borne pathogen. (For example, urine spilled on an employee's shoe or clothing which does not reach the skin has no such potential.) If any such exposure has or may have occurred, the employee MUST be offered a first dose of post-exposure prophylaxis (PEP) on site and within the medical department. This is to ensure that if PEP proves warranted, as determined by an independent, outside provider, it will have been initiated within the optimal time period.
- e. Prior to the employee leaving the facility or the Medical Department, the on-site physician/designee shall ensure that the employee is provided with copies of the following documents:
 - (1) a copy of his/her **DC-457** and **DC-518**;
 - (2) copies of the employee's medical treatment records surrounding the exposure incident; and
 - (3) the most current version of the CDC's Occupational Exposure to HIV, Information for Health Care Workers available through the Bureau of Health Care Services (BHCS).
- f. The on-site physician/designee shall advise the employee to provide the **DC-518** to the outside healthcare provider who has been pre-approved by the CHCA so that the form can be completed and returned to the facility.

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- g. The on-site physician/designee shall advise the employee regarding medical evaluation and post exposure treatment, and the possible need for follow-up treatment.
 - h. To ensure proper post exposure medical care as defined by CDC guidelines, the exposed employee shall be evaluated immediately by the Medical Department to determine whether a significant exposure might have occurred. If so, the first dose of PEP must be offered, in accordance with **Subsection B.3.d. above**. The exposed individual has the option of accepting on-site medical therapy prior to seeking treatment with the outside healthcare provider.
 - i. If the initial dose of PEP is to be administered at the facility, the on-site physician/designee shall discuss the importance and types of medications for PEP. This shall be based on the most current version of the CDC's Guidelines available through the BHCS. If the exposed employee is a female of child-bearing age, the on-site physician shall explain that the medications in the PEP kit have been specifically selected for their suitability in pregnancy, and that the risks of HIV infection are considered to outweigh the risks of a single dose of PEP.
 - j. If the on-site physician or the employee have questions, the on-site physician shall consult the BHCS Chief of Clinical Services/designee, the medical vendor supervising physicians, or the National HIV Hotline, whose telephone contact information is provided in the PEP kit.
 - k. If the employee chooses to receive the first dose of PEP, he/she shall sign the **DC-574, DOC Post Exposure Prophylaxis (PEP) Consent/Refusal Form (Attachment 5-E)**. This form shall be filed in the employee's medical record.
 - l. If the on-site physician/designee has determined that there is a need for the initial dose of PEP for first aid, he/she shall write an order to dispense PEP.
 - m. If the physician is not on-site, the nurse may accept a verbal order to dispense PEP.
 - n. If an order to dispense the medication cannot be obtained, the nurse shall contact the vendor or a BHCS supervisory staff member, including but not limited to, any of those whose telephone contact information is provided in the PEP kit.
 - o. The HIV/AIDS Workplace Coordinator shall be notified of the exposure. On weekends or holidays, the coordinator/designee shall be notified by telephone.
 - p. While an exposure is a matter of concern for the employee, not all exposures meet the criteria for a significant exposure, and not all exposures meet the criteria for PEP. The outside provider shall make the determination of significant exposure, and thus of the need for a full month of PEP. This determination is different than and independent of any determination that an initial dose of PEP is needed for first aid.
 - q. The CHCA/designee shall ensure that an outside Contracted Health Care Provider is selected for additional treatment and follow-up for an employee who is exposed to

blood or body fluids. The CHCA/designee shall verify by letter from the approved outside Contracted Health Care Provider that he/she follows current CDC guidelines regarding exposure to blood or body fluids.

4. HIV/AIDS Workplace Coordinator Responsibilities

The HIV/AIDS Workplace Coordinator shall:

- a. receive training from the Infection Control Nurse (ICN) in the proper handling of blood and body fluids in accordance with Department policy **13.2.1** and the procedures contained in this procedures manual, CDC guidelines, and the post-exposure procedures for ensuring the exposed employee is properly assessed, treated, and cared for;
- b. attend continuing education classes and courses regarding contagious disease management and treatment on an annual basis;²
- c. contact the employee exposed to blood or body fluids to ensure follow-up, and make certain that the employee's questions are appropriately directed. Contact should occur within 24 hours of the exposure and shall be documented in accordance with **Subsection B.3.c. above**.
- d. collect copies of laboratory reports, outside health provider reports, **DC-518** and any other information regarding an occupational exposure to blood-borne pathogens. This information shall be maintained in accordance with **Subsection B.3.c. above**;
- e. provide the employee exposed to blood or body fluids with information from the **CDC's Exposure to Blood**, available through the BHCS.
- f. explain to the employee exposed to blood or body fluids the procedure for obtaining certification of significant exposure for employees who are first responders or health care providers as defined in **35 P.S. §7601, et seq. (Act 148 of 1990)** and in accordance with the **Employee Exposure to Blood and Body Fluids (Attachment 5-G)**;
- g. on occupational exposure to HIV for health-care workers, make referrals to appropriate community resources, and serve as a resource for the employee;
- h. offer an employee who experiences any exposure to blood or body fluids, information regarding the Commonwealth's State Employee Assistance Program (SEAP) program and the opportunity to speak to a member of the Critical Incident Stress Management Team (CISM), and schedule the employee to meet with a CISM team or an individual CISM member, if desired; and
- i. each occupational exposure to blood-borne pathogens shall be documented on the **DC-520, Occupational Exposure Record, (Attachment 5-F)**. This report shall be

² 2-CO-1D-09

sent to the Infection Control Coordinator at the BHCS by the 10th of every month. This report shall not contain the employee or source names.

C. Procedures After a Significant Exposure

1. Outside Providers

The approved outside healthcare provider as designated by the CHCA or CCC Regional HIV/AIDS Workplace Coordinator shall:

- a. review the **DC-457** and **DC-518** in order to determine the significance of the exposure;
- b. at a minimum, perform the following tests on the exposed employee:
 - (1) HIV;
 - (2) Hepatitis B Surface Antibody (HBsAb); and
 - (3) HCV.
- c. ***unless board certified in infectious diseases or certified in HIV evaluation and treatment, the outside provider MUST obtain a second opinion from the HIV PEPline (1-888-448-4911) in determining whether the exposure is significant;***
- d. ***the date and time of the call, and the name of the specialist consulted must be entered on the DC-518;***
- e. notify the facility's Medical Director/designee in writing if a significant exposure has been certified and that the exposed employee has submitted to HIV testing;
- f. ***complete prescription(s) for anti-retroviral medication, to include the following:***
 - (1) ***initial prescription for up to seven days, to allow for determination of source HIV status (ELISA and viral load); and***
 - (2) ***second prescription for remainder of 28 day course, to be filled only after and if source testing determines that source was infected with HIV.***

NOTE: antiretroviral medication will not be provided otherwise than as specified in this section. Antiretroviral medication will not be initiated under this program after 72 hours have elapsed from the time of the exposure.

2. Employee Follow-Up Testing

Follow-up testing of the employee who was exposed to the blood or body fluids shall be conducted by his/her outside healthcare provider as follows:

- a. HIV – initial, six weeks, three months, six months, nine months, 12 months;

- b. HCV – initial, six months, 12 months;
 - c. HBsAb – initial; and
 - d. make counseling available to the employee during the year of follow-up testing (CISM and/or SEAP).
3. Medical Department (Source Individual Testing)

The facility Medical Director/designee or ICN shall:

- a. obtain a blood specimen from the source individual for testing;
- b. test for HBsAg;
- c. test for HCV antibody – there shall be no need to retest if the Hepatitis C status of the source is known to be positive. A Hepatitis C negative employee or an employee who was never tested for Hepatitis C will receive HCV antibody testing;
- d. test for both HIV antibody and HIV viral load. When testing for HIV, the specimen shall be obtained following a signed **DC-555, Consent for HIV Testing (Attachment 5-G)** and a **DC-108, Authorization for Release of Information** (refer to Department policy **DC-ADM 003, “Release of Information,” Attachment A**). There shall be no need to retest if the HIV status of the source is known to be positive;
- e. the source testing shall be initiated within 24 hours of notification from the outside healthcare provider of the certification of significant exposure and the employee submitting to HIV testing;
- f. after the necessary source specimen has been collected, it shall be sent to an outside laboratory for processing. The results shall be reported to the HIV/AIDS Workplace Coordinator; and
- g. the outside healthcare provider will notify the exposed employee of the lab test results of the source. The employee has the right to know the source HIV results if the employee is HIV Negative at baseline in accordance with **35 P.S. §7601, et seq. (Act 148 of 1990)**.

D. Source Individual Categories

1. Known Source HIV Testing

- a. If the source of the blood or body fluid is known, the facility physician/designee shall attempt to obtain voluntary informed consent from the source individual for HIV testing.

- b. In the event the on-site physician/designee attempts to obtain voluntary informed consent from the source individual and the source refuses, the physician/designee shall document on the source individual's medical record that a good faith effort was made to obtain voluntary informed consent, and then proceed to test available blood in accordance with **35 P.S. §7601, et seq. (Act 148 of 1990)**.
- c. If there is no available blood, the Medical Department shall document the lack of available blood using the **DC-472** in the source individual's medical record.
- d. The HIV/AIDS Workplace Coordinator shall consult/advise the employee that he/she may obtain a court order to have blood drawn from the source. The Department will assist any employee in obtaining a court order, if necessary, to force an inmate to submit to a test if the employee is exposed to the blood/body fluid of an inmate on the job. The HIV/AIDS Workplace Coordinator shall document in the source patient's medical record using the **DC-472** in accordance with **35 P.S. §7601, et seq. (Act 148 of 1990)**. Documentation shall also be made in the employee's medical record.
- e. If the source's hepatitis B and C and HIV status are unknown or negative, testing of the source must include HBsAb, HCV antibody, and HIV serology and viral load. If the source is known to carry any of these infections, testing for it is not necessary.

2. Unknown Source

If for some reason the employee is certified as having incurred a significant exposure, but the source individual cannot be identified, the HIV/AIDS Coordinator shall recommend the employee to have baseline blood testing for HIV, HBsAb, and HCV performed. The employee shall be encouraged to follow up with the recommended testing post exposure protocols.

3. Source is Another Employee

If an employee, in the performance of his/her duties (medical, correctional), is exposed to another employee's blood; both employees shall be sent to the outside provider. The aforementioned protocol for exposure shall be followed.

4. Source and Exposed Individual are Both Inmates

If two or more inmates are involved in an exposure to blood and body fluids, the on-site physician/physician assistant shall evaluate them to determine who is the source and who is the exposed individual. The aforementioned protocol for exposure shall be followed.

5. Following an Altercation Where Multiple Individuals are Involved

In a situation where there is an exposure to blood/body fluids, but determination of source and exposed individual are difficult, the on-site physician/physician assistant shall evaluate the situation; **any or all involved individuals may possibly be considered sources and/or exposed individuals, the same individual may be both a source and**

an exposed individual. Testing in accordance with **Subsection C.1., 2., and 3. above,** shall be followed as appropriate. The BHCS Infection Control Coordinator(s) shall be called if there are further questions.

6. Availability of PEP Medications

PEP medications shall be supplied by the Department to staff/contracted healthcare provider employees. Medications shall be stored and maintained in a safe and secure locked place. The medication shall be counted when narcotics are counted. Accountability shall be maintained by log and be available for inspection. The CHCA shall designate the person responsible to maintain the log of PEP medications. The Department shall **provide PEP medications** for Department employees as outlined in the **Steps to Obtain PEP Medication Flow Chart**. Administration of PEP medications shall follow **Table 4, Recommended HIV Post-Exposure Prophylaxis for Percutaneous Injuries** and **Table 5, Recommended HIV Post-Exposure Prophylaxis for Mucous Membrane exposures and Non-Intact Skin Exposures**, available through the BHCS. The designation “consider PEP,” indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician. If PEP is offered and taken, and the source is later determined to be HIV-negative, PEP should be discontinued.

PA Department of Corrections *Education* for HIV Testing

WHAT IS THE HIV TEST?

The HIV blood test is a lab test done on a blood sample drawn from you by a nurse or technician. The lab test can show whether or not you are infected with the HIV virus. The HIV lab test measures the antibodies in your blood to determine if you are infected with HIV. The HIV blood test does not tell whether or not a person has AIDS.

WHAT DOES A POSITIVE HIV TEST MEAN?

A positive HIV test means that your blood sample tested positive for HIV on a confirmatory lab test that was done after two or three other lab tests were positive for HIV. It also means that it is almost certain that you have the HIV virus. It means that you can pass the HIV virus to others by A) having sex with them, B) sharing needles with them, or C) donating blood or body organs. Pregnant women can pass the HIV virus to their unborn children. The chance of the lab tests being positive when in fact there are no antibodies present in your blood (false positive) is approximately 5 in 100,000.

WHAT DOES A NEGATIVE HIV TEST MEAN?

A negative test result means that no antibodies to HIV were found in your blood. This does not mean that you have not been exposed to or infected with HIV. ***If an exposure has occurred***, there are two meanings: 1) You may be infected with HIV, but your body has not yet made enough antibodies for the test to detect them. 2) The HIV antibody may actually be present in your blood, but for some reason the lab tests fail to detect it. This is known as a “false negative.” The chance of a “false negative” is 4 in 1,000 tests.

WHAT HAPPENS TO MY HIV RESULTS?

HIV-related information about you, including your HIV blood test results, will be maintained by the Department of Corrections so as to provide you with appropriate medical and social services. If you are transferred to another facility operated by or serving as an agent for the Department, your medical record, including HIV-related information, will be sent to that facility to continue providing you those services for which the information was initially obtained.

You must give expressed written consent in order to transfer your HIV-related information to any other person or facility that is not operated by or is not an agent of the Department. Your written consent must meet the requirement of the Confidentiality of HIV-Related Information Act (Act 148 of 1990). These requirements will be explained to you upon request of your HIV information.

DOC ***Education*** for HIV Testing
Commonwealth of Pennsylvania
Department of Corrections
DC-555
Revised: December 2019

Inmate Name:

Inmate Number:

DOB:

Facility:

Educación para la prueba de VIH del Departamento de Correcciones (DOC) de Pensilvania (PA)

¿QUÉ ES LA PRUEBA DE VIH?

El análisis de sangre del VIH es un examen de laboratorio que se realiza en una muestra de sangre que un enfermero o especialista le extrae a usted. El examen de laboratorio muestra si está infectado o no con el virus del VIH. El examen de laboratorio del VIH mide los anticuerpos en la sangre para determinar si está infectado con VIH. El análisis de sangre del VIH no indica si una persona tiene SIDA.

¿QUÉ SIGNIFICA OBTENER UN RESULTADO POSITIVO EN LA PRUEBA DE VIH?

Un resultado positivo en la prueba de VIH significa que su muestra de sangre dio un resultado positivo para el VIH en un examen de laboratorio de confirmación que se realizó después de que otros dos o tres exámenes de laboratorio dieron resultados positivos para el VIH. También significa que es casi seguro que tenga el virus del VIH. Significa que puede transmitirle el virus del VIH a otras personas A) teniendo sexo con ellas, B) compartiendo agujas con ellas o C) donando sangre u órganos. Las mujeres embarazadas pueden transmitir el virus del VIH a sus hijos nonatos. La posibilidad de que los exámenes de laboratorio den resultados positivos cuando en realidad no hay anticuerpos presentes en la sangre (falso positivo) es de aproximadamente 5 en 100,000.

¿QUÉ SIGNIFICA OBTENER UN RESULTADO NEGATIVO EN LA PRUEBA DE VIH?

Un resultado negativo en la prueba de VIH significa que no se encontraron anticuerpos del VIH en la sangre. Esto no quiere decir que usted no estuvo expuesto al VIH o infectado con este. **Si hubo una exposición**, significa dos cosas: 1) Es posible que esté infectado con el VIH, pero su cuerpo aún no ha creado suficientes anticuerpos para que la prueba los detecte. 2) Es posible que el anticuerpo del VIH sí esté presente en la sangre, pero por algún motivo los exámenes de laboratorio no los detectan. Esto es conocido como un “falso negativo”. La posibilidad de un “falso negativo” es de 4 en 1,000 exámenes.

¿QUÉ SUCEDE CON MIS RESULTADOS DE LA PRUEBA DE VIH?

El Departamento de Correcciones mantendrá su información relacionada con el VIH, incluidos los resultados de su examen de laboratorio del VIH, para proporcionarle los servicios médicos y sociales adecuados. Si lo trasladan a otro centro operado por el departamento o que sirve como un agente del departamento, su historia clínica, incluida la información relacionada con el VIH, se enviará a ese centro para seguir proporcionándole aquellos servicios para los que inicialmente se obtuvo la información.

Debe prestar consentimiento expreso por escrito para trasladar su información relacionada con el VIH a cualquier otra persona o centro que no sea operado por el departamento o no sea un agente del departamento. Su consentimiento por escrito debe cumplir el requisito de la Ley de Confidencialidad de Información relacionada con el VIH (Ley 148 de 1990) Estos requisitos se le explicarán previa solicitud de su información sobre VIH.

Educación para la prueba de VIH del DOC
Estado de Pensilvania
Departamento de Correcciones
DC-555
Revisado: December 2019

Nombre del paciente:

Número de paciente:

Fecha de nacimiento:

Centro:

13.1.1. Gestión y administración del Manual de procedimientos de atención médica Documento adjunto 5-G Sección 5: Exposición profesional a los agentes patógenos transportados por la sangre

Emitido: 12/2/2019
Efectivo: 12/16/2019

Section 6 - Inmate Health Education

This procedures manual shall be reviewed, at a minimum, on an annual basis by the Bureau of Health Care Services (BHCS) and revised as necessary. The Corrections Health Care Administrator (CHCA) shall ensure that any local procedures drafted referencing this procedures manual are reviewed and/or revised on an annual basis.

A. Available Resources for Health Education Material

1. Publications

Health Prevention, Wellness, and Disease specific written information is available through the Pennsylvania Department of Health (DOH), Division of Health Promotion. Publications shall be ordered by the CHCA/designated coordinator. Some publications applicable to the inmate population are offered in both Spanish and English. Publications shall be obtained **prior to implementing** Health Education sessions, as they serve as supplements to the presentation.

2. Accessibility¹

At a minimum, informational publications shall be placed in the following areas in each facility (as applicable):

Infirmary	Outpatient Area
Educational Buildings	Inpatient Area
Special Needs Unit	Visiting Rooms
Mental Health Unit	Inmate Library

3. Visual Aids

Many organizations, agencies, and companies provide pamphlets, comic books, educational videos, and posters relating to health care issues, free of charge to the facility. The BHCS shall periodically provide updated agency and company contact information. The CHCA/designated coordinator shall contact those agencies and companies (**See External Agency Information Sources, Attachment 6-A and External Community Sources, Attachment 6-B**) and procure teaching and educational materials, as they are available. Video presentations may be presented through a closed circuit television or video cassette player.

B. Standard and Additional Health Education Topics

1. Standard Health Topics²

¹ 4-4361

² 4-4354

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In order to ensure that health education is standardized within all facilities, there shall be at least 15 health-related topics offered for presentation bi-annually. The topics shall include the following:

Advance Directives	High Blood Pressure/Heart Disease
Anxiety	HIV/AIDS
Asthma	Maternal/Prenatal Care (Females only)
Chronic Obstructive Pulmonary Disease	Seizure Disorders
Diabetes	Sexually Transmitted Diseases
Effects of Smoking	Suicide Prevention
Hepatitis C	Tuberculosis

2. Scheduling and Presentation of Health Education Classes

Health education sessions shall be conducted within the facility, with the location coordinated between Medical, Centralized Services, Facilities Management and the Security Office. The coordinator shall facilitate the presentation process by obtaining audio and visual aids required for the presentation.

3. Creation of Additional Health Education Topics

- a. Anytime a health care provider or the CHCA identify the need for additional educational needs not addressed in this manual, he/she shall be encouraged to write and submit proposed educational outlines in accordance with the **Procedure for Submitting Education Outlines, Attachment 6-C** to his/her CHCA or the BHCS. The CHCA shall ensure that all proposed education courses presented to the BHCS are prepared according to **Attachment 6-C**.
- b. The CHCA shall then present the outline to the Clinical Coordinator, BHCS, for review. Upon receipt of the proposed educational material, the BHCS shall review the submission and determine if the course will be permitted or if the proposed course requires additional work. The BHCS shall inform the CHCA of the review panel's decision.
- c. Upon approval by the BHCS, the course outline and source material shall be distributed to all Department facilities. Upon approval, the CHCA shall ensure the course is added to the list of available classes and that the inmates are made aware of the new addition.
- d. If the BHCS disapproves the proposed course the CHCA shall be notified and the author who proposed the course shall be notified of the decision. The authors of the proposal may correct/rewrite his/her proposal and resubmit it to the CHCA and the BHCS for reconsideration.

C. Responsibilities of the CHCA/designee

The CHCA is responsible for ensuring that a knowledgeable presenter provides every inmate with current health information, whether internal or external sources are used.³ This includes maintaining Contracted Health Care Provider provision of health education as called for by the contract. The CHCA may delegate the coordination and delivery of health education to a designee; however, overall accountability for the provision shall remain with the CHCA.

1. The CHCA/designee shall:
 - a. ensure that all direct health care providers are made aware of the Department requirements that health teaching be provided during individualized inmate encounters and that evidence of such teaching is documented within the health record;
 - b. conduct a formal needs assessment bi-annually;
 - c. maintain an adequate supply of written pamphlets from the Pennsylvania DOH, Division of Health Promotion, for distribution within the facility at pre-established locations;
 - d. distribute and collect inmate sign-up sheets and **DC-135s, Inmate Request to Staff**;
 - e. coordinate the scheduling of health education classes with the Facility Security Office, the Deputy Superintendent for Centralized Services (DSCS) and the Deputy Superintendent for Facilities Management (DSFM) to ensure these classes are available to every inmate when a majority can take advantage of the programs/classes;⁴
 - f. ensure that formal, structured classes on health-related topics are conducted by internal and external presenters. Inmates shall be offered the opportunity to voluntarily attend;
 - g. ensure inmate attendance is logged and evidence of attendance is maintained in health record;
 - h. serve as liaison with external agencies, sources and providers; and
 - i. ensure external presenters are aware of relevant security requirements and provide gate clearance.

D. Determination of Health Education and Teaching Subject Matter During Reception

1. The initial reception process as contained in Department policy **11.2.1, "Reception and Classification,"** shall include a health screening history and physical examination in

³ 1-ABC-4E-01

⁴ 4-4477, 1-ABC-5B-12

accordance with Department policy **13.2.1, "Access to Health Care."** Baseline health information shall be collected from which health teaching and education needs shall be identified and discussed with the inmate.⁵ During the reception process, the inmate shall be advised of the availability of health education classes, health teaching during individual encounters, written pamphlets and videotapes.

2. The medical staff performing the physical screening/examination during the reception phase shall assess the inmate's capacity and abilities to perform activities of daily living (grooming, bathing, oral hygiene, and exercise). This information shall be documented in the nursing reception notes and maintained in the inmate's medical record.

E. One-on-One Health Education

1. The provision of health-related information during an individual encounter between an inmate and a health care professional, both orally and in writing, is inherent in the delivery of health care services. Health teaching shall be evidenced by documentation in the health record, which includes the inmate's verbal response as to his/her understanding. An inmate shall be encouraged to be an active and responsible participant in his/her health care by increasing his/her awareness of healthy behaviors and risk factors in preventing the transmission and acquisition of disease.⁶
2. Health teaching is most often specific to the presentation of the inmate at the time of an individual encounter. Because of the specificity and confidentiality, which is obligatory in health care, health care teaching should be done on a one-to-one basis. Opportunities for health teaching include Sick Call, Doctor Line, Dental Call, Chronic Clinics, Specialty Clinics, etc.⁷
3. Topics which should be taught during individual encounters include, but are not limited to, personal hygiene and grooming, fitness and nutrition, exercises for chronic low back pain (if not contraindicated), testicular self-examinations, self-breast examinations (both male and female), oral hygiene and diet instructions.⁸ Most encounters provide opportunities for health teaching. A same gender health care provider should present potentially sensitive topics. It is expected that the person providing the instruction have an understanding of the subject (an inmate who needs teaching and understanding of his/her mental illness should be referred to a health care provider who possesses the knowledge and/or experience in this area).

F. Health Education Classes

1. Health education sessions may be presented by Department staff (Drug and Alcohol Treatment Specialist) or external presenters (DOH, American Heart Association). The presenter must be knowledgeable in the topic he/she is presenting. The DOH has staff

⁵ 1-ABC-4F-10

⁶ 4-ACRS-5A-02, 4-ACRS-4C-10, 4-4361

⁷ 4-4144

⁸ 4-4361

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that specializes in HIV/AIDS, Diabetes Mellitus, Hepatitis B, Sexually Transmitted Diseases, Tuberculosis and other chronic conditions and disease entities.⁹

2. Any external provider conducting the education classes shall comply with the security practices of the facility. Sessions shall be presented at least four times a year to general population inmates. The CHCA/designee shall be present during the presentation of the health education whenever an external presenter is conducting the class.
3. When the CHCA/designee has determined the date(s), type of training source, and the topic to be presented, an **Inmate Sign-up Sheet (Attachment 6-D)** shall be posted on the inmate bulletin board in each general population housing unit. An inmate may sign up for the training by using a **DC-135**. The CHCA/designee shall coordinate scheduled presentations with the DSCS, the DSFM, and the Security Office.

G. Inmate Participation in Health Education/Teaching Classes

1. An inmate shall be afforded the opportunity to participate in a bi-annual assessment in order to identify the health education needs of the population.
2. The CHCA shall ensure that the following procedures are used for assessing the educational needs of the inmates:
 - a. a bi-annual needs assessment shall be conducted in order to provide an inmate with an opportunity for input into health education topics;
 - b. the **Health Education Topics** form (**Attachment 6-E**) shall be posted on the inmate bulletin board of every general population housing unit. The form shall remain posted for a four week period, and then shall be collected by a staff member as designated by the CHCA/designee;
 - c. after the review, prioritization, and coordination of the education session, the CHCA/designee shall forward a signup sheet to each housing unit for posting;
 - d. the signup sheet shall be posted on the inmate bulletin board in each housing unit four weeks prior to the scheduled presentation date;
 - e. about two weeks prior to the scheduled presentation, the CHCA/designee shall ensure that the signup sheets are collected from the housing units;
 - f. Diagnostic and Classification Center (DCC) housing units may use shorter periods (retrieving the signup sheet only after two weeks) due to rapid turn over of the inmate population. Notification of every inmate who signed up or submitted a request slip shall be prepared and submitted in accordance with established facility procedures. Attendance is voluntary;

⁹ 4-4361

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- g. an inmate shall be permitted to submit a **DC-135** in lieu of signing the signup sheet when he/she is concerned about confidentiality or when the signup sheets are full;
- h. where available, local access TV channels may be used to provide notification of health education sessions;
- i. the CHCA shall contact the scheduled presenter to inform her/him of the total number of inmates who have registered;
- j. the CHCA shall work with the DSCS, the DSFM, and the Facility Security Office and:
 - (1) designate a location;
 - (2) ensure provision of necessary teaching aids; and
 - (3) ensure attendance number is communicated to security staff;
- k. all collected sign-up sheets and **DC-135** forms shall be attached to the final attendance sheets and shall be maintained by the CHCA/designee, for a minimum of four years.

H. Inmate Attendance Tracking for Health Education/Teaching Classes

- 1. Inmate attendance shall be tracked with an **Inmate Health Education Attendance Sheet (Attachment 6-F)**, which shall be maintained with the original sign-up sheets and the submitted **DC-135** forms for at least four years by the CHCA/designated coordinator.
- 2. Inmate attendance shall be tracked by the use of an attendance sheet. The following information must be recorded.
 - a. date of presentation;
 - b. topic of presentation;
 - c. name of presenter and affiliation (Mary Doe, RN, Department of Health, John Jones, RN2, SCI - _____);
 - d. length of time required for presentation;
 - e. inmate name, identification number; and
 - f. housing unit
- 3. A presentation conducted by a community resource shall be facilitated by the CHCA/designated coordinator. The facilitator shall be responsible for inmate completion of the attendance sheet and shall count inmates physically present and compare with the attendance sheet.

4. Presentations

- a. Presentations conducted by an approved Department staff member or on-site Contracted Health Care Provider may not require a facilitator as he/she has familiarity with inmate population and facility operations.

Criteria requiring a facilitator:

- (1) shall be determined by the CHCA/designee in conjunction with the Contracted Health Care Provider; and
 - (2) the individual is a non-Department employee.
- b. The presenter shall assure completion of the attendance sheet and do an inmate count for comparison with the number of names on the attendance sheet. Discrepancies shall be reported to the CHCA.
5. An inmate may only be excused early from the session for the following:
- a. medication lines (inmate must present medication pass for verification and time of departure shall be marked above inmate's name on attendance sheet.); and/or
 - b. request by custody staff to have an inmate return to a housing unit or other necessary activity (meeting with Unit Manager, educational testing, Medical Department appointment [pre-scheduled]).
6. The medical department clerical support staff shall copy attendance sheet(s) (with number of copies corresponding with number of inmates in attendance) plus one copy for distribution to each unit manager.
- a. The original attendance sheet shall be maintained by CHCA for at least four years for verification purposes.
 - b. Information related to inmate attendance and departure prior to end of presentation shall be shared with the Unit Manager for further disposition, if needed.

Section 7 – Long Term Care Referrals

A. Admission Criteria¹

To be eligible for admission to the Long Term Care, an inmate must require either:

1. professionally supervised nursing care based on patient needs because of age, illness, disease, injury, convalescence, or physical/mental infirmity;²
2. Registered Nurse (RN) assessment skills for medical conditions/problems; and
3. Professional and ancillary personnel (Licensed Practical Nurse [LPN] and Certified Nurse Assistants [CNAs]) under the supervision of an RN to complete activities of daily living (bathing, dressing, grooming, toileting, feeding).

B. Responsibilities

1. The Bureau of Health Care Services (BHCS) shall:
 - a. review the initial referral for Long Term Care (LTC) transfers;
 - b. prioritize the referrals as beds are available at facilities providing long term care and/or provide immediate action when required but no later than 72 hours;³
 - c. coordinate contact between the sending facility and the receiving facility; and
 - d. maintain the BHCS referral list and notify both the referring and receiving facility of the Bureau 's determination for LTC placement.
2. SCI Laurel Highlands and Waymart will report the number of LTC beds available by level of care to the Quality Improvement (QI) staff by the close of business on Monday of each week.
3. The CHCA of the referring facility must accurately complete the **DC-502, Medical Referral/Functional Needs Assessment Survey (Attachment 7-A)** and after review submit the **DC-502** to the BHCS for review.

NOTE: To be eligible for admission to High Security Long Term Care, an inmate with high security risk(s) (custody level 3 or above) must meet criteria for long term care. These cases will be reviewed on a case-by-case basis and approved by the Regional Deputy Secretary prior to transfer to facilities that have LTC designated beds.

¹ 4-4143

² 4-4399

³ 4-4399

C. Referral Process⁴

The following process will be used to refer an inmate to long term care:

1. The **DC-502** must be completed by the referring CHCA/designee and submitted to the respective Regional QI Coordinator. The referring CHCA/designee will contact the respective Regional QI Coordinator to determine the priority level for the referral.
2. The respective Regional QI Coordinator will review the **DC-502** and determine LTC placement and level of care. The BHCS Regional QI Coordinator will inform the CHCA/designee of the sending and receiving facilities of the decision.
3. When a personal/intermediate/skilled bed becomes available, the BHCS Regional QI Coordinator will select an inmate from the LTC Referral List based on priority.
4. The BHCS Regional QI Coordinator will notify the sending and receiving facilities including Medical Director and Office of Population Management (OPM) to coordinate the transfer.
5. The transfer petition will be entered by the sending facility and approved by OPM. The sending and receiving facility will coordinate with OPM regarding the date and mode of transport.

D. Non-Medical Transfers to SCI Laurel Highlands

Non-medical transfers to SCI Laurel Highlands will only be permitted if they meet the criteria listed below. Non-medical transfers who do not meet these criteria will be returned to the sending facility.

1. No disability that interferes with any activity of daily living, e.g., walking, bathing, feeding, toileting, etc.
2. No need of any mobility assistive device (cane, crutch, wheelchair, etc.).
3. No serious depression, psychosis, or other condition requiring mental health unit admission.
4. No chronic medical conditions requiring repeated visits to sick call or outside specialists or precluding employment or work.
5. No outstanding consultation/appointment with any medical provider.

⁴ 4-4399

E. Parole Transfer of an Inmate Who Requires Skilled Care to the South Mountain Restoration Center (SMRC), Department of Public Welfare (DPW)

1. To be eligible for admission to the SMRC, an inmate must meet DPW admission criteria.
2. The CHCA will verify with Inmate Records, the Pennsylvania Board of Probation and Parole's (PBPP) or Department's approval for the inmate's release to the SMRC. When Department verification is received, the referring facility shall contact the SMRC, Social Service Department.



BULLETIN
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject:
Management and Administration of Health Care Procedures Manual
Section 8 – Medical/Legal

Policy Number:
13.01.01, Section 08-01

Original Issue Date:
June 8, 2018

Date of Issue: August 1, 2019	Authority: Signature on File John E. Wetzel	Effective Date: August 8, 2019
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The purpose of this bulletin is to update **Subsection A. Inmate Consent to Accept Medical Treatment, 5. a.-f.** with information on inmate consent for invasive body procedures. A new **Subsection A.6.** is added to include direction on completion of the **DC-452, Consent for Operations or Other Medical/Dental Procedure** when a physician is off site during an emergency situation. Changes are noted in bold and italics. The **DC-452** form is available in the electronic health record (EHR) and is no longer included as an attachment to this policy section.

Subsection A.5. shall now read:

5. An inmate must give informed consent or permission for invasive treatment. Invasive is defined as involving incision of the skin or insertion of an instrument or foreign material into the body. Diagnostic techniques may involve invasive treatment. A **DC-452, Consent to Operation or Other Medical/Dental Procedure** must be completed by a physician or dentist for the following invasive body procedures:
 - a. biopsies or excisions;
 - b. ***surgical repair of lacerations***;
 - c. ***hemodialysis or peritoneal*** dialysis;
 - d. invasive cancer chemotherapy;
 - e. ***performing surgery, including the*** administration of ***local*** anesthesia; and
 - f. other invasive procedures whereby consent is required in community practice.

Subsection A.6. is new and shall read:

6. ***In the event an emergency situation occurs while the facility physician is off site, a mid-level medical provider (CRNP or PA) may complete the DC-452 without the facility physician's signature.***

Section 8 – Medical/Legal

A. Inmate Consent to Accept Medical Treatment¹

1. An inmate is deemed to have given consent when he/she seeks medical care and/or accepts the treatment offered by a qualified health care provider, except as listed in **Subsection A.5. below**, and HIV treatment as listed in Department policy **13.2.1, “Access to Health Care.”**
2. The health care provider shall make documentation regarding the inmate’s consent in the **DC-472, Progress Notes.**
3. Facility staff, either medical or non-medical, shall not consent to any medical procedures on behalf of an inmate, absent authorization from an appropriate authority (court order).
4. Off-site contracted health care providers, such as medical consultants or hospital-based physicians, shall obtain consent from an inmate before instituting medical treatment. This shall be done in a manner consistent with existing Pennsylvania laws and local procedures in the medical setting where care is to be provided (hospital or off-site physician office).
5. An inmate must give informed consent or permission for invasive treatment. Invasive is defined as involving puncture or incision of the skin or insertion of an instrument or foreign material into the body. Diagnostic techniques may involve invasive treatment. A **DC-452, Consent to Operation or Other Medical/Dental Procedure (Attachment 8-A)** must be completed *by a physician or dentist* for the following invasive body procedures:
 - a. procedures performed under anesthesia (surgery);
 - b. biopsies or excisions;
 - c. cardiac catheterizations and angiography;
 - d. endoscopes;
 - e. invasive diagnostic therapeutic radiology;
 - f. hemoperitoneal dialysis;
 - g. radiation therapy;
 - h. invasive cancer chemotherapy;
 - i. administrative of general or regional anesthesia;

¹ 4-4397, 4-ACRS-4C-19

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Section 8 – Medical/Legal

- j. insertion of central intravenous (IV) lines; and
 - k. other invasive procedures whereby consent is required in community practice.
6. Health care providers in Pennsylvania must use the prudent standard of informed consent as outlined in this procedures manual. The following elements of informed consent shall be used by the treatment health care professional:
- a. competency – the inmate is able to:
 - (1) understand the facts;
 - (2) appreciate circumstances and information regarding the treatment; and
 - (3) make a choice.
 - b. knowledge – the inmate is informed of:
 - (1) proposed treatment;
 - (2) risks and benefits; and
 - (3) alternative treatments or lack thereof.
 - c. volitional – the inmate makes the decision after consultation with his/her treating professional.
7. Diagnostic and treatment procedures may be performed without the consent of the inmate under the following circumstances:
- a. non-invasive medical procedures that have been approved and conducted pursuant to the Mental Health Procedures Act of Pennsylvania, P.L. 817, No. 143, §§302-304, 50 P.S., §§7302-7304;
 - b. invasive procedures listed in **Subsection A.5. above** may not be instituted without a court order requiring treatment or with the approval of a duly designated guardian or surrogate decision-maker;
 - c. evaluation and treatment for communicable (reportable) diseases as defined by the Disease Prevention and Control Law of 1955 shall be conducted in accordance with Department policy **13.2.1**;
 - d. when the inmate is unable to give informed consent due to an impaired state of consciousness, necessary immediate emergency treatment shall be given to the inmate by qualified medical staff. In this scenario, consent is implied and granted only for those procedures to preserve life and prevent injury in the emergency setting. This

authority to act terminates when informed consent can be obtained in the future, or treatment is refused by the inmate in a competent state (see **Subsection E. below**);

- e. an adjudication of incapacity where the treatment facility possesses the applicable court order and the guardian has given informed consent; and
 - f. pursuant to a court order authorizing Department staff to provide diagnostic evaluation or treatment. The authority terminates with revocation of the order or when the inmate is no longer located in the county where the order was issued.
8. The use of force to any degree to gain medical information or treatment without the inmate's informed consent is prohibited without a court order. Consultation with the Bureau of Health Care Services (BHCS), Chief of Clinical Services, shall be sought for an inmate who is refusing treatment and where a medical emergency exists (see **Subsection D. below**).
9. Procedures and implementation of a **DC-498, Advance Directive Declaration (Attachment 8-B)** shall be in accordance with **Subsection B. below** if the inmate is unable to give consent due to being permanently unconscious and in a terminal condition.

B. Advance Directive Declaration for Health Care (Living Will)

1. Responsibilities

The Corrections Health Care Administrator (CHCA)/designee shall ensure:

- a. an inmate who wishes to sign a **DC-498** is provided with information regarding Advance Directives;
- b. the original signed and witnessed **DC-498** is placed in the inmate's medical record, in the legal section under the **DC-433, Advance Directive Declaration Divider**;
- c. an entry is made in the inmate's medical record, acknowledging receipt of the document and stating that it is in effect as of that date;
- d. the outside of the inmate's medical record is marked with a **DC-444, Advance Directive Label** regarding the presence of the **DC-498**. A checkmark is placed on the **DC-444** label and the date the inmate signed the **DC-498** is noted on the **DC-444**; and
- e. a **DC-498** shall be sought by medical staff for an inmate with a serious medical condition who is admitted to the infirmary and for an inmate with a chronic medical disease, including cancer.

2. Execution of a **DC-498**

- a. An inmate of sound mind who is 18 years of age or older, or who has graduated high school or has married may execute a **DC-498**.
- b. There is no requirement that an inmate submit to a competency examination prior to executing a **DC-498**.
- c. An inmate who has a history of mental illness or who exhibits signs of mental deficiency at the time he/she wishes to execute a **DC-498**, should be examined for competency (the ability to comprehend and appreciate the potential consequences of foregoing certain life sustaining procedures and the circumstances under which it may be withheld) in accordance with Department policy **13.8.1, “Access to Mental Health Care”** prior to executing the document.
- d. The signing of a **DC-498** shall be witnessed by at least two persons 18 years of age or older who have not signed the **DC-498** on behalf *of* and at the direction of the inmate.
- e. An individual who is incarcerated at the time of signing may not be a witness.
- f. A staff member may serve as a witness. The witness should have some familiarity with the inmate and be a trustworthy individual. Counselors, Unit Managers, or other treatment team members are appropriate witnesses.
- g. A staff witness will indicate his/her work address in the appropriate space of the **DC-498**.
- h. Staff, or Contracted Health Care Providers, who are directly involved in providing an inmate with medical care cannot serve as a witness.

3. Surrogate

- a. The inmate may designate a surrogate to make medical treatment decisions for him/her in the event that he/she becomes incompetent and in a terminal condition or is in a state of permanent unconsciousness.
- b. It is not necessary that the inmate identify a surrogate.
- c. The decision of the surrogate supersedes all other individuals in regard to decisions concerning the medical care of an incapacitated inmate.
- d. An acceptable surrogate may be anyone the inmate chooses, except another inmate or a person employed by or contracted with the Department, unless that inmate or employee is a family member.

- e. In order to document the named surrogate's willingness to accept the responsibility of making decisions concerning an inmate's medical care, the surrogate shall complete the **DC-522, Surrogate Acceptance of Responsibility Form (Attachment 8-C)** and send it to the CHCA prior to the execution of a **DC-498**.
- f. A copy of the **DC-498** is to be forwarded to the surrogate.
- g. If the surrogate declines to accept responsibility for making decisions concerning an inmate's medical care, or fails to return the **DC-522**, the CHCA shall notify the inmate and document in the medical record.

4. Activation of a **DC-498**

- a. A **DC-498** becomes active when, and only when two physicians certify independently and in writing in the inmate's medical record, that the inmate is in a terminal condition and is incompetent or is in a state of permanent unconsciousness.
- b. If there are a sufficient number of physicians in the facility, the attending physician may seek this second opinion from within the facility. If the facility has only one physician, then an outside consultation must be obtained.
- c. Physicians and other health care providers employed by or contracted with the Department must abide by the provisions of a **DC-498**, or by the decisions of the person named as surrogate.
- d. If an attending physician or other health care provider cannot in good conscience comply with a declaration, he/she shall inform the inmate or, if the inmate is incompetent, the inmate's surrogate and/or family. The medical care of the inmate will then be transferred to another physician or health care provider who will comply with the declaration. The physician will immediately notify both the Medical Director and the CHCA if this situation occurs. The reasons for such a transfer must be clearly documented in the medical record.
- e. Other health care workers employed by or contracted with the Department may similarly refuse to participate in the withholding or withdrawing of life-sustaining treatment in accordance with a **DC-498**, if matters of conscience or belief are involved. In such cases, the health care worker will notify the CHCA and the attending physician in writing of the refusal and of the reasons therefore.

5. Advance Directives and Pregnant Inmates

- a. Notwithstanding the existence of a declaration or directive to the contrary, life-sustaining treatment, nutrition, and hydration must be provided to a pregnant inmate who is incompetent and in a terminal condition or who is permanently unconscious; unless, to a reasonable degree of medical certainty, as certified in his/her medical record by the attending physician and an obstetrician who has examined the inmate, such treatment:

- (1) will not maintain the pregnant inmate declarant in such a way as to permit the continuing development and live birth of the unborn child;
 - (2) will be physically harmful to the pregnant inmate declarant; and
 - (3) will cause pain to the pregnant inmate, which could not be alleviated with medication.
- b. The attending physician is not required to order a pregnancy test unless the physician has reason to believe that the inmate declarant may be pregnant.
6. Exceptions to the **DC-498**
- a. The provisions of a **DC-498** do not apply to care given to an inmate by emergency medical personnel prior to the **DC-498** becoming operative.
 - b. Emergency medical personnel must abide by the provisions of a **DC-498** after it becomes operative only if:
 - (1) the original declaration is presented to the emergency medical personnel, and emergency medical personnel immediately notify the medical command physician of the presence of the declaration; or
 - (2) the medical command physician, based on prior notification by the attending physician or other health care provider that a valid and operative declaration exists, directs the emergency medical personnel according to the provisions of the declaration.
7. Removal or Rescinding of a **DC-498**
- a. An inmate may rescind his/her **DC-498** at any time and in any manner without regard to the inmate's medical or physical condition. A revocation is effective upon communication to the CHCA/designee or other health care provider by the inmate or a witness to the revocation.
 - b. The CHCA/designee or other health care provider shall ensure that the document remains in the medical record:
 - (1) a **DC-444** is placed in the center of the rescinded **DC-498**, "NO" and the date is written on the **DC-444**;
 - (2) the notation regarding the **DC-498** on the front of the medical record is removed by placing another **DC-444** label over the label on the front of the medical record; and
 - (3) that an entry is made noting the date of removal.

- c. No coercion or persuasion will be employed to induce any inmate to either sign, or not sign a **DC-498**.
- d. The CHCA shall ensure that an inmate who is unable to read has the information read aloud and explained and/or interpreted for him/her.

C. Humanity Gifts Registry (20 Pa. C.S. §8611 and 35 Pa. C.S. §1092)

1. The Humanity Gifts Registry (HGR) is a non-profit agency of the Commonwealth concerned primarily with the receipt and distribution of bodies donated to all medical and dental schools in the state for teaching purposes.
2. **35 Pa. C.S. §1092** requires the Department to notify the HGR whenever a deceased inmate will be buried at public expense.
3. The counselor shall discuss the HGR with an inmate who lists no next-of-kin.
4. If the inmate wishes to donate his/her body to the HGR for scientific and teaching purposes, the counselor shall notify the HGR and obtain proper registration materials:

Humanity Gifts Registry
P.O. Box 835
Philadelphia, PA 19105-0835
(215) 922-4440

5. The registration materials shall be completed and forwarded to the Medical Department for filing in the Medical Record, and a notation made in the **DC-14, Counselor File**.
6. If the inmate does not wish to participate in the HGR, the counselor shall note this in the **DC-14** and notify the Medical Department so a notation may be made in the inmate's Medical Record.

D. Guardianship Procedures for Refusal of Treatment with a Serious Medical Condition

1. If an inmate with a serious medical condition refuses treatment, it poses a risk to the inmate's welfare and potentially to the health and safety of staff and other inmates. These refusals shall be evaluated carefully due to the risk of disease spread in closely quartered facilities, the risk of serious illness, injury, or death to the refusing inmate. The goals of the Department are to minimize potential threats to order and security, protect human life, and maintain the integrity of the medical profession in making medical decisions consistent with applicable legal standards, procedures, and requirements.
2. The facility Medical Director/designee shall consult with the BHCS before instituting medical treatment in inmates who refuse treatment or lack decision-making capacity consistent with applicable legal standards, procedures, and requirements.

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3. The facility Medical Director must make a Subjective Objective Assessment Plan (SOAP) entry on the **DC-472** in the inmate's medical record. In this assessment, the inmate's clinical condition and current problems shall be identified by the Medical Director, including the following factors:
 - a. refusal or acceptance of medical treatment after the evaluation and treatment options are discussed with the inmate;
 - b. emergency vs. non-emergency status of the identified medical problem(s);
 - c. competency or non-competency to refuse treatment based upon decision-making capacity. Psychiatric consultation is obtained if decision-making capacity is lacking; and
 - d. the medical condition is reversible or irreversible (temporary or likely to be chronic and unremitting).
4. The facility Medical Director and the CHCA shall notify the Chief of Clinical Services, BHCS, Assistant Medical Director, or Clinical Coordinator to review the medical and/or psychiatric findings.
5. The BHCS shall inform the Department's Office of Chief Counsel of the medical status of the inmate and the continued refusal of medical treatment and/or need for guardianship procedures.
6. The **Checklist for Guardianship Petitions (Attachment 8-D)** must be completed by the CHCA/designee and forwarded to the BHCS, Medical Director, and the Department's Legal Assistance Center (CR, CEN Legal Assistance Center).
7. The BHCS and the Office of Chief Counsel shall develop a mutual plan of action to address the individual medical-legal concerns presented for the inmate.
8. The BHCS and/or the Office of Chief Counsel shall contact the facility CHCA and/or Medical Director to advise him/her of the medical/legal plan of action with specific instructions on how to proceed to ensure care is delivered in a timely fashion.
9. The facility Medical Director and/or CHCA shall advise the BHCS of any changes in the medical status, refusal of treatment status or decision capacity status as the medical/legal plan is implemented. The BHCS shall provide the Office of Chief Counsel with updates on the inmate's status that could require changes to the plan of action.
10. The **Suggested BHCS-Legal Procedure to Handle Guardianship Issues (Attachment 8-E)** outlines the steps in this procedure.

E. Refusal of Medical Treatment

1. When an inmate refuses treatment for a condition that has been determined by a physician to be life threatening, medical staff shall complete a **DC-462, Release from Responsibility for Medical Treatment**.² The CHCA shall ensure that the Deputy Superintendent for Centralized Services (DSCS) is provided a **DC-121, Extraordinary Occurrence Report**. An entry on the **DC-472** must be made in the inmate's Medical Record by the medical staff documenting the results of the medical examination and the inmate's refusal.
2. A physician shall interview the inmate and determine if the refusal might be reversed by education, counseling, or mental health intervention. Where a release has been signed, the inmate's family may be contacted to talk with the inmate regarding the need for treatment. The physician shall advise the inmate of the effects of his/her continued refusal to cooperate with treatment, and document this counseling in the Medical Record using the **DC-472**.
3. If the inmate's refusal to accept treatment poses a potential medical emergency, then the following procedures shall be followed:
 - a. the physician shall admit the inmate to the infirmary as a medical admission;
 - b. medical staff shall observe the inmate's condition in accordance with Department policy **13.2.1**;
 - c. within 72 hours or sooner if appropriate, a meeting of the inmate's treatment staff, including primary physician, CHCA, nursing supervisor, psychiatrist, psychologist, Unit Manager, and counselor shall convene to develop an appropriate treatment plan to address the problem of treatment refusal. The CHCA shall notify the DSCS of the meeting results;
 - d. a psychiatric evaluation shall be performed to determine the inmate's competency to refuse treatment within 24 hours of notification by the primary physician. If the inmate is determined to be incompetent and/or if he/she meets the criteria for involuntary mental health commitment, the commitment procedure shall begin immediately, and efforts shall be made to treat any remediable underlying mental health condition in accordance with Department policy **13.8.1**;
 - e. a psychiatrist shall monitor the inmate at least once per week and document each contact in the Medical Record on the **DC-472**;
 - f. the inmate's counselor shall:
 - (1) interview the inmate as soon as possible;

² 4-4397

- (2) maintain daily contact (Monday-Friday) with the inmate for the duration of the refusal;
 - (3) attempt to resolve the problem through daily counseling (Monday-Friday); and
 - (4) document all contacts with the inmate on the **DC-14** and provide copies for the Psychiatric/Mental Health Section of the Medical Record.
- g. the psychology staff shall:
- (1) provide an initial assessment of the inmate;
 - (2) monitor the inmate at least twice per week for the duration of the refusal. In instances where the inmate is on the Mental Health/Intellectual Disability Tracking List, the frequency of psychology staff visits shall be daily;
 - (3) recommend mental health commitment if appropriate; and
 - (4) document all contacts and findings on the **DC-472**.
- h. the facility Medical Director and/or CHCA shall call the BHCS for a medical/legal consultation, per **Inmate Medical Refusal Information Sheet (Attachment 8-F)**, if the inmate continues to refuse medical care and a medical emergency exists; and
- i. the **Inmate Medical Refusal Information Sheet** must be completed by the CHCA/designee and forwarded to the BHCS, Medical Director, and the Department's Legal Assistance Center.

F. Release from Responsibility for Dietary Deficiencies

1. ***In accordance with Department policy DC-ADM 819, "Religious Activities," the Facility Chaplaincy Program Director (FCPD) shall notify the Medical Department (CHCA/designee) when an inmate has been given conditional approval for the Nation of Islam (NOI)/Muhammad's Temple of Islam (MTI) Diet and completion of a DC-462F, Release from Responsibility for Dietary Deficiencies (Attachment 8-G) form is required.³***
2. ***A medical practitioner (physician, Certified Registered Nurse Practitioner [CRNP], or Physician's Assistant [PA]), shall review the NOI/MTI diet with the inmate and the potential health consequences that can result from following it. The inmate will be required to sign the DC-462F form in the electronic health record. If the inmate refuses to sign the DC-462F, the NOI/MTI Diet shall not be provided.***

³ 4-4319

3. *After the DC-462F has been signed, the medical practitioner shall update the Problem List in the electronic health record to indicate the inmate will be following the NOI/MTI Diet. This shall be listed as, "Inappropriate Diet and Eating Habits."*
4. *A copy of the DC-462F signed by the inmate shall be forwarded to the FCPD by the Medical Records Department/designee.*
5. *If the inmate relinquishes the NOI/MTI diet voluntarily or is involuntarily revoked from the diet, the FCPD shall inform the Medical Department (CHCA/designee) by providing a copy of the Religious Diet Revocation Letter.*
6. *The Religious Diet Revocation Letter shall be uploaded to the electronic health record for review by a medical practitioner who will update the Problem List to indicate the inmate is no longer on the NOI/MTI Diet.*

G. Inmate Acceptance of Medical Treatment/Discharge from the Infirmary

1. When an inmate accepts medical treatment, provides informed consent, and is medically stable, he/she may be discharged from the infirmary by the facility Medical Director or primary treatment physician. The inmate shall return to his/her prior housing status after receiving medical clearance by the primary treatment physician and when fully compliant with prescribed medical treatment.
2. Counseling staff shall make contact with the inmate weekly for one month post-infirmary discharge, document all contacts with the inmate on the **DC-14**, provide copies for the Psychiatric/Mental Health Section of the Medical Record, and consult with medical staff on a regular basis to ensure continued inmate compliance.
3. Medical staff shall monitor the inmate on a regular basis at intervals appropriate for the medical condition to ensure compliance. Medical staff shall notify the inmate's counselor and/or Unit Manager if medication or treatment is refused after three occasions within a five-day period.

H. Refusal to Drink and Eat⁴

1. When staff observe that an inmate is refusing to drink liquids for 24 hours and/or eat for 72 hours, or sooner if appropriate, the staff member shall immediately notify the Shift Commander. The Shift Commander shall notify the Unit Manager/Housing Unit Lieutenant, Medical, and Psychology Departments.
2. The reporting staff member shall complete the **DC-121, Part 3**. The original shall be kept in the **DC-15, Inmate Records Jacket**. A copy shall be forwarded to the Shift Commander as official notification of the incident.

⁴ 4-4224

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3. If an inmate, who is under observation for refusal to drink and/or eat, requests drink or food, attending staff shall provide drink or food, and medical staff shall be contacted immediately.
4. Water and food consumption, including any commissary items, shall be monitored insofar as possible and recorded by either correctional staff or medical staff. Medical staff shall document food and liquid intake on the **DC-472**.
5. The CHCA/designee shall:
 - a. review the case and ensure that nursing staff assess the inmate then immediately notify the physician and the psychiatrist for direction on appropriate treatment;
 - b. notify the DSCS of the inmate's refusal to drink and/or eat status;
 - c. notify the Regional Quality Improvement (QI) Coordinator (CR-BHCS QI Nurses), the Licensed Psychology Director of the Psychology Office at Central Office, the respective Regional Licensed Psychology Manager, and the BHCS Food Services Division (CR, CEN Food Service Division), of an inmate's refusal to drink and/or eat (24 hours for fluids, 72 hours for food), by the next working day;
 - d. provide a daily medical status update to the Regional QI Coordinator at the BHCS;
 - e. coordinate the services (creation of individual treatment plans, and other medical/mental health services), delivered by the multi-disciplinary team to the designated inmate. Consider notifying the inmate's family, provided a release has been signed;
 - f. determine with the multi-disciplinary team where the inmate shall be transferred and/or placed. The inmate shall be retained in his/her regularly assigned housing unless:
 - (1) the Medical Department requires intake and output charting, due to impending medical emergency (admit to infirmary);
 - (2) the multi-disciplinary team has reason to believe that the inmate may be emotionally disturbed (admit to Psychiatric Observation Cell [POC]); and/or
 - (3) the multi-disciplinary team believes that the inmate's continued presence will create a disruptive situation and/or draw undue attention to the inmate's refusal (admit to the infirmary observation cell).
 - g. notify the Program Review Committee (PRC) if the inmate continues to refuse to drink for 24 hours, and/or eat for 72 hours, after his/her initial refusal; and
 - h. if the inmate's medical condition indicates that legal intervention might be anticipated within a few days, the CHCA shall fill out the **Inmate Hunger Strike Information**

Sheet (Attachment 8-H, Page 1). This shall be forwarded to the Regional QI Coordinator, the Licensed Psychology Director of the Psychology Office at Central Office, and the respective Regional Licensed Psychology Manager.

6. The Regional QI Coordinator shall inform the Chief of Clinical Services of the hunger strike and initiate a legal review by the Office of Chief Counsel. A court order to force feed will be conducted under the direct supervision of appropriate medical personnel and in accordance with Department policy **6.3.1, “Facility Security.”**
7. The Medical Director/physician shall complete an initial evaluation within 24 hours of the report of an inmate’s refusal to drink and/or eat which shall include the following minimum procedures:
 - a. perform a thorough medical evaluation;
 - b. order weight and vital signs at least once every 24 hours;
 - c. order a complete blood count (CBC), electrolytes, blood chemistry, urinalysis, and any other tests deemed medically necessary;
 - d. document contacts on the **DC-472**;
 - e. document on the **DC-462**, any refusal to permit clinical medical evaluation and treatment;
 - f. advise the inmate of the effects of starvation and dehydration as described on the **DC-463, The Effects of Starvation and Dehydration (Attachment 8-I)**. Have the inmate affix his/her signature that he/she understood the effects, and provide the inmate with a copy. If the inmate refuses to sign the form, the physician shall follow the instructions noted on the form. The physician shall also sign the form;
 - g. observe and attempt to perform a medical examination daily and document in the **DC-472**; and
 - h. when medically necessary, order the inmate admitted to the infirmary for treatment or recommend alternate housing to the DSCS and/or CHCA. If admitted to the infirmary, Inpatient Unit Medical Procedures shall be followed for evaluation and monitoring. If admitted on Administrative Custody (AC) status, medical monitoring shall be daily.
8. The nursing staff shall:
 - a. assess the inmate;
 - b. attempt to determine his/her reasons for refusing to drink and/or eat;
 - c. notify the physician and the psychiatrist of an inmate’s refusal to drink and/or eat by the next working day;

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- d. measure and chart weight daily or as ordered by the physician and document the findings on the **DC-475, Inpatient Vital Signs Flow Sheet**;
 - e. record vital signs daily or as ordered by the physician and document on the **DC-475**;
 - f. document any refusal of treatment on the **DC-462**;
 - g. chart the daily intake and output on those inmates housed in the infirmary on the **DC-489, Intake/Output Flow Sheet**;
 - h. document all contacts on the **DC-472**;
 - i. follow all nursing duties as contained in Department policy **13.2.1** if the inmate is admitted to the infirmary; and/or
 - j. follow all POC nursing duties as contained in Department policy **13.8.1**.
9. The Counselor or Unit Manager shall:
- a. interview the inmate the next working day after notification of the inmate's refusal to drink and/or eat;
 - b. review the completed **DC-17X, Adjustment Record for Security Level 5 Inmates**, if the inmate is housed in the Restricted Housing Unit (RHU);
 - c. maintain daily contact (workdays) for the duration of the refusal;
 - d. immediately report to the medical staff the results of his/her contact with the inmate and any changes in the inmate's condition;
 - e. attempt to resolve the refusal to drink and/or eat via counseling techniques;
 - f. document all contacts in the ICAR in the Unit Management System. The ICAR entries shall be copied daily, printed, and filed in the medical record on a daily basis;
 - g. immediately report to the medical staff the results of his/her contact with the inmate and any changes in the inmate's condition;
 - h. follow all duties as contained in Department policy **13.2.1** if the inmate is admitted to the infirmary as a medical admission;
 - i. follow all duties as contained in Department policy **13.8.1** if the inmate is placed in a POC; and
 - j. participate as a member of the multi-disciplinary medical team.

10. The Licensed Psychology Manager/designee shall:
- a. provide an initial clinical assessment of the inmate the next working day after notification and complete the **DC-516, Evaluation of Inmate Self-Injury** by the next working day after notification. The **DC-516** shall be forwarded to the respective Regional Licensed Psychology Manager and the Licensed Psychology Director of the Psychology Office at Central Office;
 - b. institute daily (workday) monitoring for the duration of the refusal;
 - c. document contacts and findings in the daily ICAR and **DC-560, Mental Health Contact Form**. If the inmate is housed in the RHU, the psychologist shall review the **DC-17X**. At least one of these contacts per week shall be offered out-of-cell;
 - d. if appropriate, make a recommendation for mental health commitment to the multi-disciplinary medical team;
 - e. inform the suicide prevention coordinator to schedule the case for discussion at the next monthly suicide prevention committee meeting;
 - f. follow all procedures contained in Department policy **13.2.1** if the inmate is admitted to the infirmary as a medical admission;
 - g. follow all procedures contained in Department policy **13.8.1** if the inmate is admitted to a POC;
 - h. participate as a member of the multi-disciplinary medical team; and
 - i. complete a clinical review in accordance with Department policy **13.1.1, Section 9** when a court order to force feed is obtained.
11. The psychiatrist shall:
- a. provide a mental status evaluation and treatment plan to address the refusal to eat and drink within three days of notification of such request, or sooner if a medical emergency exists;
 - b. recommend a mental health commitment after consultation with psychology if a psychiatric emergency exists. Include forced feeding if necessary during the mental health commitment;
 - c. institute weekly psychiatric examinations to monitor mental status and decision-making capacity to refuse to eat and drink;
 - d. document findings in the **DC-472** in SOAP format; and
 - e. participate in and make recommendations to the multi-disciplinary medical team.

I. Resumption of Drinking and/or Eating

1. If the inmate has been on an extended hunger strike, the medical provider shall be notified prior to the resumption of food. The inmate's medical condition may dictate special re-feeding instructions.
2. Once an inmate resumes drinking and/or eating and is medically cleared, the CHCA and the multi-disciplinary medical team shall coordinate a period of follow-up. The counselor shall continue daily contact for one week and weekly contact for one month. Every counselor contact shall be documented on the inmate in the **DC-14**.
3. Medical staff shall monitor the inmate on a regular basis at intervals determined by the facility Medical Director. Medical staff shall contact the counselor/Unit Manager if the refusal of eating and drinking resumes.
4. The CHCA shall notify the BHCS when an inmate resumes drinking and/or eating. The BHCS shall provide the Office of Chief Counsel with updates on the inmate's status that could require changes to the plan of action.



BULLETIN
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject: Management and Administration of Health Care Procedures Manual Section 9 – Notification and Clinical Review of Inmate Deaths, Attempted Suicides, and Serious Self-Injurious Behavior		
Policy Number: 13.01.01, Section 09-01		
Original Issue Date: January 30, 2014		
Date of Issue: December 9, 2019	Authority: Signature on File John E. Wetzel	Effective Date: December 16, 2019

The purpose of this bulletin is to update **Section 9, Subsections H.-P.** (see listing below), of Department policy **13.1.1. Subsections I, J, K, L, M, and P** are new subsections. **Attachment 9-E** is new. Changes are noted in bold and italics.

- H. Clinical Review *and Brief Chart Review* of Suicides, Suicide Attempts, or Self-Injurious Behavior (SIB)
- I. ***Brief Chart Review***
- J. ***Clinical Review Team***
- K. ***Format of the Clinical Review Report***
- L. ***Timeline for Clinical Review Report of Suicide Completed by SCIs***
- M. ***Timeline for Central Office Legal Review of Suicide***
- N. Disposition of the Deceased Inmate's Personal Effects
- O. Critical Incident Stress Management (CISM)
- P. ***Suicide Prevention Committee***

Section 9, Subsections H. through P. shall now read:

H. Clinical Review *and Brief Chart Review* of Suicides, Suicide Attempts, or Self-Injurious Behavior (SIB)¹

1. ***All suicides require an in-depth analysis referred to as a clinical review or psychological autopsy. Any self-injury that specifically results in commitment to an inpatient unit (e.g., Mental Health Unit or Forensic Treatment Center) also requires a clinical review.***
2. ***The clinical review shall focus on what can be learned from the incident and to determine the facts in the case under review.² The clinical review shall attempt to reconstruct the individual's***

¹ 5-6A-4373-1

² 5-6D-4410

life with an emphasis on the risk factors (i.e., both chronic and acute) that may have contributed to the individual's death (i.e., or suicide attempt) and existing protective factors. The clinical review should also assess the motivation, intent, delivery of mental health care, and discuss recommendations for changes to policy, procedure, or practice.³ Clinical reviews are not intended to be an investigation or review process to determine whether or not discipline of staff actions is necessary. Such administrative actions, if deemed appropriate, shall occur separate from the clinical review.

3. **Psychology staff have the discretion to conduct a clinical review on any self-injurious event or series of events. The Facility Manager/Deputy Superintendent for Centralized Services (DSCS) also has the discretion to request the completion of a clinical review on any self-injurious event or series of events.**
4. **A suicide attempt is considered any self-inflicted injury that results in commitment to an inpatient unit (i.e., Mental Health Unit or Forensic Treatment Center), any self-injury resulting in outside hospitalization (i.e., requiring transportation to a hospital external to the State Correctional Institution [SCI] for treatment related to the self-injury), any self-injury that requires invasive Department medical intervention or treatment (i.e., not simply an evaluation), any lacerations requiring suturing, any self-injurious event resulting in oxygen administration, any event that constitutes an infirmary medical admission, or any event that requires stat medication administration. All suicides and suicide attempts also require completion of the DC-516, Brief Chart Review.**
5. **The purpose of the DC-516 is to determine whether a clinical review is needed.**
6. **Every known and reported self-injurious event that does not result in death, regardless of the intent or severity, requires a clinical contact from Psychology staff, which shall be memorialized with a DC-560, Mental Health Contact Note or DC-472L, Progress Note Psychology POC and completion/review of the embedded Suicide Risk Assessment. The DC-560/DC-472L shall be completed as soon as possible after notification of the self-injury, but no later than two working days after notification of self-harm. This clinical contact should assist with determining whether a DC-516 is required. The decision of whether to conduct a DC-516 is at the discretion of the Psychology staff member completing the clinical contact.**
7. Following a verified suicide attempt or SIB(s) the Licensed Psychologist Manager (LPM)/Mental Health Coordinator (MHC) will, if necessary, update the Electronic **Health Record (EHR)** to indicate the **individual** has a history of suicide attempts **or SIBs. Additionally, this process should be completed when Psychology staff or any other Department staff member that has access to the patient health record becomes aware of a history of self-injury.** This is accomplished by logging into the **EHR** and pulling up the "patient chart" page of the **EHR** and selecting the "edit" option, under the inmate's photo. Next, under the "miscellaneous" section, select "patient suicide status" and then select "history of attempts." Finally, click the "update" tab in the bottom right region of the "modify patient" page to conclude the data update.
8. Following a verified suicide attempt or SIB(s), the LPM/MHC will, if necessary, update the suicide column located on the active Mental Health (MH)/Intellectual Disability (ID) Roster to indicate YES. This is accomplished by logging into Mainframe (F2 screen) and typing DM (i.e., D=classification, M=Maintenance) into "required selection" and pressing ENTER. Then, type 80 (i.e., BACKGROUND data) into the "required selection," and the inmate's number (e.g., XX1234) and pressing ENTER. On the following mainframe page, tab to "suicide" and enter a "V" to indicate that "suicide" is a verified problem area. Additional comments can be entered by tabbing to the "remarks" section below. Conclude the data update by pressing ENTER.

³ 5-6A-4373-1

I. Brief Chart Review, DC-516

- 1. The DC-516 is a brief chart review that shall be completed within five working days of any suicide attempt or suicide. The purpose of the DC-516 is to complete a brief chart review of the incident, the individual, and to determine if a clinical review is indicated and/or if the case should be referred to the Psychiatric Review Team (PRT). Areas to be considered in the DC-516 include patient demographics, sentencing and housing factors, specific characteristics of the incident, lifetime historical variables, concurrent clinical variables, existence of protective factors, lethality and likelihood of fatality, management/treatment variables, and other factors not previously identified.**
- 2. If Psychology staff determine that a clinical review is required in response to a self-injurious event by completing the DC-516, Psychology staff shall provide email notification to the Facility Manager and DSCS as soon as possible.**
 - a. Self-injury by confirmed licit or illicit drug overdose that results in either outside hospital treatment or some other medical response, requires completion of the DC-560. If the result of the DC-560 was that no suicidal ideation was present, a DC-516 and clinical review are not required, though either may still be completed, if determined by the Psychology staff member in consultation with the LPM/Regional LPM (RLPM). If the DC-560 reveals suicidal ideation associated with the overdose (i.e., whether with licit or illicit substances), a DC-516 is required.**
 - b. If an individual is transported to an outside hospital for a suspected overdose and it is discovered that the individual did NOT overdose on an illicit substance, but rather experienced a seizure or some other type of medical event not associated with self-injury, neither a DC-560 nor DC-516 is required. Similarly, if an individual reports having swallowed a non-nutritive object and is transported to an outside hospital for an X-Ray/treatment/evaluation, etc., and the X-Ray/treatment/evaluation, etc. confirms that no object was swallowed, neither a DC-560 nor DC-516 is required.**

J. Clinical Review Team

- 1. The Facility Manager shall establish a Clinical Review Team to be chaired by a Psychology staff member. If a site has an LPM on staff, the LPM shall chair the Clinical Review Team and author the Clinical Review Report for all suicides. If a site does not have an LPM available, the site's RLPM shall chair the clinical review team and author the Clinical Review Report for all suicides. In these instances, the RLPM shall work closely with the DSCS and Facility Manager to achieve all aspects of hosting the clinical review and authoring the report.**
- 2. Clinical reviews of suicide attempts do not require an LPM or RLPM to chair the clinical review team and author the Clinical Review Report. However, if the site has an LPM, the site LPM should chair the clinical review and author the Clinical Review Report. For suicide attempts deemed to require a clinical review, a Psychology staff member and designee may co-chair the Clinical Review Team. The Psychology staff member shall author the Clinical Review Report. In these instances, the respective RLPM shall also be given an opportunity to review the Clinical Review Report completed by their supervisee, for the purpose of appropriate clinical supervision and input into the final document, before it is submitted to the Facility Manager for his/her review, at the local level.**
- 3. The Facility Manager shall determine the exact composition of the team based on the nature of the incident. At a minimum, the Clinical Review Team shall consist of the following:⁴**

⁴ 5-6A-4373

- a. Deputy Superintendent for Facilities Management (DSFM) **and/or Major of the Guard**;
- b. DSCS;
- c. LPM/**designee, including the treating or assigned Psychological Services Associate (PSA)/Psychological Services Specialist (PSS)**;
- d. Corrections Health Care Administrator (CHCA);
- e. Unit Manager **and unit counselor**;
- f. the attending physician and staff present at death/suicide attempt/SIB or who were providing CPR or other medical treatment;
- g. a representative from the security office (e.g., a Lieutenant or Captain), **including the regular officer(s) assigned to the individual's unit and, if possible, the first responding officers to the incident**;
- h. the treating psychiatrist/Certified Registered Nurse Practitioner (PCRNP) **shall** participate if the psychiatric care is a focus of discussion. **This collaborative decision shall occur via discussion with Psychology staff coordinating the clinical review and the DSCS on site; and**
- i. **an attorney from the Office of Chief Counsel to provide legal advice. This is only required for clinical reviews of suicides.**

K. Format of the Clinical Review Report

The structure and format of the qualitative Clinical Review Report shall include the Main Body and Appendices. The Main Body shall include the Summary of Facts Surrounding the Case and the Recommendations for Future Remedial Measures.

1. Summary of the Facts Surrounding the Case

This summary should be inclusive, thorough, and include individual summaries of the relevant facts and information that were gleaned from an investigation of the above demographics and factors. **This section should also include a timeline of events leading up to and relevant to the event.**

- a. A designated team member shall be assigned to coordinate the availability of the **DC-15, Inmate Record, DC-14, Counselor File**, medical record, coroner's report, incident reports, etc. The team shall be advised in advance of the date, time, and place of the meeting. The RLPM **may** also be notified of the date and time of this initial review to allow **him/her** to attend if **needed**, to include attendance via videoconferencing **or teleconferencing**.
- b. The team shall carefully review all the documentation surrounding the incident. **Additionally, the unit management team shall consult with other unit management team members, first responding staff, decedent's cellmate (i.e., if applicable), other inmates in the decedent's housing unit, custody staff, medical, and mental health personnel who knew the decedent. The purpose of these interviews is to allow reviewers the opportunity to discover additional information related to potential motive and intent. The purpose of these interviews is not to generate a formal security report or aid a security investigation. Formal witness statements are not necessary.**
- c. The **clinical** review shall focus upon the events which occurred in the facility associated with the death or suicide attempt **that resulted in inpatient commitment**. Prior to beginning the review,

the **Demographic and Other Information for Clinical Review (Attachment 9-C)** shall be gathered when possible.

- d. In addition to the information gathered in the **DC-516 and Demographic and Other Information for Clinical Review**, this clinical review shall utilize the **Factors to be Considered in the Discussion and Documentation of the Clinical Review Process and Report (Attachment 9-D)** for consideration prior to, during, and after the clinical review meeting. Factors to be considered may include psychiatric factors, psychological factors, family factors, post-incident psychiatric and psychological factors by interview, medical factors, incident factors, housing assignment factors, sexual aggression or attack factors, and multidisciplinary factors. All factors should be considered by team members, but all factors may not be applicable to the particular case. Specific factors which are not applicable may be omitted from documentation in the final report.
- e. ***If a clinical review is not for a suicide, the Psychiatric Review Team (PRT) will ensure to schedule a meeting with the individual to update the Individual Recovery Plan (IRP) to incorporate the results of the Suicide Risk Assessment and associated Safety Plan, if not already completed in response to the self-injury. The individual will be invited to this meeting and his/her input for treatment goals will be solicited.***

2. **Recommendations for Future Remedial Measures**

This section should include impressions based upon the facts, including evaluation of application of Department policy to the facts, and recommendations for future remedial measures including suggestions for policy changes (both at the facility level and department-wide), request for training, additional or redeployed resources, placement of cameras where a problem area has been identified, etc. that might improve the facility's response to similar events in the future. Additionally, the below items should be addressed, as applicable.

- a. Consider whether the clinical review indicates a possible need to change policy or practice to better prevent, detect, or respond to **suicides**, SIBs, or suicide attempts, either for this individual or others.
- b. Consider the motive of the incident and whether or not this motive could have been addressed by staff.
- c. Examine the area in the facility where the incident occurred to assess whether physical barriers (e.g., ligature points, blind spots) in the area may enable SIB(s) or suicide attempts in the future.
- d. Assess the staffing levels in that area during different shifts.
- e. Assess whether monitoring technology could be deployed or augmented to supplement supervision by staff.
- f. Specifically detail any identified training needs, if any. ***Additionally, a brief review of completed annual Suicide Prevention and First Aid and CPR/AED training of all involved staff shall be referenced for the purpose of ensuring all relevant training needs are up to date and met.***
- g. Other issues deemed important and relevant to change.

NOTE: The completed **clinical** report must be scanned for subsequent electronic transmission.

L. Timeline for Clinical Review Report of Suicide Completed by SCIs

- 1. Following confirmation of a suicide, the clinical review shall occur as soon as possible, but no later than one week (i.e., five working days) after the incident.**
- 2. Within one week of the conclusion of the clinical review, the author of the Clinical Review Report shall prepare a draft of the Clinical Review Report and submit it to the Facility Manager/designee and to the assigned attorney from the Office of Chief Counsel.**
- 3. Within two weeks after receiving the draft Clinical Review Report, the Facility Manager/designee, after consultation with counsel, shall forward electronic copies of the final report with appendices, along with his/her comments and signature, to the Office of Chief Counsel, Director of the BHCS, BHCS Chief of Clinical Services, Chief of Psychiatry, Director of Psychology, and the respective RLPM, so that the clinical review of suicide is received by Central Office staff within 30 days of the suicide.**
- 4. The above timeline shall apply to any self-harm incident determined to require a clinical review at the local level.**

M. Timeline for Central Office Legal Review of Suicide

- 1. After receiving notification of a suicide, the Director of Psychology and Chief Psychiatrist/designee will provide the designated attorney from the Office of Chief Counsel with a brief initial review of psychiatric, psychological services, and correctional factors potentially associated with the suicide. This brief review is to be completed within 24 hours of receiving notice of the suicide, or as soon as operationally feasible. This brief review will also be shared with the Director of BHCS, Chief of Clinical Services, all Regional Deputy Secretaries (RDSs), Bureau of Investigations and Intelligence (BII), Executive Deputy Secretary for Institutional Operations (EDSI), Secretary, and the Mental Health and Health Care Advocate.**
- 2. Following receipt of the Clinical Review Report of a suicide, which constitutes a Sentinel Event in accordance with Department of Corrections policy, the Office of Chief Counsel shall conduct a Legal Review of the Suicide and shall rely upon the Director of Psychology and respective RLPM as subject matter experts. The team shall conduct a Central Office comprehensive review conference with the institution in which the suicide occurred (i.e., this review may include other SCIs, if deemed clinically and operationally necessary).⁵ Others included from Central Office in this review conference will include the Chief of Psychiatry/designee, Corrections Treatment Program Services Administrator, and Quality Assurance Risk Management Coordinator from the Psychology Office, Mental Health and Health Care Advocate, respective Deputy Secretaries and Staff Assistants, and a representative from the BHCS. Additionally, representatives from the respective health care vendors (i.e., including psychiatry), may attend as deemed appropriate.**
- 3. The Office of Chief Counsel and the Director of Psychology shall schedule the review conference to occur within 30 days of receiving the local site's Clinical Review Report of suicide. This conference may either be conducted on-site at the SCI or via teleconference/videoconference. Following this conference, the legal review team shall prepare a final Legal Review of Suicide Report to be submitted to the RDS, Facility Manager, Respective RLPM, Mental Health and Health Care Advocate, BII, EDSI, and the Secretary. Included with this Legal Review of Suicide Report shall be the Central Office Suicide Plan of Action (Attachment 9-E) provided by the Psychology Office.**

⁵ 5-6D-4410

4. **Once the Facility Manager receives the Legal Review of Suicide Report and Plan of Action, the SCI will have two weeks to complete and submit the Central Office Suicide Plan of Action to specifically address each of the recommendations outlined in the Legal Review of Suicide Report and Plan of Action. This plan shall specify how the SCI intends to correct each of the identified concerns (e.g., medical, psychology, training, etc.), the staff responsible for implementing the plans of action, and the timeline for correction and implementation of the plans.**
5. **The completed Central Office Suicide Plan of Action shall be submitted to the Director of the Psychology Office, the Corrections Treatment Program Services Administrator in the Psychology Office, the respective RLPM, the Mental Health and Health Care Advocate, Director of the BHCS, the respective EDSI/RDS, Chief Counsel, and Secretary, and stored appropriately on the Psychology Office's File Share site. Clinical reviews are centrally stored here for reference for those who may be authoring clinical reviews or treating individuals that have had prior clinical reviews completed. Referencing previously completed clinical reviews on the same individual is highly encouraged for treatment planning purposes, Clinical Review Report construction, suicide risk assessments, and historical reference. The Legal Review of Suicide Report and Plans of Action will be stored in the Psychology Office's File Share site, with appropriate security and restrictions controlled by the Psychology Office and Office of Chief Counsel.**
6. **RLPMs shall review and verify completed Plans of Action associated with suicides at subsequent quarterly inspections and site visits. Review and verification of these plans of action shall be included in the RLPM's quarterly audit summaries, which are shared with Department of Corrections (DOC) leadership.⁶**
7. **Appropriate information from the report, excluding the Clinical Review Report in its entirety, may be used as a basis for in-service training for appropriate staff. References to and dissemination of protected information shall be in accordance with Department policy DC-ADM 003, "Release of Information," and in accordance with state and federal laws. In the case of a suicide attempt, suicide, or SIB, information from this report can help sensitize all staff members to possible clues and situations that are present before such incidents occur, in addition to reviewing the information surrounding the completed suicide, suicide attempt, or SIB. Names of staff members and those individuals who have engaged in self-harm shall be redacted for training purposes.**
8. **Monthly, the Psychology Office, in consultation with the Office of Chief Counsel, will compile the Clinical Review Recommendations Report and distribute this report to all SCIs for use and review at the Monthly Suicide Prevention Committee Meetings. This report is comprised of recommendations extracted from clinical reviews submitted to the Psychology Office, which have been vetted and approved for consideration and distribution. The purpose of distributing this information monthly is for local Suicide Prevention Committees at each SCI to review and discuss suicide prevention recommendations being made at other sites and to consider implementing recommendations that the SCI believes would be helpful for their local institution.**
 - a. **Monthly Suicide Prevention Committee Meeting Minutes should specifically reflect the discussion of specific items from the Clinical Review Recommendations Report and decisions to implement or not implement recommendations.**
 - b. **If recommendations implemented from the Clinical Review Recommendations Report appear to be beneficial (i.e., or not) over time, the Suicide Prevention Committee should**

⁶ 5-6D-4410

reflect these outcomes within the Suicide Prevention meeting minutes to be shared statewide.

9. *The Office of Chief Counsel shall formally request all reports completed by the Pennsylvania State Police (PSP) associated with each occurrence of suicide, so that additional or collaborative information may be shared with the review teams.*

N. Disposition of the Deceased Inmate's Personal Effects

Disposition of personal effects of the deceased shall be in accordance with Department policy **6.3.1**, "Facility Security."

O. Critical Incident Stress Management (CISM)⁷

The Facility Manager/designee, based on the incident, shall coordinate with the facility's CISM Team Leader in order to provide crisis intervention services (small group, defusing, and/or debriefing) in accordance with Department policy **6.7.2**, "Special Response Teams." ***CISM shall be activated for all suicides.***

P. Suicide Prevention Committee

The Suicide Prevention Committee shall also briefly discuss all deaths by suicide, all suicide attempts, and any other SIBs not meeting these criteria as per the discretion of the Facility Manager. The Suicide Prevention Committee's responsibilities in this regard are completed in accordance with Department policy 13.8.1, "Access to Mental Health Care," Section 2.

⁷ 5-6A-4373

Section 9 - Notification and Clinical Review of Inmate Deaths, Attempted Suicides, and Serious Self-Injurious Behavior

A. Inmate Deaths

When an inmate death occurs within or outside a Department facility:

1. the Corrections Health Care Administrator (CHCA)/designee shall complete a **DC-509, Report of Inmate Death, (Attachment 9-A)**, and a **DC-121, Report of Extraordinary Occurrence** in accordance with Department policy **6.3.1, "Facility Security."** He/She shall fax the reports to the Bureau of Health Care Services (BHCS) within 24 hours;
2. the physician/designee or coroner who pronounced the inmate dead shall prepare a death certificate;
3. the BHCS Director/designee shall prepare a memorandum requesting a Non-Certified Copy Death Certificate. The memorandum shall be mailed to the Department of Health (DOH), Division of Vital Records;
4. the BHCS will retain a copy of the death certificate, and a copy of the death certificate will be forwarded to the facility where the inmate was housed prior to his/her death.

B. Notification of an Inmate Death

The Facility Manager/designee shall ensure the following notifications for every inmate death.

1. The office of the Regional Deputy Secretary shall be notified by telephone during normal business hours. After normal business hours, the Duty Officer at SCI-Camp Hill shall be notified. This notification shall be followed by a fax message as soon as possible. A written report, using the **DC-121** shall be completed and forwarded to the office of the Regional Deputy Secretary by the next working day.¹ The CHCA is responsible for obtaining a statement from the treating physician or other individual responsible for signing the death certificate regarding the time and cause of death, and include this information in the report.
2. The deceased inmate's next-of-kin of record or in the absence thereof, the immediate family (spouse, children, parent, grandparent, brother, sister, stepparent, stepbrother, step-sister, or a family member with whom the inmate has made his/her home) shall be notified by telephone or overnight mail by the CHCA/designee. Verification of notification shall be recorded in the deceased inmate's **DC-15** and his/her medical record.²

¹ 4-4425

² 4-4425

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Section 9 - Notification and Clinical Review of Inmate Deaths, Attempted Suicides, and Serious Self-Injurious Behavior

3. If such contact cannot be made, Community Corrections staff, facility personnel, state or local police, parole or probation agencies or local clergy shall be contacted to assist in communicating the information.
4. The facility records office shall be notified and the inmate's death shall be entered into the Inmate Records System (IRS) by the end of the workday. If the death occurred after normal working hours, the death shall be entered the next working day.
5. The inmate's counselor shall contact the Office of the Victim Advocate (OVA) in accordance with Department policy **1.2.1, "Victim Services."**

C. Release of Information

1. The Department's Press Secretary must approve release of any information regarding an inmate death to the news media, in accordance with Department policy **DC-ADM 003, "Release of Information."**
2. The name of the deceased shall not be released to the news media until the next-of-kin has been notified.

D. Investigation of an Inmate Death

1. Every inmate death shall be reported to the Pennsylvania State Police (PSP).³ The PSP shall be requested to investigate every death, with the exception of those that occur under medical supervision and/or by natural causes.
2. Every death, except those that occurred under medical supervision and because of natural causes, requires that immediate action is taken to secure the area as a crime scene in accordance with Department policy **6.3.1** prior to the arrival of the PSP. The PSP shall not be given access to or copies of the inmate's medical record without a search warrant, court order, or subpoena in accordance with Department policy **DC-ADM 003**.
3. The CHCA/designee shall notify the county coroner and request an investigation on every inmate death.⁴ In those cases where death occurred under medical supervision and/or natural causes and/or a continuation of a terminal condition, the CHCA will complete the **DC-509**.
4. An investigation by the coroner is required on every inmate suicide and death that is not from natural causes. An autopsy is requested in these cases.

³ 4-4425

⁴ 4-4425

E. Funeral Arrangements

1. Following a post mortem examination by the coroner (if ordered) the body shall be released to the mortician retained by the family of the deceased. All costs are the responsibility of the claiming party.
2. The facility's chaplain may assist in coordinating funeral arrangements.
3. Humanity Gifts Registry (**20 Pa. C.S. § 8611 and 35. Pa. C.S. § 1092**)
 - a. The Humanity Gifts Registry (HGR) is a non-profit agency of the Commonwealth concerned primarily with the receipt and distribution of bodies donated to all medical and dental schools in the state for teaching purposes.
 - b. **35 Pa. C.S. § 1092** requires the Department to notify the HGR whenever a deceased inmate will be buried at public expense.
 - c. If the inmate has registered with the HGR, the CHCA/designee shall notify HGR of the inmate's death: P.O. Box 835, Philadelphia, PA 19105-0835, (215) 922-4440.
 - d. Unless the inmate has indicated that he/she does not wish to donate his/her body to the HGR for scientific and teaching purposes, if the body is not claimed, or if the family does not arrange for disposition within five days, the CHCA/designee shall notify the HGR.
4. If the body is not claimed, or if the family does not arrange for disposition within five days following notification, and the HGR does not accept the body, the facility shall arrange through a contracted mortician for cremation of the remains. The cost shall be paid from money in the personal account of the deceased. If such funds are not available or sufficient, the facility shall pay for cremation of the remains.
5. The facility's chaplain shall attend the funeral services of the deceased, arrange for another state correctional facility chaplain to attend, and/or offer to assist local clergy. If the family's prefers that the Department does not participate, their wishes shall be honored.
6. The Facility Manager/designee shall send a letter of sympathy to the family of the deceased inmate.

F. Clinical Review of a Non-Suicide Related Death

1. A clinical review shall be conducted as soon as possible after receipt of relevant information.⁵
2. The Medical Director/designee shall serve as chairperson of the clinical review.
3. The clinical review committee shall consist of the Deputy Superintendent for Centralized Services (DSCS), the Deputy Superintendent for Facilities Management (DSFM), CHCA, and appropriate medical staff.
4. The clinical review committee shall conduct a thorough review of the inmate's medical record, history of the fatal condition, and a review of events that precipitated the death. Recommendations and plans-of-action shall be included in the clinical review, if appropriate.
5. The report of the clinical review committee shall be reviewed and signed by the Medical Director or chairperson of the review committee. A copy of the **Clinical Review Report** shall not be filed in the inmate's medical record, but maintained in a separate file under the control of the CHCA/designee.
6. The signed **Clinical Review Report** shall be marked "Confidential" and forwarded directly to the Chief of Clinical Services for review by BHCS.
7. The Chief of Clinical Services may elect to perform an on-site clinical review, along with the Assistant Medical Director, and the Regional Quality Improvement (QI) Director within 60 days of receipt of the signed report to review procedures and clinical care related to the inmate's death.

G. BHCS Chart Review

1. A copy of the previous one year of the deceased inmate's medical record shall be forwarded to the BHCS within two weeks for a suicide and 30 days for every other death. An additional copy, of the previous six months, shall be forwarded to the Vendor Site Administrator, upon request.
2. The original **DC-509** shall be filed in the medical record on top of the physician order forms.
3. Various components of the investigation (Clinical Review, Death Certificate, Autopsy Report, and Toxicology Screenings) shall be forwarded to the BHCS, as available.

⁵ 4-4373

H. Clinical Review of an Inmate Death by Suicide, Suicide Attempt, or Self-Injurious Behavior (SIB)

1. Each death by suicide requires an in-depth analysis. The Facility Manager shall establish a Clinical Review Team **to be chaired by the Licensed Psychology Manager (LPM)/designee**. The meeting of the Clinical Review Team shall be scheduled within five working days after the incident. The review shall focus on what can be learned from the incident and determine the facts in the case under review.⁶
2. **The Suicide Prevention Committee shall also review all deaths by suicide, all serious suicide attempts, and any other suicides not meeting these criteria as per the discretion of the Facility Manager. The Suicide Prevention Committee's responsibilities in this regard are completed in accordance with Department policy 13.8.1, "Access to Mental Health Care," Section 2.**
3. **Serious Suicide attempts and/or SIBs involving transport to an outside hospital require clinical review. Examples of serious suicide attempts include those that require outside hospital treatment (whether admitted or not), any suicide attempt/SIB that requires Department medical intervention or treatment (i.e., not simply an evaluation), any lacerations requiring suturing, any event resulting in oxygen administration, any event that constitutes an infirmary medical admission, or any event that requires stat medication administration. Such incidents shall trigger completion of the DC-516, Evaluation of Inmate Self-Injury (Attachment 9-B).**
4. **The following categories define SIB(s):**
 - a. **superficial self-injury (i.e., a socially unaccepted behavior that is generally a response to a psychological crisis that results in tissue damage and which occurs in the absence of subjective suicidal intent) shall include non-life threatening scratching and cutting;**
 - b. **stereotypic self-injury (i.e., intense repetitive behaviors); and**
 - (1) **biting self;**
 - (2) **head banging;**
 - (3) **punching self; and**
 - (4) **jumping.**

- c. **major self-injury (i.e., the most extreme form of SIB which may result in serious injury or death).**
 - (1) **setting fire to self (Self-Immolation);**
 - (2) **amputation of limb or other tissue (Enucleation);**
 - (3) **ingestion of a toxic substance and/or ingestion of a foreign body; and**
 - (4) **hanging.**
5. The initial evaluation shall be completed within two working days using the **DC-516, Evaluation of Inmate Self-Injury Form**. **The DC-516 shall be completed by the LPM/MHC/designee for completed suicide and every suicide attempt as indicated by the EO Report. The DC-516 shall also be completed for every inmate SIB requiring medical treatment to determine if a clinical review is indicated.** The evaluation shall include but not be limited to the following:
 - a. a review of the inmate's record for history of **mental illness, suicidal or SIB or ideation, and/or evidence of behavior suggesting secondary gain;**
 - b. a review of the attempt (Was a weapon used? Was the method potentially lethal? Was serious harm done? Were there witnesses? **Is there evidence that the inmate intended to complete the suicide; and**
 - c. an interview with the **inmate, other staff, and other inmates as needed.**
6. In a case of attempted suicide/**SIB that does not require outside hospital treatment**, the LPM/designee **shall complete the DC-516 as a basis for determining** the need for a clinical review. Explanatory notes shall be included along with any incident reports, medical reports, classification summary, and any other appropriate documentation. **The LPM/MHC/designee shall make a final decision on the recommendation for a clinical review.**⁷ The signed form shall be forwarded to the Facility Manager/designee for review and approval.
7. The **LPM/MHC/designee** shall chair the Clinical Review Team for any suicide, designated suicide attempt, or designated **SIB episode**. The Facility Manager shall determine the exact composition of the team based on the nature of the incident. At a minimum, the Clinical Review Team shall consist of the following:⁸
 - a. DSFM;

⁷ 4-4410

⁸ 4-4373

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- b. **DSCS;**
 - c. **LPM;**
 - d. **CHCA;**
 - e. **Unit Manager;**
 - f. **The attending physician and staff present at *death/suicide attempt/SIB* or who were providing *CPR or other medical treatment*;**
 - g. ***a representative from the security office (e.g., a Lieutenant or Captain); and***
 - h. ***the treating psychiatrist/PCRNP can participate only if the psychiatric care is a focus of discussion.***
8. **A designated team member shall be assigned to coordinate the availability of the **DC-15, DC-14, DC-510, Suicide Risk Indicator Checklist(s)**, medical record, coroner's report, incident reports, etc. The team shall be advised in advance of the date, time, and place of the meeting. ***The Regional LPM shall also be notified of the date and time of this initial review to allow them to attend if possible, to include attendance via videoconferencing.*****
9. **The team shall carefully review all the documentation surrounding the incident.**
10. ***The review shall focus upon the events, which occurred in the facility associated with the death or attempted suicide/SIB. Prior to beginning the review, the Demographic and Other Information for Clinical Review (Attachment 9-C) shall be gathered when possible.***
11. ***In addition to the information gathered in the DC-516 and Attachment 9-C, this clinical review shall utilize the Factors to be Considered in the Discussion and Documentation of the Clinical Review Process and Report (Attachment 9-D) as a template for consideration, discussion, and documentation prior to, during, and after the clinical review meeting. Factors to be considered may include psychiatric factors, psychological factors, family factors, post-incident psychiatric and psychological factors by interview, medical factors, incident factors, housing assignment factors, sexual aggression or attack factors, and multidisciplinary factors. All factors should be considered by team members, but all factors may not be applicable to the particular case. Specific factors which are not applicable may be omitted from documentation in the final report.***
12. ***Clinical Review Report consists of the Main Body and the Appendices.***
- a. ***The Main Body includes the items as outlined below.***

(1) **Summary of the Facts Surrounding the Case**

This summary should be inclusive, thorough, and include individual summaries of the relevant facts and information that were gleaned from an investigation of the above demographics and factors.

(2) **Findings**

The findings should include whatever conclusions could be drawn from the summary of the facts. The findings are conclusions based on the factual evidence surrounding the case. The findings will include a comparison of the summary of the facts surrounding the case, with Department policy.

(3) **Recommendations:**

The recommendations should be derived from the findings and include suggestions for procedure changes (both at the facility level and department-wide), requests for training, additional or redeployed resources, placement of cameras where a problem area has been identified, etc.) that could ameliorate the facility's response to similar events in the future. Address the items below, as applicable.

- (a) ***Consider whether the clinical review indicates a possible need to change policy or practice to better prevent, detect, or respond to self-injurious behaviors or suicide attempts, either for this individual or others.***
- (b) ***Consider the motive of the incident and whether or not this motive could have been addressed by staff.***
- (c) ***Examine the area in the facility where the incident occurred to assess whether physical barriers (e.g., ligature points, blind spots) in the area may enable SIB(s) or suicide attempts in the future.***
- (d) ***Assess the staffing levels in that area during different shifts.***
- (e) ***Assess whether monitoring technology could be deployed or augmented to supplement supervision by staff.***
- (f) ***Specifically detail any identified training needs, if any.***
- (g) ***Other issues deemed important and relevant to change.***

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- (h) ***If the review is not for a completed suicide, PRT will schedule a meeting with the inmate to update the ITP. The inmate will be present at this meeting and his/her input for treatment goals will be solicited.***
 - (i) ***Following a verified suicide attempt or SIB(s) deemed significant by the Suicide Prevention Committee, the LPM/Mental Health Coordinator will, if necessary, update the Electronic Medication Administration Record (EMAR) to indicate the inmate has a history of suicide attempts. This is accomplished by logging into the EMAR and pulling up the "patient chart" page of the EMAR and selecting the "edit" option, under the inmate's photo. Next, under the "miscellaneous" section, select "patient suicide status" and then select "history of attempts." Finally, click the "update" tab in the bottom right region of the "modify patient" page to conclude the data update.***
 - (j) ***Following a verified suicide attempt or SIB(s) deemed significant by the Suicide Prevention Committee, the LPM/Mental Health Coordinator will, if necessary, update the suicide column located on the active MH/ID Roster to indicate YES. This is accomplished by logging into Mainframe (F2 screen) and typing DM (i.e., D= classification, M= Maintenance) into "required selection" and pressing ENTER. Then, type 80 (i.e., BACKGROUND data) into the "required selection", and the inmate's number (e.g., XX1234) and pressing ENTER. On the following mainframe page, tab to "suicide" and enter a "V" to indicate that "suicide" is a verified problem area. Additional comments can be entered by tabbing to the "remarks" section below. Conclude the data update by pressing ENTER.***
- b. ***The Appendices will contain demographic information and information gleaned from examination of the Psychiatric, Psychological, Housing Assignment, Sexual Victimization and Abusiveness, and Multidisciplinary Factors.***

NOTE: The completed report must be scanned for subsequent electronic transmission.

- 13. ***Within one week of the conclusion of the review, the chairperson of the Clinical Review Team shall prepare the Clinical Review Report and submit it to the Facility Manager/designee.***
- 14. ***Within two weeks after receiving this Report, the Facility Manager/designee shall forward separate completed electronic copies of the Report with appendices, along with his/her comments and signature, to the Director of the BHCS, the BHCS Chief of Clinical Services, Psychiatry, and Psychology, and the respective Regional LPM. When appropriate, in problematic suicides, the BHCS Director will forward this report to the Office of Chief Counsel for review.***

15. ***The Chief of Clinical Services/designee, the Chief of Psychiatry/designee, and the Chief of Psychology/designee shall complete a final review of the case within 30 days of the receipt of the clinical review report.***
16. ***The BHCS will prepare a response to the Facility Manager for the Regional Deputy Secretary's signature.***
17. ***Following a suicide, the Chief of Clinical Services/designee, Chief of Psychiatry/designee, and/or the Chief of Psychology/designee shall visit the facility within 60 days of the incident to review the case with appropriate staff. The Chief of Clinical Services/designee, the Chief of Psychiatry/designee, and/or the Chief of Psychology/designee shall also have the option of visiting the facility in the event of a serious suicide attempt/SIB.***
18. ***Appropriate information from the report, excluding the Clinical Review Report in its entirety, may be used as a basis for in-service training for appropriate staff. References to and dissemination of protected information shall be in accordance with Department policy DC-ADM 003 and in accordance with state and federal laws. In the case of a suicide attempt, completed suicide, or serious SIB, information from this report can help sensitize all staff members to possible clues and situations that are present before such incidents occur, in addition to reviewing the information surrounding the completed suicide, suicide attempt, or SIB.***
19. ***This completed report should be shared with the Facility Suicide Prevention Coordinator and Committee. This sharing of documentation is completed to facilitate the implementation of any local or Department wide policy recommendations or changes as well as to develop a plan to prevent future suicide attempts/SIBs by this individual inmate.***

I. Disposition of the Deceased Inmate's Personal Effects

Disposition of personal effects of the deceased shall be in accordance with Department policy 6.3.1.

J. Critical Incident Stress Management (CISM)⁹

The Facility Manager/designee, based on the incident, shall coordinate with the facility's CISM Team Leader in order to provide crisis intervention services (small group, defusing and/or debriefing) in accordance with Department policy 6.7.2, "**Special Teams.**"

⁹ 4-4373



BULLETIN
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject:

**Management and Administration of Health Care
Section 10 – Maintenance of Inmate Medical Records**

Policy Number:

13.1.1, Section 10-01

Original Issue Date:

August 17, 2012

Date of Issue:

August 3, 2015

Authority:

**Signature on File
John E. Wetzel**

Effective Date:

August 12, 2015

The purpose of this bulletin is to update policy regarding the acceptance of verbal orders from Physician Assistants (PA) supervised by Osteopathic Doctors (DO).

Subsection E.6.b. (page 10-18) shall now read:

- b. A verbal or telephone order may be accepted from a physician, psychiatrist, dentist, ***physician assistant (PA)***, and certified registered nurse practitioner (CRNP).

In lieu of the change indicated above, **Subsection E.6.c.** is being **DELETED**:

- c. **Verbal or telephone orders may be accepted from a PA if his/her supervisor is a Medical Doctor (MD). Verbal or telephone orders will not be accepted from a PA if he/she is supervised by an osteopathic doctor (DO).**



BULLETIN
Commonwealth of Pennsylvania • Department of Corrections

Policy Subject:

**Management and Administration of Health Care
Section 10 – Maintenance of Inmate Medical Records**

Policy Number:

13.1.1, Section 10-02

Original Issue Date:

August 17, 2012

Date of Issue:

December 26, 2017

Authority:

**Signature on File
John E. Wetzel**

Effective Date:

January 2, 2018

The purpose of this bulletin is to update the procedures for archiving inactive medical records and to add policy for the recycling of inactive x-rays.

Subsection L. Record Maintenance, Retention, and Destruction, shall have the following sections changed and/or added:

4. Archive Records
5. Retrieval from the State Records Center
6. Facility Destruction of Medical Records
7. Archiving of Inactive X-ray Films

The sections shall now read:

4. Archive Records

- a. Records of an inmate paroled or released from custody shall be archived for ten years past his/her maximum sentence date prior to destruction.^{1 2}
- b. Upon release from custody, the **DC-557, Medical Record Close Out and Transmittal Form** shall be completed to prepare the medical record for archiving. The form shall be filed under the "Miscellaneous" Tab.

¹ 1-ABC-4E-55

² 4-4415

- c. Upon release from custody, a removable label shall be placed in the right hand corner on the front of the chart. The label shall contain the date the inmate was released from custody and the type of release (parole, maxout, CCC). The inmate's medical record shall be filed in the inactive area and remain at the facility for two years following the inmate's release from custody.³
- d. After the two-year period, records consisting of an entire year's time frame are to be prepared for shipment to **be retained at** the State Records Center.⁴
- e. If an inmate has died of natural causes, the record shall be kept in the facility for two years and then sent to the State Records Center for destruction ten years past the inmate's date of death. If the inmate's death is not of natural causes, the record needs to be maintained permanently at the facility.
- f. There are two ways to determine which records must be sent to the State Records Center:
 - (1) Inmate Records may be contacted to print a report to determine inmates released on final discharge more than two years prior to current date; and
 - (2) upon release, the records may be filed by year in alphanumeric order.
- g. The following are procedures for preparing medical records for transfer to the State Records Center.
 - (1) ***The DC-576, Inmate Data Sheet⁵ is to be completed for all inmate records being sent to the State Records Center.***
 - (2) The following is to be completed on the **DC-576**:
 - (a) from DOCNet, the inmate Query Summary Screen will be printed on the top portion of the **DC-576**;
 - (b) maximum date or recomputed maximum date;
 - (c) destruction date; and
 - (d) Department box number.
 - (3) The **DC-576** shall be kept by the parent facility in three-ring binders according to inmate number and destruction year.
 - (4) ***The DC-108/DC-481, Release of Information and Medical Release Summary, or DC-481, Medical Release Summary in the electronic health record (EHR) shall serve as the formal close-out document. It does not need to be printed for medical records that predate the EHR. For records that predate***

³ 4-4281-8

⁴ 4-4281-8

⁵ 4-4281-8

the EHR, a copy of the final DC-481, Medical Release Summary shall be included in a three-ring binder and filed in inmate number order. The three-ring binder shall be maintained indefinitely.

- (5) ***If there is not a DC-481 available, the Medical Records Department shall complete a DC-466, Destroyed Medical Record Data Sheet. It shall be filed in the three-ring binder by inmate number order with the DC-481 forms.***
- (6) The following is to be completed for the **DC-466**:
 - (a) from DOCNet, the Inmate Query Summary Screen will be printed on the top portion of the **DC-466**;
 - (b) date records destroyed;
 - (c) next of kin;
 - (d) last known address of next-of-kin;
 - (e) all chronic disease;
 - (f) all surgeries performed while incarcerated ten years prior to release; and
 - (g) signature of preparer and date.
- (7) All binders, binder clips, and paperclips shall be removed. Stapled pages, blue addressograph cards, and dental x-rays can remain in the records. ***CDs received from external hospitals can be included in the medical records. They must be removed from their cases.***
- (8) The records can remain in the red folder or can be placed in a manila folder. The forms are to be kept in order. The inmate number is to be placed on top of the red folder or manila folder. Rubber bands may be used to secure the record.
- (9) Each box being sent to the State Records Center must only contain records that have the same maximum sentence and destruction years. For this reason, it is possible that some boxes shall be sent with only one record.
- (10) ***If a box is not full, the remaining space must be filled with crumpled newspaper. Do not use old records, forms, shredded paper, cardboard, or bubble-wrap.***
- (11) ***Boxes may be ordered from the Department of General Services.***
- (12) Once packaged, the following information must be written on the box:
 - (a) facility initials (CAM);
 - (b) schedule item number (70);

- (c) agency box number (001);
 - (d) record center box number is to be left blank. Do not write anything in this space;
 - (e) no other markings shall be put on the box; and
 - (f) if the box does not have preprinted blocks, enter the above data in the lower right corner of the box.
- (13) Once the records have been placed in the appropriate boxes, the **STD-59, Records Transfer List** (in Excel) shall be completed as follows:
- (a) complete the **Date Section** with the date the form is being completed;
 - (b) complete the **Agency Section**. This shall include the agency (Department of Corrections), facility name, medical records department, and facility address;
 - (c) complete the Agency Number using the number 11;
 - (d) complete the Bureau Number using the number 1110175215;
 - (e) complete the Schedule Item Number using the number 70;
 - (f) complete the Agency Box Number Section. Each facility should start with the number **001**. The box numbers shall be consecutive through all the **STD-59s**. Never start over with the number **001**. For example, if the first **STD-59** ends with the box number 008, the next **STD-59** should start with the number **009**;
 - (g) complete the Description of Contents. Each box shall be on a separate line. The first and last inmate number of the records in each box shall be written on this line (AK-5301 to AM-8430). ***If a box has a medical record with a CD in it, this shall be indicated after the inmate numbers are listed (i.e. "CD")***;
 - (h) complete the **Date of Records section**. This shall be listed as 12/maximum sentence year;
 - (i) complete the **Disposal Date section**. This date is ten years past the inmate's maximum sentence date. For example, if the Date of Records year (maximum date) is 1990, the Disposal Date is the year 2000. It shall be listed as 12/disposal year;
 - (j) complete the **Disposal Code section**. This shall always be a number **3, Special Handling**; and
 - (k) this form accompanies the records to the State Records Center. Do not place it inside the boxes.

- (14) The BHCS shall be contacted to review the records and completed forms for accuracy and arrange a delivery date. The BHCS shall contact the State Records Center to arrange a delivery date.
- (15) One week prior to delivery to the State Records Center, the **STD-59** shall be emailed to the **Corrections Health Care Administrator (CHCA)/designee** at the BHCS.
- (16) The BHCS, **CHCA/designee**, shall email the **STD-59** to the State Records Center and copy the Records Coordinator/designee.
- (17) One person from the facility should accompany the records to the State Records Center to assure that they arrive safely and are delivered and marked properly.
- (18) The State Records Center shall assign each box a record center number. They shall place the number on the **STD-59** and return a copy to the BHCS.
- (19) The BHCS shall return the completed **STD-59** to the parent facility.
- (20) The parent facility shall add the State Records Center Box Number to each **DC-576** upon receipt of the **STD-59**.
- (21) When the records are scheduled to be destroyed the BHCS shall be contacted for approval. Once approval for destruction has been given by the BHCS, the records shall be destroyed by the State Records Center.

5. Retrieval from the State **Records** Center

- a. ***When a record is needed after it has been sent to the State Records Center, the BHCS must be notified. Only the BHCS is authorized to retrieve records from the State Records Center.***
- b. The **DC-576** shall be removed from the three-ring binder. The inmate name, inmate number, State Records Center box number, facility box number, chart destination, and designation that the record is needed permanently or temporarily shall be emailed or faxed to the BHCS. The activated **DC-576** shall be kept in a separate folder for six months before it can be destroyed. If the chart is needed on a temporary basis, upon return to the BHCS, the **DC-576** shall be placed in the appropriate area of the three-ring binder.
- c. The BHCS shall contact the State Records Center and arrange for the chart to be retrieved. All State Records Center requests shall be tracked with the Medical Records Request Log. The Department Messenger Service shall deliver the record to the BHCS. The BHCS shall overnight express the record to the appropriate facility.
- d. When the record arrives at the requesting facility, it shall be incorporated into a red jacket or merged with the temporary chart.
- e. Records that are only needed on a temporary basis shall be returned to the BHCS. The BHCS shall return them to the State Records Center.

6. Facility Destruction of Medical Records

- a. The medical record of an inmate that is ten years past his/her maximum sentence can be destroyed.
- b. The **DC-576** is not required for a medical record destroyed by the facility.
- c. The **DC-108/DC-481, or DC-481, or DC-466** shall be completed on every record that is destroyed. The Medical Record Director/Technician shall keep the **DC-481** and **DC-466** forms according to inmate number indefinitely.

7. **Archiving of Inactive X-ray Films**

- a. ***X-ray films will remain on-site until they are eligible for recycling.***
- b. ***Upon release from custody, the x-ray file will be removed from the active x-ray location and placed in an inactive x-ray archive.***
- c. ***The inactive x-ray area shall be maintained utilizing the following procedures:***
 - (1) ***a removable label shall be placed on the x-ray jacket designating the year of release;***
 - (2) ***x-ray files shall be stored in alphanumeric order by year of release;***
 - (3) ***seven full years plus the existing year's x-ray shall remain inactive onsite. At the beginning of the eighth year, the x-rays shall be eligible for destruction (i.e. for inmates released in 2012, the x-rays would be eligible for recycling in 2020); and***
 - (4) ***mammogram films shall be removed from the x-ray files and kept ten years after the maximum sentence date.***
- d. ***X-rays shall be recycled by completing the following:***
 - (1) ***the facility will have a signed agreement with a company that recycles x-rays;***
 - (2) ***all paper and the x-ray jacket shall be removed from the x-rays and shredded;***
 - (3) ***x-rays will then be disposed of following the guidelines set forth by the recycling vendor; and***
 - (4) ***money received from recycling shall be given to the facility Business Office.***

Section 10 - Maintenance of Inmate Medical Records

A. General Instructions

1. Modification of Manual

This manual shall be maintained in loose-leaf form and modified as necessary and in accordance with Department policy **1.1.1 “Policy Management System.”**

2. Annual Review

This manual shall be reviewed on an annual basis by the Bureau of Health Care Services (BHCS) and revised as necessary.¹

3. Distribution

This manual shall be issued and maintained in accordance to Department policy **1.1.1.**

4. Responsibilities

The Medical Records Director/technicians shall be responsible for performing qualitative and quantitative analysis on all medical record documentation in accordance with all Department policies and procedures regarding the delivery of medical and mental health services.

B. Format and Organization

1. The inmate medical record shall be formatted in a prescribed manner to ensure integration of Medical, Dental, and Psychiatric/Mental Health information. A unified health record system in which every provider enters his/her documentation into one patient chart enhances the quality of care rendered to the patient. The inmate medical record shall be maintained so that, at a glance, a provider can review the treatment and medications currently being administered to the patient by other health care providers within the system.²
2. The inmate medical record shall be maintained in a source-oriented format in which the Department that provides the care organizes the forms into sections. The forms shall be organized in reverse chronological order within each section of the medical record. The Department medical record shall contain only BHCS approved forms and shall be maintained in a confidential manner.³ Only authorized individuals shall have access.⁴

¹ 2-CO-1E-01, 1-ABC-1E-01

² 4-4413, 2-CO-1E-03, 1-ABC-1E-01

³ 4-4396, 4-4414

⁴ 4-4413, 4-4414, 1-ABC-1E-06, 1-ABC-4E-15

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3. Forms may be developed at the facility level and proposed for Department use by submission to the BHCS for review of applicability (**See Subsection M. below**). This is done to ensure the same information is being collected on each inmate at every facility. In addition, it is less confusing and more efficient for health care providers to use a standardized medical record due to the number of transfers within the correctional system.
4. The inmate medical record is established with a Red File Folder that is divided into six sections. The sections are numbered from the far-left side to the far-right side of the chart. Each section contains three index tab dividers. Each of the sections and tab dividers from top to bottom are listed below.⁵
 - a. Section one shall include the following:⁶
 - (1) Intake/Reception Assessments;
 - (2) TB/Immunizations; and
 - (3) Dental.
 - b. Section two shall include the following:⁷
 - (1) History and Physical Exams;
 - (2) Psychiatric/Mental Health; and
 - (3) Legal/Correspondence.
 - c. Section three shall contain the following:⁸
 - (1) Problem List;
 - (2) Lab/Pathology; and
 - (3) Diagnostics/Consultations.
 - d. Section four shall contain the following:
 - (1) Physician Orders;⁹
 - (2) Progress Notes;¹⁰ and

⁵ 4-4413,1-ABC-4E-52, 4-ACRS-4C-23

⁶ 4-4413

⁷ 4-4413

⁸ 4-4413

⁹ 4-4413

- (3) Flow Sheets/Monitoring Forms.
- e. Section five shall contain the following:
 - (1) Inpatient Ward Records;¹¹
 - (2) Community Hospitalizations/Other;¹² and
 - (3) Dialysis Information.
- f. Section six shall contain the following:
 - (1) Treatment Records/Medication Administration Records (MARS);¹³
 - (2) Miscellaneous; and
 - (3) Previous Incarcerations.
- g. The front cover of the inmate medical record shall have a **DC-444, Advance Directive Label**, when the record contains an Advance Directive Declaration.
- h. A **DC-445, Drug Sensitivity Label**, shall be affixed on the right side of the Advance Directive label.

C. Order of Medical Forms

Medical records forms shall be filed in the following order:

- 1. Section 1 shall contain the following:
 - a. **DC-536, Therapeutic Diet Divider;**
 - b. **DC-465, Therapeutic Diet Order;**
 - c. Intake/Reception Assessments Tab;
 - d. **DC-487, Transfer Health Information Form** (including those completed by county facilities in accordance with Act 84);
 - e. **DC-479, Intra-Facility Transfer Reception Screening;**

¹⁰ 4-4413

¹¹ 4-4413

¹² 4-4413

¹³ 4-4413

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- f. **DC-471, Initial Reception Screening;**
 - g. TB/Immunizations Tab;
 - h. **DC-469, Tuberculosis Summary Record;**
 - i. **DC-486, Inmate Immunization Record;**
 - j. **DC-497, Tuberculosis Chemotherapy Drug-O-Gram;**
 - k. **DC-494, Respiratory Isolation Flow Sheet;**
 - l. **DC-496, TB Monitoring Tool for PPD Converters;**
 - m. **DC-513, Disclaimer for Visitors to Patients in Respiratory Isolation;**
 - n. **DC-495, AFB Bacteriology Sheet;**
 - o. Dental Tab;
 - p. **DC-458A, Dental Progress Note;**
 - q. **DC-458, Dental Record;**
 - r. Dental Laboratory Prescriptions;
 - s. Plastic Wing-Mount for Bite Wings; and
 - t. Dental Classification Exam.*
2. Section 2 shall contain the following:
- a. History and Physical Exams Tab;
 - b. **DC-440, Physical Examination Form;**
 - c. Health History Summary Form;*
 - d. **DC-541, Medical Clearance Divider;**
 - e. **DC-480, Medical Clearance Form;**
 - f. **DC-449D, Gynecology Divide;**
 - g. **DC-460, Gynecology Examination Record;**
 - h. Prenatal Records;

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- i. Postnatal Records;
- j. Psychiatric/Mental Health Tab;*
- k. **DC-526, Psychiatric Divider;**
- l. Psychiatric Progress Notes;
- m. Psychiatric Reports;
- n. **DC-527, Abnormal Involuntary Movement Scale (AIMS) Divider;**
- o. **DC-470, Abnormal Involuntary Movement Scale (AIMS);**
- p. **DC-528, Psychology Divider;**
- q. Psychology/Counseling Notes;
- r. Psychology Progress Notes;
- s. **DC-97, Psychological Referral Form;**
- t. **DC-14, Appropriate Counselor Notes;**
- u. Reclassification Psychological Assessments;
- v. **DC-516, Evaluation of Self-Injury Form;**
- w. Miscellaneous Psychological Reports;
- x. **DC-529, Mental Health Informed Consent Divider;**
- y. **DC-484, Mental Health Informed Consent Document;**
- z. **DC-530, Suicide Risk Indicators Checklist Divide;**
- aa. **DC-510, Suicide Risk Indicators Checklist for Security Level 5 Housing Units;**
- bb. **DC-531, Treatment Plans Divider;**
- cc. Individual Treatment Plans (ITP);
- dd. Psychiatric Review Team Summary Forms;

* Forms are not currently part of the Integrated Medical Records policy. Most were used in the past and may be seen in older charts.

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- ee. SNU Individual Treatment Plan;
- ff. Treatment Plan Reviews and Revisions;
- gg. Diagnostic and Classification Center (DCC) Classification Psychological Assessment and Updates;
- hh. DCC Individual Treatment Plans;
- ii. Department Psychiatric Inpatient Records Divider (use separate divider for each admission);
- jj. Inpatient Psychiatric Records Divider;
- kk. Inpatient Records from inpatient psychiatric hospitalizations;
- ll. Request for Temporary Transfer to a Mental Health Unit (MHU);
- mm. Explanation of Voluntary Admission Rights;
- nn. Patient's Bill of Rights;
- oo. Voluntary Application for Mental Health Treatment (201);
- pp. Application for Involuntary Emergency Examination and Treatment (302);
- qq. Application for Extended Involuntary Treatment (303);
- rr. Petition for Involuntary Examination and Treatment (sections 304 and 305);
- ss. Request for Voluntary Admission of Persons Charged with Crime or Serving Sentence (407);
- tt. Forensic Treatment Unit Admission (use separate divider for each admission);
- uu. Mental Health Unit Admission (use separate divider for each admission);
- vv. Intermediate Care Unit and Special Assessment Unit Admission (use separate divider for each admission);
- ww. Special Assessment Unit (use separate divider for each admission);
- xx. Legal/Correspondence Tab;
- yy. **DC-538, Refusal for Medication and Treatment Divider;**

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- zz. **DC-462, Release from Responsibility for Medical Treatment;**
- aaa. **DC-539, Consents Divider;**
- bbb. **DC-452, Consent to Operation or Other Medical Procedures;**
- ccc. **DC-505, Depro-Provera Consent Forms;**
- ddd. **DC-446, Depro-Lupron Treatment Consent Form;**
- eee. Pre and Post HIV Test Counseling (if applicable);
- fff. Request for HIV Testing;
- ggg. **DC-463, Effects of Starvation and Dehydration;**
- hhh. **DC-499, Self-Medication Distribution Program Instructions;**
- iii. **DC-532, Release of Information Divider;**
- jjj. Attorney Correspondence;
- kkk. Physician Correspondence;
- lll. Bureau of Disability Correspondence;
- mmm. other correspondence to and from outside agencies regarding the release of information;
- nnn. subpoenas and court orders regarding release of information;
- ooo. **DC-533, Advance Directive Declaration Divider** (optional);
- ppp. **DC-498, Advance Directive Declaration;**
- qqq. **DC-522, Surrogate Acceptance of Responsibility;**
- rrr. **DC-534, Hospice Care Divider** (optional);
- sss. Hospice Packet;
- ttt. **DC-501, Consent for Participation in Hospice Care Program;**
- uuu. **DC-502, Functional Needs Assessment Survey;**
- vvv. **DC-507, Narrative Needs Assessment Survey;**
- www. **DC-506, Mini-Mental State Examination;**

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- xxx. **DC-535, Commutation Divider** (optional); and
- yyy. **Commutation Packet.**

3. Section 3 shall contain the following:

- a. Problem List Tab;
- b. **DC-467, Problem List;**
- c. **DC-537, Hepatitis Divider** (optional);
- d. **Hepatitis** Monitoring Form;
- e. **DC-540, Beck Velocity Tracking Form;**
- f. Beck Depression Inventory Revised;
- g. Lab/Pathology Tab;
- h. Laboratory Test Reports;
- i. Pathology Reports;
- j. Diagnostics/Consultations Tab;
- k. **DC-488, Snellen Visual Acuity/Tonometry Test Results;**
- l. **DC-451, Ophthalmologic/Optometric Exam Record;**
- m. Eye Glass Requisition Form;
- n. **DC-449A, Consultation Divider;**
- o. **DC-441, Consultation Record;**
- p. **DC-449B, X-ray Divider;**
- q. **DC-456, X-ray Reports**, or applicable report;
- r. Radiological/Radiographic Reports;
- s. Ultra Sound Reports;
- t. Bone Scan Reports;

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- u. CAT Scan Reports;
 - v. MRI Reports;
 - w. **DC-449C, EKG Divider;**
 - x. Electrocardiogram Strips;
 - y. Electrocardiogram Reports;
 - z. Stress Tests;
 - aa. Holter Monitor; and
 - bb. Catherization Report.
4. Section 4 shall contain the following:
- a. **DC-509, Report of Inmate Death, Autopsy Report, Toxicology Report, Death Certificate**, copy of the Request for Inmate Death Certificate;
 - b. **DC-482, Medical/Psychiatric Hold Form** (while inmate is on hold);
 - c. Physician Orders Tab (in reverse chronological order);
 - d. Physician Orders;
 - e. Progress Note Tab;
 - f. **DC-472, Progress Note;**
 - g. Flow Sheets/Monitoring Forms Tab;
 - h. **DC-468, Chronic Illness Flow Sheets;**
 - i. **DC-490, Glucose Monitoring Flow Sheet;**
 - j. **DC-477, Outpatient Vital Sign Flow Sheet (Attachment 10-A);**
 - k. Prenatal Flow Record;
 - l. **DC-489, Intake and Output Sheet;**
 - m. **DC-504, Medication Flow Sheet**, upon completion; and
 - n. Clinic Record.

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5. Section 5 shall contain the following:
 - a. Inpatient Ward Records Tab;
 - b. Inpatient Unit Records (Admission Dividers should be used);
 - c. Community Hospitalization/Other Tab;
 - d. Outside Hospitalizations (while incarcerated);
 - e. requested correspondence received from previous hospital admissions;
 - f. Dialysis Divider; and
 - g. records from the dialysis unit.

6. Section 6 shall contain the following:
 - a. Treatment Record/MARS Tab;
 - b. Medication Charting Record;
 - c. Pharmacy Medication Administration Record;
 - d. Kardex files for 23 hour observation;*
 - e. Miscellaneous Tab;
 - f. **DC-485, Intra-Facility Medical Record Transfer Checklist;**
 - g. **DC-492, Intra-Facility Pharmacy Transfer Checklist;**
 - h. **DC-491, Nursing Transfer Checklist;**
 - i. **DC-481, Medical Release Summary;**
 - j. **DC-482** (upon discontinuation of hold);
 - k. **DC-7x, Temporary Transfer Information Form;***
 - l. **DC-443, Health Care Item Receipt;**
 - m. **DC-543, Inmate Health Education Record;**
 - n. **DC-301, Act 84 Information Transmittal;**
 - o. Lay-ins/Memos;*

- p. old Sick Call Slips;*
- q. old Inmate Request to Staff Member slips;*
- r. Medical Incident/Injury Report (Prior to 1985);*
- s. previous Incarceration Tab; and
- t. records from previous incarceration(s) at County or Federal Prisons.

*Forms are not currently part of the Integrated Medical Records policy. Most were used in the past and may be seen in older charts.

D. Inpatient Unit Record

The nurse assigned to the inpatient unit shall initiate an inpatient unit record whenever an inmate is admitted or in the 24th hour of an observation status case. An entry shall be made in the inmate's outpatient medical record on the admitted inmate's **DC-472**. The outpatient medical record shall be maintained with the inpatient unit record to ensure continuity of care.¹⁴

1. The inpatient unit record for medical/mental health observation shall contain the following Department approved forms:
 - a. **DC-474, Inpatient Unit Summary;**
 - b. Physician Orders;
 - c. **DC-440;**
 - d. **DC-472;**
 - e. **DC-475, Vital Signs Flow Sheet;**
 - f. **DC-448, Medication Charting Record** or Contracted Pharmacy Computerized Medication Administration Record; and
 - g. **DC-478, Inpatient Unit Nursing Care Plan.** The nursing care plan shall be initiated when the inmate is admitted.
2. The inpatient unit record shall also contain laboratory or other diagnostic test results relevant to that particular admission. Upon discharge, refer to **Subsection D. 4.** below.
3. Mental Health Psychiatric Observation Cells (POC)

¹⁴ 4-4352

- a. The admitting nurse shall initiate an inpatient unit record for inmates placed into psychiatric observation status. The record shall be organized as in **Subsection D. 1. (a) through (g)** above; and,
 - b. The admitting nurse shall ensure that the original **DC-483, Psychiatric Observation Monitoring Form** shall be integrated into the inpatient unit record, after the Progress Note(s), upon completion by the Corrections Officer.
 - c. Other team disciplines (Chaplain, Counselor, Psychology Staff, Unit Manager) may document in this record on the **DC-472s**.
4. Upon discharge from the inpatient unit, all records shall immediately be delivered to the Medical Record Director/Technician/designee who shall check the Inpatient Unit Record for completeness, reverse chronological order, and proper format. The entire Inpatient Unit Record, with the exception of labs, diagnostic reports, consults, and EKG's shall then be placed under the Inpatient Ward section of the Medical Record. All labs, diagnostic reports, consults, and EKG's shall be placed in their respective sections of the medical record. The remainder of the inpatient chart shall be placed in the Inpatient Ward Records section of the Medical Record under a separate **DC-449, Admission Divider** with the admission and discharge dates indicated on the face of the divider.

E. Documentation

The following documentation procedures are for several encounters that may occur. Some portions have been taken directly from other health care policies and procedures. For these instances, the policy name and number are listed. These sections only include the documentation guidelines from those policies. It does not include the entire policy. Please refer to the referenced policy if further clarification is needed for the applicable encounter.

1. General Documentation

- a. Ensure you are documenting in the correct patient's chart before you begin.
- b. Each inmate encounter shall be legibly documented on the inmate's medical record in black ink, except as otherwise specified by policy.
- c. Any new preprinted rubber stamps must be approved by the BHCS, Medical Records Directors.
- d. Documentation in the **DC-472** (with the noted exception) shall be in Subjective Objective Assessment Plan Intervention Evaluation Revision (SOAP) or SOAP(IER) format. See SOAP(IER) Documentation (**Subsection E. 2. below**).
- e. Each page of documentation must state the patient's demographic information (name, date of birth, inmate number, and facility).

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- f. Every entry shall be accurate, timely, objective, concise, consistent, comprehensible, logical, descriptive, and reflective of thought process.
- g. The **DC-467, Problem List** shall be updated as required.
- h. Every note/entry that is written by a licensed health care provider, authorized Department Contracted Health Care Provider, or Department personnel shall:
 - (1) be legible and in specific, clear terms;
 - (2) use only approved abbreviations (**See Attachment 10-B**), proper grammar, and correct spelling. The use of abbreviations should be limited. Ensure the abbreviations are clearly written;
 - (3) include month, day, year, and military time of the encounter;
 - (4) be documented during or immediately after the encounter;
 - (5) clearly identify any care given and identify any assisting staff member of the health care team by discipline; and
 - (6) be authenticated by the health care provider with credentials or other authorized personnel.
- i. Upon completion of the SOAP note by the health care provider, it shall be signed, credentialed, and stamped, using a block stamp below the signature. The health care provider shall draw a single line on all blank spaces (both before and after signatures) and to the end of the line, if applicable. Stamps for nursing staff are optional.
- j. Include measurements of affected areas as appropriate for findings such as lesions, burns, or tattooing.
- k. Avoid blank spaces or lines. Blank spaces invite documentation to be entered out of sequence. Draw a single line through blank spaces, including those at the bottom of a page. When blank spaces are left at the bottom of a page, later services may be mistakenly entered creating an incorrect chronological order. The documenter shall draw a single line on all blank spaces (both before and after signatures) and to the end of the line. If a whole/half page is left blank, an "X" may be used to cross out the blank space.
- l. Do not use tentative words. Write what is meant and be specific.
 - (1) Do not use words such as appears or apparently.
 - (2) Clearly state what is seen, heard, and done. Use words such as observed, heard, etc.

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- (3) Do not use generalizations such as the inmate is doing well. This leaves questions to be asked, such as: compared to what; what is the evidence; and what were the observations.

m. Be complete.

- (1) Make certain everything that is significant to the condition and treatment is recorded.
- (2) Carefully and fully document any deviation from the standard treatment of care and why the deviation occurred.
- (3) Ensure entries are consistent and avoid contradiction. Examples of contradiction are: X-ray report reads fracture of the left radius and progress notes reads fracture of the right radius.
- (4) Avoid omissions.
- (5) Avoid time gaps.
- (6) Do not add marginal notes to clarify the documentation.
- (7) Document all inmate moves throughout the facility that effect medical care (RHU, Infirmary, SNU, MHU, SMU) and outside the facility (facility to facility, ATA, PV, outside hospital) in the **DC-472**.

Example: Inmate admitted/discharged to/from RHU.

Inmate sent/received ATA to/from _____ County.

- (8) The CHCA is responsible to ensure the compliance with this procedures manual by the health care staff through the Quality Improvement Process as contained in Department policy **13.2.1, "Access to Health Care."** The CHCA shall ensure that corrective action is taken when necessary.

2. SOAP(IER) Documentation

- a. The Department requires that all licensed health care providers, both state and Contracted Health Care Providers, shall use the SOAP(IER) format when documenting inmate records.
- b. Due to their nature, certain entries may be done in a narrative, anecdotal note. Examples include but are not limited to:
 - (1) appointment times;
 - (2) furloughs;

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- (3) out on writ (ATA);
 - (4) temporary transfers;
 - (5) release to CCC;
 - (6) release to parole;
 - (7) sentence complete;
 - (8) provision of prosthesis or specialty items;
 - (9) family encounters;
 - (10) movements within the facility;
 - (11) no shows; and
 - (12) inmate receptions.
- c. The SOAP note format shall be used in outpatient/clinic visits. All components of SOAP format must be present in a progress note. Combining components of SOAP are unacceptable. The following format shall be used:
- (1) S (Subjective) - The inmate's self-proclaimed symptoms and own description of the problem, not perceptible to an observer.

Example: Nausea, Headache, Cramps, Pain
 - (2) O (Objective) - The provider's clinical findings, observations, and factual data.

Example: Vital Signs, Observations, Assessment Findings
 - (3) A (Assessment) - The opinion of the cause or status of the health condition based on the subjective and objective data. Nursing diagnoses may be used in accordance with the North American Nursing Diagnosis Association (NANDA).
Example: Constipation related to immobility.
 - (4) P (Plan) - The series of actions or strategy for responding to the identified problem. This may be diagnostic, therapeutic, or educational.

Example: Referred to the physician; instructed to increase fluids; and to return to clinic in one week.

The SOAP (IER) note can be utilized for infirmary visits:

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- (5) I (Intervention) - The steps that shall be initiated to resolve the problem.
- (6) E (Evaluation) - The assessment of the effectiveness of the interventions.
- (7) R (Revision) -The documentation of any changes from the original plan of care, interventions, outcomes, and/or target dates in order to achieve the intended outcome.

3. Late Entry

- a. Late entries are appropriate under the following circumstances:
 - (1) if the medical record was unavailable;
 - (2) if the author needs to add important information; and/or
 - (3) if the author neglected to write notes on a particular medical record.
- b. Late entry information shall be labeled Late Entry, and the author shall:
 - (1) record the military time and the date of the entry; and
 - (2) record the time and date of the occurrence within the text of the Late Entry.

4. Mistaken Entry

- a. Mistaken entries in the inmate's medical record shall be documented as follows:
 - (1) the author of the entry shall draw a single line through the entry;
 - (2) the words Mistaken Entry shall be written above the original word(s);
 - (3) the author shall place his/her initials, date, and military time next to the word Mistaken Entry;
 - (4) if a change needs to be added to correct the mistaken entry, fit the change into the correct chronological order;
 - (5) indicate which entry the correction is replacing; and
 - (6) in some situations, the health care providers may wish to have a colleague make a note witnessing that the change was made and why.
- b. if documentation is made in the wrong medical record, the author shall make documentation in the right medical record, and add a progress note in correct chronological order to explain the mistaken entry.

5. Medication Order

- a. Every medication order must include:
 - (1) month, day, year, and military time of order;
 - (2) medication and specific dosage;
 - (3) specific route of administration; and
 - (4) frequency and duration.
- b. Every physician, psychiatrist, dentist, certified registered nurse practitioner, and physician assistant (PA), shall sign his/her complete name and credentials after each order and utilize his/her block stamp below the signature. In addition, the relevant duplicate page must also be stamped with the block stamp. If the block stamp is not available, a clearly printed signature will be accepted until the stamp is available.
- c. A PA working under a Doctor of Osteopathy (DO) shall write orders on the **Physician Order Form**. **All PA orders shall be co-signed, dated, timed, and block stamped by the DO** prior to the nurse transcribing the order. After October 1, 2009, the orders of a PA who has obtained prescriptive authority may be transcribed prior to being co-signed by the physician supervisor, as is the case with PAs supervised by Medical Doctors, as outlined in Subsection E.5.d. below.
- d. A PA supervised by a Medical Doctor (MD) shall write medication orders on the **Physician Order Form**. ALL PA orders shall be co-signed, dated, timed, and block stamped by the physician within 72 hours. In this situation, a nurse can transcribe the order prior to the physician co-sign.
- e. A Registered Nurse (RN) or Licensed Practical Nurse (LPN) shall transcribe written orders in accordance with the following:
 - (1) a small red check mark shall be made next to the order as it is taken off;
 - (2) the orders shall be bracketed at the time of transcription using a red ink, ballpoint pen;
 - (3) using red ink, the transcribing nurse shall sign indicating credentials, the date, and military time that the order was transcribed;
 - (4) illegible orders shall be rewritten by the physician or PA before a nurse transcribes the order; and
 - (5) after proper transcription, the next available snap sheet with the red number shall be faxed to the pharmacy. The nurse shall document on the snap sheet the date, military time, and initials acknowledging that the medication order was faxed/sent.

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The snap sheet shall then be sent to the drug room to be kept until the medication is delivered to the facility.

- f. In the event that the facility chooses not to fax the order, the next available snap sheet shall be sent by courier. A copy of the order shall be made and forwarded to the drug room to be kept until the medication is delivered to the facility.
- g. Upon verification of the accuracy of the medication received with the physician order, the snap sheet copy may be destroyed.

6. Verbal/Telephone Order

- a. The RN/LPN may accept verbal or telephone orders provided the order is understandable and within the scope of practice.
- b. Verbal or telephone orders may be accepted from physicians, psychiatrists, dentists, and certified registered nurse practitioner (CRNP).
- c. Verbal or telephone orders may be accepted from a PA if his/her supervisor is a Medical Doctor (MD). Verbal or telephone orders will not be accepted from a PA if he/she is supervised by an osteopathic doctor (DO).
- d. Nursing shall complete the following when documenting the verbal order:
 - a. document the date, time, that the order is being accepted as a verbal telephone order, and the specific order;
 - b. repeat the order back to the prescribing practitioner, including the inmate's name; and
 - c. the order shall be signed legibly with credentials included.
- e. After transcription, the order shall be flagged for the prescribing practitioner to sign, date, time, and stamp the order within 72 hours.
- f. The Medical Director/designee shall ensure that the verbal order is signed, dated, timed, and stamped within 72 hours.
- g. A patient shall not be discharged from the infirmary by a verbal order.

7. Test Results and Reports

- a. In accordance with Department policy **13.2.1**, a physician or PA shall review all diagnostic test results within 48 hours of receipt by the facility.
- b. The physician/psychiatrist shall be notified of any meaningful abnormal values and the timeliness of notification shall be medically appropriate.

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- c. The physician/psychiatrist/PA shall review, date, time, initial, block stamp his/her name on all reports. After review, the physician, psychiatrist, or PA shall use the Diagnostic Study Stamp to stamp every page of the diagnostic report and mark whether it is considered abnormal, not clinically significant, or normal. The physician/psychiatrist/PA shall document all meaningful abnormal test results in the medical record in SOAP format.
- d. Any meaningful abnormality shall be discussed with the inmate and documented in SOAP format in the medical record within 72 hours of reviewing the test results.
- e. All diagnostic reports shall be sent to the medical records area for filing within 48 hours after review by the ordering practitioner or the Medical Director.

8. Family Encounters

Any encounter between a health care provider, psychologist, clergy, or staff and an inmate's family regarding a health care/clinical issue shall be documented in the **DC-472**. The documentation shall include:

- a. date and military time of the encounter;
- b. type of encounter that occurred (face-to-face, telephone, or letter);
- c. name of the family member and the relationship to the inmate; and
- d. reason for the contact and the outcome.

9. Inmate Health Teaching

- a. A health care provider shall document in the **DC-543** any health teaching instruction provided to an inmate during an encounter. Upon receipt of the attendance sheet, the nurse shall complete the **DC-543** by entering the date of the health education training and signature.
- b. Documentation shall include the topics addressed with the inmate, whether the inmate was given any reference material, and a statement indicating that the inmate demonstrated an understanding of the information presented in the health teaching.

10. Inmate Refusals to Participate and/or Accept Medical Treatment

- a. If an inmate refuses health care services, the reason for the refusal and the possible health conditions resulting from the refusal shall be discussed with the inmate.
- b. Complete a **DC-462**.

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- c. The attending health care provider shall document on the **DC-472** in SOAP format that the inmate was educated regarding the consequences of refusing treatment and whether the inmate signed or refused to sign the **DC-462**.
- d. See **Section 8, Medical/Legal** of this procedures manual for further direction when an inmate refuses to accept treatment for a health-threatening condition as determined by a physician.

11. Inmate Refusal to Drink and/or Eat

- a. In accordance with **Section 8** of this procedures manual, the **DC-463** shall be completed at the end of the third continuous day of an inmate's refusal to drink and/or eat.
- b. Every subsequent health care contacts, treatments, and recommendations shall be documented on the **DC-472**.

12. Advance Directive Declaration

- a. In accordance with **Section 8** of this procedures manual, a **DC-498** shall be made available and the inmate shall be given the opportunity to sign.
- b. An entry shall be made in the inmate's medical record on the **DC-472** acknowledging the receipt of the documentation and stating that a **DC-498** has been filed in the inmate's medical record.
- c. The outside of the inmate's medical record shall be marked by affixing a **DC-444** on the front to indicate the presence of the **DC-498**. The date of the Declaration shall also be marked on the outside of the medical record (see Advance Directive label).
- d. The original **DC-498** shall be placed in the Legal/Correspondence Section under the Advance Directive Declaration Divider of the inmate's medical record.
- e. A completed **DC-522** shall be filed with the **DC-498** in the Legal/Correspondence section under the Advance Directive Declaration Divider of the medical record.
- f. In the event of a revocation, the CHCA/designee, or other health care provider shall ensure that the **DC-498** is removed from the medical record. A new **DC-444** shall be placed over the existing **DC-444** on the front of the folder. The medical practitioner shall indicate the date the declaration was revoked on the new **DC-444** along with the word **NO** to indicate that the inmate no longer has a **DC-498** in the medical record.

13. Medical/Psychiatric Hold

- a. An inmate who is identified as being eligible for transfer (new receptions, parole violators, CCC returns, etc.) and having an unstable, uncontrolled, or acute

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medical/psychiatric condition shall have a **DC-482** completed in accordance with Department policy **13.2.1**.

- b. A physician/psychiatrist/PA shall order a medical/psychiatric hold.
- c. The physician/psychiatrist/PA shall document the reason for the hold and the treatment plan on the **DC-472**.
- d. A nurse shall note the physician's order and initiate the **DC-482**.
- e. The active **DC-482** shall be inserted into the medical record above the Physician Order's Section. A physician/psychiatrist/PA shall reevaluate the hold status after the expiration of the initial hold and at least every 10 days thereafter, if continued, and document the findings on the **DC-472**. Only a physician/psychiatrist may discontinue a hold and/or clear the inmate for transfer.
- f. A nurse shall complete the Hold Discontinued and Cleared for Transfer Section of the **DC-482** after the physician/psychiatrist completes his/her section of the form.
- g. Document that an order for the hold is to be discontinued or document that the inmate is cleared for transfer.
- h. Address follow-up care as needed.
- i. The facility record office shall be notified via the Automated Transfer Petition System when the hold is initiated, and upon its discontinuation.

14. Medical Orders for Special Items

- a. Medical orders for special item(s) shall be reviewed on a timely basis depending on the special item(s) ordered in accordance with Department policy **13.2.1**.
- b. The continuing need for items ordered as permanent (hearing aids, prosthetic devices, etc.), shall be reviewed annually. The review for all other items shall be made quarterly.
- c. Prescriptions shall be ordered or entered on the Physician Order Sheet, and documentation shall be made on the **DC-472**.
- d. All decisions by the CHCA, Facility Security Office, and the Unit Manager(s) determining that issuing the special item would jeopardize the security of the facility shall be documented on the **DC-472**.
- e. The physician/PA instructing the inmate concerning the provision and/or use of a special item shall ensure that the **DC-443** is completed. The original shall be filed in the Miscellaneous Section of the medical record.

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- f. The inmate shall be given a copy and is responsible for carrying a copy of the **DC-443**.

15. Medical Clearance for Boot Camp

- a. At the time of evaluation for placement at the Boot Camp, a physician or PA shall review the **DC-471**, the **DC-440**, dental screen, and appropriate lab, ECG, and x-ray reports to determine the inmate's medical eligibility for participation in the Quehanna Motivational Boot Camp Program. Additional fitness testing may be required prior to clearance for participation. The recommendations shall be recorded in the **DC-472**, **DC-440**, and **DC-480**.
- b. Where an inmate refuses to participate in any component or aspect of health appraisals, screenings, or assessments, the inmate shall sign a **DC-462** and the physician, nurse, or PA shall document such refusal on the **DC-472**. The inmate's refusal to participate in the screening shall preclude his/her participation in the program.

16. Commutation Physical Examination

- a. The CHCA shall be responsible to ensure that the following procedures, in accordance with Department policy **13.2.1**, are conducted:
 - (1) a physical examination is completed in accordance with Department policy **11.4.1**, "**Case Summary**," and the **DC-473, Commutation Physical Examination Summary** is typed and signed by the physician/PA;
 - (2) a psychiatric examination is completed in accordance with Department policy **11.4.1**;
 - (3) the Commutation Notice Form is placed in the medical record on top of the Physician Order Forms. The Commutation Notice shall not be removed until the application for commutation is approved or denied; and
 - (4) all commutation forms shall be filed in the Legal/Correspondence Section under the Commutation Divider of the medical record.
- b. The inmate's HIV status shall not be communicated to the Board of Pardons unless the inmate signs a **DC-108, Release of Information** form.

17. New Inmate Commitments, HVA, CCC Returns, Escapees, PV, ATA, and Returning Inmates (With More than 90 Days Absence)

- a. Upon an inmate's arrival, the assigned nurse shall conduct a personal interview with the inmate and complete a **DC-471** in accordance with Department policy **13.2.1**.

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- b. Both the inmate and the nurse shall sign and date the **DC-471**. If the inmate declines to sign, this shall be noted and a witness shall sign in the space provided. Inmate refusals to participate in the intake screening shall be handled in accordance with this procedures manual, **Subsection E. 10** above.
 - c. The nurse shall provide an oral and written explanation to the inmate, upon arrival, regarding:
 - (1) access to health care services;
 - (2) sick call (including inmate co-pay);
 - (3) emergency services;
 - (4) dental care; and
 - (5) psychiatric/psychological services
 - d. After explaining the facilities health care services to the inmate, the nurse shall document the encounter with the inmate in the **DC-472**.
 - e. TB testing shall be completed in accordance with Department policy **13.2.1**.
 - f. Review Tetanus History/Tetanus Vaccination - A nurse shall update the **DC-486** whenever an inmate is immunized.
 - g. Each inmate shall receive a physical examination by a physician/PA as required in Department policy **13.2.1**. The **DC-440** shall be completed at this time.
 - h. The physician or PA shall complete the **DC-480** at the time of all physical examinations in accordance with Department policy **13.2.1**.
 - i. Serologic Tests for Syphilis (STS) shall be performed.
18. Escapes, HVA's, CCC Returns, PV's, ATA's, Returning Inmates (With Less Than 90 Days Absence)
- a. In accordance with Department policy **13.2.1**, on the day of arrival, the assigned nurse, PA, or medical staff shall document on the **DC-472** the type of absence and length of time from which the inmate is returning. If the inmate's archived record is not at the receiving facility, the Nurse Supervisor/designee shall contact the facility from which the inmate was released and inquire about the conditions/problems the inmate had prior to release.
 - b. The assigned nurse or PA shall perform a visual observation and an evaluation for signs and symptoms of an acute or communicable condition. The inmate shall be

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questioned as to whether he/she has had nausea, vomiting, cough, fever, or night sweats. Results shall be recorded on the **DC-472s**.

- c. The blood pressure, pulse, respirations, and temperature shall be measured and recorded by the nurse on the **DC-472s**.
- d. The PA shall conduct a chart review to assess any interruption in services and re-establish a continuum of care.
- e. Serologic Tests for Syphilis (STS) shall be performed.
- f. TB testing shall be performed in accordance with Department policy **13.2.1**.

19. New Commitments

- a. In accordance with Department policy **13.2.1**, the assigned nurse shall complete the **DC-471**.
- b. The nurse shall provide the inmate with an oral and written explanation of access to health care services, sick call (including inmate co-pay), emergency services, dental care, and psychiatric/psychological services, and document the inmate teaching on the **DC-472**.
- c. The nurse shall document the administration of tetanus vaccine as appropriate on the **DC-486**.
- d. The nurse or PA shall document tuberculosis information as appropriate in accordance with Department policy **13.2.1**.
- e. A physician or PA shall complete a **DC-440** and a **DC-480** within seven days of arrival in accordance with Department policy **13.2.1**.

F. Medical Record Forms

- 1. The medical record shall contain the following items: completed receiving screening form; health appraisal data forms; all findings, diagnoses, treatments, and dispositions; record of prescribed medications and their administration; laboratory, x-ray, and diagnostic studies; signature and title of documenter; consent and refusal forms; release of information forms; place, date, and time of health encounters; health service reports (dental, mental health, and consultations); treatment plan, including nursing care plan; progress reports; and discharge summary of hospitalization and other termination summaries.
- 2. All Department forms and the proper procedures for the completion of forms are contained in the **Medical Records Users Manual, Section 2** of this policy/procedures manual. This **Medical Records Users Manual** is organized in an alphabetical manner. All forms regarding Tuberculosis are organized under Tuberculosis Policy Forms. All

forms regarding Hospice care are organized under Hospice Forms. Questions regarding the **Medical Records Users Manual** should be directed to the BHCS.

G. Outpatient Record

1. The outpatient record shall be available for use by all licensed health care providers during all inmate encounters. The outpatient record shall be made available and present for sick call encounters, physician/PA lines, dental sick call, on-site specialty clinics, chronic clinics, etc. The outpatient record shall be accounted for by using a **DC-454, Out Guide Card**. The outpatient record is integrated and contains dental and psychiatric/mental health information. All licensed physicians or PAs shall use the outpatient record to document orders and SOAP notes on approved forms in the appropriate sections as designated in procedures.
2. The record contents shall be maintained using source-oriented records. The forms shall be filed in a reverse chronological order, with most recent entries at the top within each section of the medical record.

H. Inpatient Unit Record

In accordance with Department policy **13.2.1**, the Medical Records Technician shall ensure that the following procedures have been followed concerning an inmate's admission and treatment in an inpatient unit.

1. Inpatient Admission
 - a. Any admission to the inpatient unit requires a physician/dentist/PA order. A physician shall co-sign the PA order; include the date, time, and block stamp. The order shall include:
 - (1) provisional diagnosis;
 - (2) medications and treatments;
 - (3) activity level; and
 - (4) diet.
 - b. In the event the inmate is admitted by a verbal order, the nurse shall:
 - (1) be responsible for initiating the admission order;
 - (2) document the admission order on the Physician Order Sheet to include the date, time, problem number, provisional diagnosis, medication and treatments, activity level, and diet;

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- (3) indicate on the Physician Order Sheet that it was a telephone order per the physician's name, immediately followed by the nurse's signature; and
 - (4) document in SOAP format in the **DC-472** the reason for the verbal order.
- c. The physician shall sign off on all verbal orders within 72 hours. Date, time, and block stamp shall be included.
 - d. A patient shall not be discharged from the infirmary by a verbal order.
 - e. The licensed nurse shall assure that a separate inpatient unit medical record is initiated for each admission. An entry shall be documented in the inmate's outpatient medical record on the **DC-472** that the inmate was admitted to the inpatient unit. The outpatient medical record shall be maintained with the inpatient unit record to assure continuity of care.
 - f. The inpatient unit record shall be initiated by the admitting nurse and shall be organized as outlined in **Subsection B.** above of this procedures manual. Medical forms shall be completed in accordance with **Subsection C.** above of this procedures manual.
 - g. The first section of the **DC-474** shall be completed by the admitting nurse at the time of admission to the inpatient unit. Documentation shall be legible and include:
 - (1) inmate identification data including the inmate name, identification number, date of birth, and facility stamped or handwritten in the lower right hand corner of the form;
 - (2) admission date;
 - (3) provisional diagnosis;
 - (4) allergies; and
 - (5) name and address of next of kin, how they are related, and phone number.
 - h. Upon admission, the nurse shall document an admission note in the **DC-472** in SOAP(IER) format to include:
 - (1) chief complaint;
 - (2) vital signs;
 - (3) nursing assessment; and
 - (4) plan of care.

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- i. A separate MAR shall be initiated for each inpatient unit admission.
- j. An Inpatient Unit Nursing Care Plan shall be initiated for each inpatient unit admission.
- k. The night shift nursing staff shall:
 - (1) check the physician orders every 24 hours;
 - (2) draw a line in red ballpoint ink across the order sheet to indicate that all orders above the line have been checked; and
 - (3) review all orders for completion, noting same at the bottom of the order sheet with date, time, and signature.
- l. A complete history and physical examination shall be documented on the **DC-440** by the physician/PA within 24 hours of the inpatient unit admission and shall include:
 - (1) Medical History (chronic conditions, chief complaint, present illness, and past medical history);
 - (2) Review of Systems (remark on significant findings only):
 - (a) skin;
 - (b) skeletal;
 - (c) eyes, ears, nose;
 - (d) mouth, tongue, teeth;
 - (e) head, neck;
 - (f) endocrine;
 - (g) respiratory;
 - (h) cardiac;
 - (i) lymph;
 - (j) gastrointestinal;
 - (k) genitourinary; and
 - (l) Neuromuscular.

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- (3) Vital signs (TPR and BP);
 - (4) Assessment of distress, acuteness, and severity of illness; and
 - (5) Descriptions (in general terms) of the plan for this admission and discuss the reasons for any limited treatment plan. (The admitting physician/PA may opt to use the **DC-440** instead of writing the review of systems in the **DC-472**).
- m. Daily Physician Progress Notes shall address:
- (1) response to treatment and medications;
 - (2) abnormal test/diagnostic results; and
 - (3) revision and plan of care;
- n. The nurses shall ensure that vital signs (TPR and BP) shall be taken at least once per shift unless otherwise ordered by a physician. Vital signs shall be documented on the **DC-475**.
- o. At a minimum, nurses shall document an entry at a minimum of once per shift, or as inmate's condition warrants. All entries shall be in SOAP(IER) format.
- p. The second section of the **DC-474** shall be completed by a physician within 48 hours of discharge from the inpatient unit and shall include the following elements:
- (1) date of discharge;
 - (2) discharge diagnosis;
 - (3) procedures/operations performed during admission;
 - (4) chief complaint and history;
 - (5) medications, duration, and for what conditions;
 - (6) summary of treatment, which includes:
 - (a) significant findings regarding all tests;
 - (b) complications including infections;
 - (c) diet;
 - (d) activity level;
 - (e) inmate response to treatment and final outcome;

- (f) follow-up plan of care; and
 - (g) discharge disposition.
- q. At the time of discharge, all orders must be discharged on the inpatient record and rewritten on the Physician Orders Form of the outpatient record.
- r. A PA may not discharge an inmate from the inpatient unit.
- s. Upon discharge from the inpatient unit, all records shall immediately be delivered to the Medical Record Director/Technician/designee who shall check the Inpatient Unit Record for completeness, reverse chronological order and proper format. The entire Inpatient Unit Record, with the exception of labs, diagnostic reports, consults, and EKG's shall then be placed under the Inpatient Ward section of the Medical Record. All labs, consults, and EKG's shall be placed in their respective sections of the medical record.

2. Twenty-three Hour Observation

- a. An inmate may be placed in the inpatient unit for observation for a 23-hour period based on physician, PA, dentist, or nursing judgment. Documentation shall be accomplished using the outpatient record. If the period of observation exceeds 23 hours, the inmate must be admitted.
- b. The nurse shall ensure:
- (1) The outpatient record is available in the inpatient unit.
 - (2) Documentation shall continue on the **DC-472** and include:
 - (a) documentation of reasons for placement, date, and military time; and
 - (b) at least one SOAP note shall be written every eight hours during sleep time, or as frequently as the inmate's condition warrants.
 - (3) When medical personnel, other than a physician, place an inmate in observation status for other than routine cases, a physician must be notified immediately.
 - (4) Relevant health history, current physical status, and nurses' observations must be conveyed to the physician.
- c. A physician or PA shall evaluate the inmate on observation status to assess and determine if the inmate is to be returned to the housing unit or be admitted.

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- d. If the physician or PA does not evaluate the inmate for admission/discharge within a 23-hour period, at the beginning of the 24th hour, an inpatient unit record must be initiated.

3. Psychiatric Observation

- a. An inmate requiring psychiatric observation shall be considered inpatient unit admissions and an inpatient unit record shall be initiated. The inmate shall be seen daily by the medical physician as well as the psychiatrist. The inmate's psychologist, counselor, chaplain, etc. may document in SOAP format on the **DC-472** if the need arises.
- b. A physician, psychiatrist or PA may admit an inmate to the inpatient unit for a "Psychiatric Observation." Specific items allowed in the Psychiatric Observation Cell (POC) shall be included in the admission order.
- c. An inmate housed in POCs outside of the inpatient unit must be seen daily by a physician and a nurse must see the inmate each shift. Appropriate documentation must be made on the **DC-472**.
- d. A complete history and physical on the **DC-440** is not required. The physician should review the annual or bi-annual physical exam.
- e. The physician monitoring patients in the POC cells shall include an initial examination and including a review of the problem list, review of recent progress notes and orders, physical exam focused on current and newly developed medical problems such as recent trauma, assessment with updated medical problem list, medical treatment plan, and orders to address current problems.
- f. After admission, the psychiatrist shall legibly make appropriate documentation on the **DC-472**.
- g. Nursing Progress Notes shall include inmate behavior, observation, and documentation at a minimum of every two hours unless otherwise ordered by the psychiatrist.
- h. Upon completion, the **DC-483** shall be placed in the inpatient unit record on top of the lab reports. Upon discharge, the psychiatric inpatient admission record should be placed under the Psychiatric/Mental Health Section. The admission divider should be marked Psychiatric Admission _____ (admission date) to _____ (discharge date). All labs, consults, and EKG's shall be placed in their respective sections of the medical record.
- i. Verbal orders for discharge to the housing unit shall not be accepted.
- j. A PA may not discharge an inmate from the inpatient unit.

4. Mental Health Commitments

- a. The Medical Director, psychiatrist, and CHCA shall ensure that the following specific information is provided for commitment to a mental health facility:
 - (1) medications, dose, and frequency of admission;
 - (2) drug sensitivities;
 - (3) special diet requirements;
 - (4) current medical problem(s); and
 - (5) describe all treatments, including recommendations for follow-up care.
- b. SCI-Waymart ICU records shall be placed under the Psychiatric/Mental Health Section of the record. The admission divider should be marked Psychiatric Admission _____ (admission date) to _____ (discharge date).

5. Infirmary Housing

- a. An inmate who is being housed in the inpatient unit, but is not admitted as an inpatient, must have a minimum of a monthly summary note written in the chart on the **DC-472**.
- b. Every inmate under infirmary housing status who resides in the infirmary and who requires any nursing intervention/interaction (this includes but is not limited to hands-on care, ADL assistance, treatments, procedures) requires a documented entry for each encounter in the medical record.

I. Record Implementation and Review

In accordance with Department policy **13.2.1**, the Medical Records Technician shall ensure the following procedures were used and documented when filing/reviewing the inmate's medical record.

1. Record Implementation at Initial Reception

- a. The process of implementing a formal inmate medical record shall begin at the point of the inmate's reception. The Initial Reception Screening process is used to identify immediate health needs and develop a Problem List and initial plan of care.
- b. Medical records and/or medical record forms must be accessible to the nurse(s) assigned to complete initial reception screening at the Diagnostic and Classification Center (DCC). A supply of records and/or forms shall be maintained in the reception screening area. Records shall be formatted and organized as detailed in **Section 10, B.** of this procedures manual.

- c. The reception-screening nurse shall ensure that records are initiated upon inmate reception, completed with correct inmate identification data (including inmate name, identification number, date of birth, and facility), and contain the completed **DC-471**.
- d. All baseline medical data shall be filed within the medical record. All laboratory, electrocardiogram, and x-ray reports shall be filed and maintained within the appropriate sections of the record. All dental and physical examinations shall be filed and maintained within the appropriate sections of the medical record. Other pertinent health information or classification information shall be filed and maintained within the appropriate sections of the medical record.

2. Record Review

- a. Upon transfer from the DCC to a permanent facility, the inmate's medical records shall be reviewed at the receiving facility by the reception-screening nurse. The purpose of this review is to provide a continuum of care and reevaluate the plan of care. The **DC-479** shall be completed. The reception-screening nurse shall initiate an immediate referral to a physician/PA or psychiatrist if needed. Problematic transfers shall be referred to the CHCA for action. Refer to the **Medical Records Users Manual, Section B. 2.** for complete details.
- b. Upon intra-facility transfer, the inmate's medical records shall be reviewed at the receiving facility by the reception-screening nurse.¹⁵ The purpose of this review is to provide a continuum of care and reevaluate the plan of care. The **DC-479** shall be completed. The reception-screening nurse shall initiate an immediate referral to a physician/PA or psychiatrist if needed. Problematic transfers shall be referred to the CHCA for action.

3. Quality Assurance Review

The medical record shall be reviewed in accordance with Department policy **13.2.1**.

4. Chart Analysis

All medical records removed from the active file area for sick call, clinics, diagnostic reports, etc., are to be reviewed for compliance with this Department policy/procedure manual upon return to the active file area.

J. Transfer of Medical Records and X-Rays

In accordance with Department policy **13.2.1** and this procedures manual, the Medical Records Technician shall ensure the following procedures are followed:

1. Notification

¹⁵ 1-ABC-4E-39

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- a. The medical department shall obtain information from the Bureau of Inmate Services (BIS) concerning an inmate's approval for intra-facility transfer. The BIS provides the listing on a weekly basis via the Automated Transportation System.
- b. Inmate Records shall notify the medical department of ATAs, sentence complete, parole, and CCC placements.

2. X-Rays

An intra-facility transfer (permanent or temporary) for medical purposes shall have all his/her x-rays sent in the original x-ray envelopes to the receiving facility.

3. Medical Records

Medical records are not to be transported by anyone other than Department personnel or the postal system. Medical records are not to be given to County Sheriff personnel. Below is a detailed outline of the various types of transfers. For further details, see Department policy **13.2.1**.

K. Outguides and Repositories

1. Outguides

- a. Recording information on the **DC-454** is a practice established to track the destination of an outpatient record when it is removed from the file or shelf.
- b. Each inmate record, including multiple volumes, shall have a corresponding **DC-454** with inmate name and number, which shall be kept loose within the record.
- c. When the record is removed from the shelf, the staff person removing the record shall pull the **DC-454** and complete the date, initials of staff pulling the chart, destination of chart, person to whom the record was released, and, if multiple volumes, specify the volume number(s) signed out. The **DC-454** shall be then be placed in the repository and inserted in the space previously allotted to the chart.
- d. When the **DC-454** is completed on both sides, it shall be filed in the Miscellaneous Section of the medical record. A new **DC-454** shall be initiated.
- e. The medical record shall be returned to the medical record area by the close of the second shift or no later than first shift the following day.
- f. Upon return of the medical record, the **DC-454** shall be reinserted into the record or revised with a new destination.
- g. The **DC-454** shall be checked daily at the close of shift against the clinic/sick call sheets.

- h. The Medical Record Director/Technician shall immediately investigate a situation where the record is not returned and notify the CHCA for action.
- i. Licensed health care staff shall have access to the medical record area on a 24-hour basis. Record removal by any health care staff is subject to the procedures outlined above.

2. Repositories

- a. Repositories are available within the file room to hold **DC-454s** and medical reports while the record is in use so that filing tasks shall not be impeded.
- b. Any test results or reports received in the Medical Record Area shall be reviewed for completed diagnostic stamp, physician signature, date, and time.
- c. Medical Record Staff shall initial the test results or reports and make a check mark in the lower right hand corner prior to filing records to ensure the report was reviewed for the physician's initials and date.
- d. If a **DC-454** is in the space previously allotted to a corresponding medical record, the filing shall be placed in a repository.
- e. The **DC-454** shall also be placed in the repository on top of the loose filing. This is done to ensure the person filing the records knows there is a repository holding filing.
- f. When the medical record is returned to its space on the shelf, the loose filing in the repository shall be incorporated into the medical record within 48 hours.
- g. If the chart is needed because of an emergency, the chart shall be pulled according to the above procedure and the repository, with any reports that have not been filed, shall be inserted inside the record.

L. Record Maintenance, Retention, and Destruction¹⁶

The Medical Records Technician shall use the following procedures when dealing with the maintenance, retention, and destruction of inmate medical records.

1. Inmate Medical Records

Inmate medical records shall be:

- a. centrally located in the records area of each facility's medical department;¹⁷

¹⁶ 1-ABC-4E-55

¹⁷ 4-4396, 4-4415, 1-ABC-1E-04

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- b. maintained in good condition;
- c. indicate the inmate name and identification number clearly; and
- d. labeled with a current **DC-445**.

2. Volume Records

If the inmate's medical record becomes too large to manage effectively, another volume shall be assembled and labeled by medical record staff. The medical record staff shall handle extremely large medical records as follows:

- a. format a red medical record folder (**See Subsection B. above**);
- b. remove the last year of information from all relevant sections from the previous volume and insert in the new volume using the same format sections (**See Subsection B. above**). Unusually large charts can be thinned to six months of information;
- c. designate time frames (1/3/90 - 5/29/93) and volumes contained within the record in the format on a sticker on the back of the chart, upper right hand corner;
- d. the most current information shall be contained within the volume with the greater number; and
- e. with the exception of the **DC-440, DC-458, DC-458A, DC-467, DC-469, DC-486, DC-540, DC-548, most recent chest X-Ray, most recent EKG, and Dental X-Rays**, subsequent volumes shall continue chronologically and are considered active until the inmate's release.

3. Continuation of the Inmate Medical Record

- a. The inmate's medical record shall always be continued regardless of how long the inmate has been absent from the Department. If an inmate returns after completing his/her maximum sentence the original medical record shall be located and continued. A new chart is not to be started for returning parole violators. When a parole violator returns to one of our facilities, the original medical record shall be continued. If the inmate's number has changed, the necessary changes shall be made to the existing medical record. Only one medical record shall exist for every inmate.
- b. A parole violator is not always immediately returned to the facility from which he/she was paroled. Instead, he/she may be received at another facility for a brief period. When this occurs, the facility that initially receives the inmate shall start a temporary new medical record and contact the facility from which the inmate was paroled to request his/her medical records.

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- c. All inactive records must be requested within 24 hours of entering the facility. When the facility receives the previous medical record, they shall integrate the temporary record into the original record. All medical records shall be combined within five days of receipt of the original medical record.
- d. Each facility shall maintain a log documenting all medical record requests on parole violators and sentence complete inmates. It shall include the date the medical record was requested, received, and combined.

4. Archive Records

- a. Records of an inmate paroled or released from custody shall be archived for 10 years past his/her maximum sentence date prior to destruction.¹⁸
- b. Upon release from custody, the **DC-557, Medical Record Close Out and Transmittal Form** shall be completed to prepare the medical record for archiving. The form shall be filed under the "Miscellaneous" Tab.
- c. Upon release from custody, a removable label shall be placed in the right hand corner on the front of the chart. The label shall contain the date the inmate was released from custody and the type of release (parole, maxout, CCC). The inmate's medical record shall be filed in the inactive area and remain at the facility for two years following the inmate's release from custody.¹⁹
- d. After the two-year period, records consisting of an entire year's time frame are to be prepared for shipment to the State Record Center.²⁰
- e. If an inmate has died of natural causes, the record shall be kept in the facility for two years and then sent to the State Record Center for destruction 10 years past the inmate's date of death. If the inmate's death is not of natural causes, the record needs to be maintained permanently at the facility.
- f. There are two ways to determine which records must be sent to the State Record Center:
 - (1) Inmate Records may be contacted to print a report to determine inmates released on final discharge more than two years prior to current date; and
 - (2) Upon release, the records may be filed by year in alphanumeric order.
- g. The following are procedures for preparing medical records for transfer to the State Record Center.

¹⁸ 1-ABC-4E-55

¹⁹ 4-4281-8

²⁰ 4-4281-8

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- (1) The **DC-576, Inmate Data Sheet** ²¹ and **DC-466, Destroyed Medical Record Data Sheet** are to be completed for all inmate records that are being sent to the record center.
- (2) The following is to be completed on the **DC-576**:
 - (a) from DOCNet, the inmate Query Summary Screen will be printed on the top portion of the **DC-576**;
 - (b) maximum date or recomputed maximum date;
 - (c) destruction date; and
 - (d) Department box number;
- (3) The **DC-576** shall be kept by the parent facility in three ring binders according to inmate number and destruction year.
- (4) The following is to be completed for the **DC-466**:
 - (a) from DOCNet, the Inmate Query Summary Screen will be printed on the top portion of the **DC-466**;
 - (b) date records destroyed;
 - (c) next of kin;
 - (d) last known address of next-of-kin;
 - (e) all chronic disease;
 - (f) all surgeries performed while incarcerated, ten years prior to release; and
 - (g) signature of preparer and date.
- (5) The **DC-466** shall be kept by facilities indefinitely in three ring binders according to inmate number.
- (6) All binders, binder clips, and paperclips shall be removed. Stapled pages, blue addressograph cards, and dental x-rays can remain in the records. The records can remain in the red folder or can be placed in a manila folder. The forms are to be kept in order. The inmate number is to be placed on top of the red folder or manila folder. Rubber bands may be used to secure the record.

²¹ 4-4281-8

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- (7) Each box being sent to the State Record Center must only contain records that have the same maximum sentence and destruction years. For this reason, it is possible that some boxes shall be sent with only one record.
- (8) If a box is not full, the remaining space must be filled with crumpled newspaper. Do not use old records, forms, shredded paper, cardboard, or wooden blocks.
- (9) Boxes may be ordered from the Department of General Services, commodity number 131454.
- (10) Once packaged, the following information must be written on the box:
 - (a) facility initials (CAM);
 - (b) schedule item number (70);
 - (c) agency box number (001);
 - (d) record center box number is to be left blank. Do not write anything in this space;
 - (e) no other markings shall be put on the box; and
 - (f) if the box does not have preprinted blocks, enter the above data in the lower right corner of the box.
- (11) Once the records have been placed in the appropriate boxes, the **STD-59, Records Transfer List** (in Excel) shall be completed as follows:
 - (a) complete the **Date Section** with the date the form is being completed;
 - (b) complete the **Agency Section**. This shall include the agency (Department of Corrections), facility name, medical records department, and facility address;
 - (c) complete the Agency Number using the number 11;
 - (d) complete the Bureau Number using the number 1110175215;
 - (e) complete the Schedule Item Number using the number 70;
 - (f) complete the Agency Box Number Section. Each facility should start with the number **001**. The box numbers shall be consecutive through all the **STD-59s**. Never start over with the number **001**. For example, if the first **STD-59** ends with the box number 008, the next **STD-59** should start with the number **009**;

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- (g) complete the Description of Contents. Each box shall be on a separate line. The first and last inmate number of the records in each box shall be written on this line (AK-5301 to AM-8430);
 - (h) complete the **Date of Records section**. This shall be listed as 12/maximum sentence year;
 - (i) complete the **Disposal Date section**. This date is 10 years past the inmate's maximum sentence date. For example, if the Date of Records year (maximum date) is 1990, the Disposal Date is the year 2000. It shall be listed as 12/disposal year;
 - (j) complete the **Disposal Code section**. This shall always be a number 1, no special handling; and
 - (k) this form accompanies the records to the State Record Center. Do not place it inside the boxes.
- (12) The BHCS shall be contacted to review the records and completed forms for accuracy and arrange a delivery date. The BHCS shall contact the State Record Center to arrange a delivery date.
- (13) One week prior to delivery to the State Records Center, the **STD-59** shall be emailed to the Administrative Officer for Medical Records at the BHCS.
- (14) The BHCS, Administrator for Medical Records, shall email the **STD-59** to the State Records Center and copy the Bureau of Inmate Services, Records Coordinator/designee.
- (15) One person from the facility should accompany the records to the State Record Center to assure that they arrive safely and are delivered and marked properly.
- (16) The State Record Center shall assign each box a record center number. They shall place the number on the **STD-59** and return a copy to the BHCS.
- (17) The BHCS shall return the completed **STD-59** to the parent facility.
- (18) The parent facility shall add the State Records Center Box Number to each **DC-576** upon receipt of the **STD-59**.
- (19) When the records are scheduled to be destroyed the BHCS shall be contacted for approval. Once approval for destruction has been given by the BHCS, the records shall be destroyed by the State Record Center.

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5. Retrieval from the State Record Center
 - a. When a record is needed after it has been sent to the State Record Center, the BHCS must be notified. Only the BHCS Administrative Officer for Medical Records is authorized to retrieve records from the State Records Center.
 - b. The **DC-576** shall be removed from the three ring binder. The inmate name, inmate number, State Records Center box number, facility box number, chart destination, and designation that the record is needed permanently or temporarily shall be emailed or faxed to the BHCS. The activated **DC-576** shall be kept in a separate folder for six months before it can be destroyed. If the chart is needed on a temporary basis, upon return to the BHCS, the **DC-576** shall be placed in the appropriate area of the three ring binder.
 - c. The BHCS shall contact the State Record Center and arrange for the chart to be retrieved. All State Records Center requests shall be tracked with the Medical Records Request Log. The Department Messenger Service shall deliver the record to the BHCS. The BHCS shall overnight express the record to the appropriate facility.
 - d. When the record arrives at the requesting facility, it shall be incorporated into a red jacket or merged with the temporary chart.
 - e. Records that are only needed on a temporary basis shall be returned to the BHCS. The BHCS shall return them to the State Record Center.
6. Facility Destruction of Medical Records
 - a. The medical record of an inmate that is 10 years past his/her maximum sentence can be destroyed.
 - b. The **DC-576** is not required for a medical record destroyed by the facility.
 - c. The **DC-466** shall be completed on every record that is destroyed. The Medical Record Director/Technician shall keep the **DC-466** according to inmate number indefinitely.

M. Medical Record Forms

1. The Department's BHCS is responsible for determining what medical record forms are approved and authorized for use within a medical record. The use of individualized facility record forms is not permitted. Medical records must be uniform and standardized in order to maintain continuity.
2. Request for Proposed New/Revised Form(s)

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It is recognized that a review and approval mechanism for field requests for proposed new/revised forms is needed. The following procedures shall be followed when requesting a new form or revisions to an existing form:

- a. the CHCA/designee shall submit proposed forms for approval to the BHCS. Each proposed form shall include a detailed procedure justifying its need to then be presented to the Centralized Medical Records Committee;
- b. the Centralized Medical Records Committee may include Ad Hoc members as needed (nurse supervisor, CHCA, etc);
- c. the Committee shall convene as necessary;
- d. the proposed forms and accompanying procedures shall be reviewed for content, proposed usage, and application to all facilities medical records departments;
- e. a decision shall be made to adopt, approve and authorize use of the proposed form;
- f. if disapproved, a written explanation shall be provided; or if approved, a revision shall be made to the Medical Records Manual, and a procedure shall be developed; and
- g. no new forms shall be used until reviewed and approved by the Centralized Medical Records Committee.

Section 12 – Peer Review Process

A. General

1. The Commonwealth's **Peer Review Protection Act (P.L. 564, No. 193, July 20, 1974, as amended, P.L. 896, No. 142, December 4, 1996, 63 P.S. §§425.1-425.4)** defines peer review to mean "the procedure for evaluation by professional health care provider of the quality and efficiency of services ordered or performed by other health care providers..." **63 P.S. §425.2**. The Department's Peer Review Process is designed to take full advantage of the immunity and confidentiality provided by this Act. Documents associated with the Peer Review Process shall be maintained in a confidential manner.
2. The purpose of the Peer Review Process is to evaluate and improve the performance of a Licensed Independent Provider (LIP), either MD or DO, Certified Registered Nurse Practitioner (CRNP), Physician Assistant (PA), Dentist, or Licensed Psychologist Manager (LPM) [collectively referred to as providers]. Peer review applies to both Commonwealth of Pennsylvania employees and Contract Health Care Provider staff in accordance with **Subsection D. below**.¹

B. Design and Function of the Department's Peer Review Process

1. The Peer Review Process shall be conducted within the framework of the Quality Improvement Plan. The process shall be a serious attempt to find opportunities of improving practice, not merely a formal exercise.
2. **Peer reviews shall be conducted under either of two circumstances as outlined below.**
 - a. **A scheduled peer review shall be performed according to the following schedule:**²
 - (1) **contracted medical services provider (MD, DO, CRNP, PA) – every year;**
 - (2) **contracted mental health provider (MD, DO, CRNP) – every two years; and**
 - (3) **Department Dentists, Department Psychologists – every two years.**

NOTE: The review shall be conducted by a clinical reviewer of training and certification equivalent to or greater than that of the provider being reviewed, and who does not regularly perform services at the facility where the provider being reviewed works. The reviewer shall choose the medical and dental records to be reviewed without prior notification to the provider.

¹ 4-4411

² 4-4411

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- b. An exceptional peer review may also be initiated in response to patient complaints or patient care issues identified by health service providers, the Bureau of Health Care Services (BHCS), or Contracted Health Care Provider staff, or non-medical personnel including facility staff.
3. The conclusions reached in peer review are to be used in a constructive manner to facilitate corrective action and improve the quality and efficiency of health care. Either scheduled or exceptional peer review may find that no remedial action is necessary. Alternatively, if corrective action is necessary, a **Corrective Action Plan (CAP) (Attachment 12-A)** will be formulated, including a timetable for re-evaluation of problem areas of practice. If a provider fails to complete the **CAP**, progressive discipline may be recommended to the Facility Manager or contracted Medical Director, Facility Human Resource Officer or Contracted Health Care Provider representative.
4. The findings of a peer review shall be confidential and released to the appropriate Department personnel only on a “need to know” basis. At no time will the findings be released to the reviewee. Rather, the **CAP** is to be communicated to the reviewee, and any discussion during progressive discipline shall concern only the **CAP**.

C. Contracted Health Care Provider Process for Scheduled Medical Peer Review

1. The Peer Review Process conducted by a Contracted Health Care Provider shall be consistent with the Department’s Exceptional Peer Review Process in accordance with **Subsection D. below**. CAPs developed by a Contracted Health Care Provider shall be shared with the BHCS Director and the BHCS Chief of Clinical Services.³
2. The Contracted Health Care Provider’s State Medical Director shall report all Contracted Health Care Provider peer review investigations to the BHCS Director and the BHCS Chief of Clinical Services.
3. The BHCS Director has the option of forming the Peer Review Committee to review the results of Contracted Health Care Provider peer review investigations and the **CAPs** in order to provide advice to the Contracted Health Care Provider.
4. Adverse actions, dismissals, and disciplinary proceeding instituted against physicians, PAs, CRNPs, nurses, or other medical personnel shall be reported to the BHCS Director and the BHCS Chief of Clinical Services within 30 days of each action.
5. The Contracted Health Care Provider’s State Medical Director shall report all disciplinary actions for 30 days or longer to the appropriate State Licensing Bureau.

D. Exceptional Peer Review Process

1. Parameters of the Exceptional Peer Review Process include the following:

³ 4-4411

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- a. consistency in timing and method;
 - b. timely execution of procedures;
 - c. evidence-based conclusions through reference to pertinent literature, relevant clinical practice guidelines, and the subject's own practice;
 - d. balanced consideration of the positive and negative aspects of the provider's performance;
 - e. provider-specific credentialing and privileging decisions and, as appropriate, the organization's performance improvement activities; and
 - f. ongoing monitoring of peer review decisions and actions for effectiveness.
2. The request for peer review must be made to the BHCS Director. The initiation of peer review is the responsibility of and within the discretion of the BHCS.
 3. The BHCS Director, as part of the Peer Review Process, shall appoint an appropriate Clinical Reviewer who shall investigate the complaint, determine whether the complaint can be substantiated, and provide the Peer Review Committee with the results of the investigation.
 4. The BHCS Peer Review Committee shall be comprised of the BHCS Director, the Chief of Clinical Services, and other members appointed by the BHCS Director as appropriate to the review in question.
 5. The Peer Review Committee shall review the results of the investigation and make a determination as outlined below.
 - a. Unsubstantiated Complaint
 - (1) The Peer Review Committee determines that the complaint is unsubstantiated; the Clinical Reviewer, as agent for the Peer Review Committee, shall submit a report of findings to the BHCS Director and the Facility Manager or contractor Medical Director. The recipients of this report are participants in the Peer Review Process and the reports shall be treated as confidential.
 - (2) The Peer Review Committee shall send written notification of the disposition of the investigation to the Facility Manager or contractor Medical Director and the provider. The Facility Manager or contractor Medical Director shall treat this notification as confidential.
 - b. Substantiated Complaint
 - (1) If the Peer Review Committee determines that the complaint is substantiated; the Clinical Reviewer, as agent for the Peer Review Committee, shall submit a

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report of findings to the BHCS Director and the Facility Manager or contractor Medical Director. The recipients of this report are participants in the Peer Review Process and the reports shall be treated as confidential.

- (2) The Peer Review Committee shall convene and:⁴
 - (a) make recommendations for action without additional peer review investigation;
 - (b) file a report finding that the peer review to initiated and identifying the issues to be addressed;
 - (c) appoint two qualified internal peers to review the issues; and
 - (d) send written notification to the Facility Manager or contracted Medical Director and the provider.
6. The qualified internal peers shall:⁵
 - a. review the incident(s) or issues(s), which are subject of the investigation within 30 days;
 - b. interview appropriate personnel, including the provider being reviewed;
 - c. conduct an on-site examination of at least 15-20 randomly selected charts;
 - d. observe the provider in the performance of the kinds of clinical procedures that may have caused the investigation to be initiated;
 - e. review any specific cases which may have given rise to the investigation; and
 - f. file separate written reports with the BHCS Director within 10 working days of the completion of his/her investigation.
7. The BHCS Director shall forward the written report submitted by the qualified peers to the Peer Review Committee for evaluation. The BHCS Director shall summarize the issues raised and the findings of the internal peer reports and submit these to the provider under review.
8. The provider shall be given an opportunity to submit a written statement or to respond in person to the findings of the internal peers.
9. The BHCS Peer Review Committee shall meet to determine what actions need to be taken. The Peer Review Committee shall send written notice to the provider detailing the

⁴ 4-4411

⁵ 4-4411

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outcome of the peer review. This may include resolution of the process or the need for a **CAP**. If the Peer Review Committee determines the need for a **CAP**, the BHCS Clinical Reviewer and the site CHCA shall provide monitoring and feedback to the Peer Review Committee through monthly or more frequent status reports until the **CAP** time period has been concluded.

- a. The provider may request a reconsideration of the Peer Review Committee decision and the **CAP** by notifying the Peer Review Committee in writing within 10 working days of receipt of the notice.
- b. Upon notice of request for reconsideration, the BHCS Director may appoint one external peer who, upon reviewing the initial peer review, shall determine how to conduct the reconsideration process.
 - (1) The external peer shall file a written report with the Peer Review Committee within 10 working days of the completion of his/her review of the Initial Peer Review and any reconsideration process. The report shall contain the results of the review and any reconsideration process.
 - (2) The Peer Review Committee shall examine the results of this reconsideration process and prepare a report in which it either affirms the need for a **CAP**, rejects the need for a **CAP**, affirms the need for a **CAP** but modified the **CAP**'s provisions, or selects alternative measures to address the matter.
 - (3) A report of the reconsideration process shall be sent to the provider.
- c. A **CAP** will be developed by the Peer Review Committee, monitored by the Clinical Reviewer, and may have a duration of a minimum of 90 days. Upon expiration of the 90 day period:
 - (1) the Peer Review Committee meets with the Clinical Reviewer to determine if objectives of the **CAP** have been met;
 - (2) if the objectives have been met:
 - (a) the Peer Review Committee determines that sufficient progress toward completion of the **CAP** has been achieved;
 - (b) the Clinical Reviewer will send notice of this decision to the Facility Manager or contractor Medical Director and the provider. This notice shall be treated as confidential by the Facility Manager or contractor Medical Director; and
 - (c) the peer review process will be successfully concluded.
 - (3) if the objectives have not been met:

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- (a) the Peer Review Committee determines that some progress toward completion of the **CAP** has been achieved, but the provider needs more time. Notice is sent to the Facility Manager or contractor Medical Director and the provider that the **CAP** shall be extended up to an additional 90 days to allow for completion. This notice shall be treated as confidential by the Facility Manager or contractor Medical Director; or
 - (b) the Peer Review Committee determines that progress toward completion of the **CAP** is unacceptable. Recommendations for progressive discipline are sent to the Facility Manager or contractor Medical Director.
- (4) the BHCS Clinical Reviewer may be present during pre-disciplinary conferences at the facility;
 - (5) the provider being reviewed shall be permitted to have union representation; and
 - (6) all disciplinary action greater than 30 days shall be reported to the appropriate State Licensing Bureau per current state law by the Clinical Reviewer and the Chief of Clinical Services and/or Chief of Dentistry.

Section 13 – Telemedicine

A. General

1. Telemedicine is used for psychiatry/psychology visits, urgent visits, chronic clinic visits, and specialty consults that help with consistency of service delivery throughout the Department. It may also be used to direct nursing staff in emergencies.
2. The Medical Department's telemedicine equipment is to be used for medical purposes. Permission may be granted to other disciplines to utilize telemedicine equipment with the approval of the Deputy Superintendent for Centralized Services (DSCS) and the Corrections Health Care Administrator (CHCA).

B. Documentation

1. Medical information shared among Department personnel and medical vendor staff/contractors, including outside consultants, will not need a signed **DC-108, Authorization for Release of Information**.¹
2. Faxed copies of Physician's Orders, **DC-472, Progress Notes**, consultation forms, completed **DC-468A, Chronic Illness Flow Sheets** and AIMS tests are acceptable and can be placed in their respective section of the medical record.²
3. Telemedicine specialty consults will be documented and completed within 60 days of the **service being approved through utilization review**.

C. Telemedicine Coordinator

1. **Medical Telemedicine Coordinator:** Each facility will assign, at a minimum, a Licensed Practical Nurse (LPN) as the telemedicine coordinator who will develop standard procedures for telemedicine clinical contacts. Duties of the Telemedicine Coordinator shall include:
 - a. ensure medical record information is available for the telemedicine health care provider;
 - b. ensure all equipment is functional and fully operational;
 - c. coordinate the scheduling of the inmate and availability of the medical record for the telemedicine consult;
 - d. patient consent is obtained by explaining to the inmate that his/her visit will be completed through telemedicine using the **Telemedicine Patient Information Form (Attachment 13-A)**. If the inmate refuses the consult, a **DC-462, Release from**

¹ 4-4403-1

² 4-4403-1

Responsibility for Medical Treatment Form will be completed by the health care provider, placed in the medical record, and a SOAP note entry will be made by the physician on the **DC-472** (refer to **Section 9, Medical/Legal** of this procedures manual);³

- e. take the inmate's vital signs and document in the medical record using the **DC-477, Outpatient Vital Signs Flow Sheet**;
 - f. assist the practitioner by using the appropriate diagnostic peripheral equipment;
 - g. ensure the specialist completes the **DC-441, Consultation Record** and sends it back to the facility;
 - h. ensure a process is in place for the **DC-441** to be forwarded to the medical Director/designee for review and initiation of a treatment plan;
 - i. ensure the call has been disconnected and the power is turned off to the video conference equipment; and
 - j. ensure health care professionals complete *medical record documentation in SOAP format*.
2. **Psychiatric Telemedicine Coordinator – the contracted mental health provider shall assign a patient Facilitator as the Telemedicine Coordinator. Duties of the mental health worker shall include:**
- a. *ensure medical record information is available for the telemedicine health care provider;*
 - b. *ensure all equipment is functional and fully operational;*
 - c. *coordinate the scheduling of the inmate and availability of the medical record for the telemedicine consult;*
 - d. *patient consent is obtained by explaining to the inmate that his/her visit will be completed through telemedicine using the Telemedicine Patient Information Form. If the inmate refuses the consult, a DC-462 will be completed by the practitioner, placed in the medical record, and a SOAP note entry will be made by the physician on the DC-472 (refer to Section 9, Medical/Legal of this procedures manual);⁴*
 - e. *assist the practitioner by using the appropriate diagnostic peripheral equipment;*

³ 4-4403-1

⁴ 4-4403-1

- f. **ensure the call has been disconnected and the power is turned off to the video conferencing equipment; and**
- g. **ensure health care professionals complete medical record documentation in SOAP format.**

D. Medical Disciplines Present During Telemedicine Consults

1. Medical discipline – Physician, CRNP or PA;
2. Documentation will be written on the **DC-441** and must be completed by the health care provider when referring an inmate for a specialty consultation in accordance with **Section 10** of this procedures manual. The practitioner will order treatments, medications or diagnostic testing on the Physician's Orders form.
3. The specialist consultant will complete the **DC-441** and forward it and any additional documentation to the facility. The Medical Director/designee will review the **DC-441** and determine the plan of care. If the consultant recommendation is not followed, the Medical Director/designee will write a SOAP note outlining an alternate plan of care.

E. Disciplines Present During Telemedicine Visits

The following professionals are required to be present during telemedicine visits and documentation required is as follows:⁵

1. Psychiatry Visit

- a. **Mental health discipline – Patient Facilitator.**
- b. Documentation – The psychiatrist will document on the Physician's Orders form, **DC-472** in SOAP format, and **DC-468A**. The forms will be faxed to the facility where the order(s) will be transcribed by a nurse. These orders do not have to be co-signed by the Medical Director. Psychiatric progress notes are to be filed under the Psychiatry Divider in the medical record.
- c. The psychiatrist is also responsible for completing and documenting the AIMS test.

2. Urgent Visit

- a. Medical discipline – Registered Nurse (RN), or PA, CRNP or physician.
- b. Documentation – Physician orders will be faxed to the facility. Nursing staff will transcribe and complete orders. NON-STAT orders will be reviewed by the Medical Director/designee the next working day. Urgent visits will be documented on the **DC-472** and Physician's Orders form.

⁵ 4-4403-1

3. Chronic Clinic Visits

- a. Medical discipline – RN, PA, CRNP or Physician. For the HIV clinic, a hands-on assessment must be completed by a PA, CRNP or Physician. This assessment may be completed within the 30 days prior to the telemedicine clinic. If a hands-on assessment is completed prior to the telemedicine clinic, then an RN may be present for the clinic rather than a PA, CRNP or Physician.
- b. Documentation will be made on the **DC-472**, Physician's Orders form and **DC-468A**.
- c. Telemedicine visit for a chronic clinic does not require a **DC-441**.

F. Expanded Use of Medical Video Conferencing Capabilities

Video conferencing may also be expanded for the following uses:

1. quality improvement (meetings and activities);
2. parole hearings; and
3. mental health.

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Section 14 - Reports

**This section is confidential and not for
public dissemination.**

Section 15 – Inmate Medical Volunteer Program

A. Glossary of Terms

1. Activities of Daily Living (ADL)

Activities that the average person performs routinely during a day; an inability to perform these leads to a self-care deficit.

2. Care Group

Volunteers and staff who act as a support group for the inmate volunteers as they deal with an inmate who is terminally ill.

3. End of Life Vigil

An organized effort to provide an inmate-patient with sustained support and companionship through the hours immediately preceding death and at the moment of death. During the vigil inmate volunteers (at the discretion of the CHCA/designee), community volunteers, and/or family members, working in shifts, sit at the inmate-patient's bedside. Those in attendance may talk to the inmate-patient, read to him/her, pray with him/her, help nursing staff, or simply sit quietly at the bedside.

4. Inmate Hospice Volunteer

An inmate who will offer personalized assistance, with limited supervised physical contact, to the terminally ill/dying inmate. The functions of this position include companionship, emotional support, provision of care and comfort measures, and may include spiritual support, if both the volunteer and inmate-patient so desire.

5. Proselytizing

To induce someone to convert to one's faith.

B. General Provisions

1. The CHCA/designee will assess the need for and barriers to an inmate volunteer program at each facility (burden of advanced or end-stage disease; receptiveness among inmates, staff, and security; resources for training and supervision; etc.), and seek approval from the Facility Manager through the Deputy for Centralized Services.
2. A CHCA/designee will post a notice/request for inmate volunteers, in the medical department and in the housing units. The notice will contain details about the program and eligibility criteria, and it will instruct inmates to submit a request to the Unit Management Team if he/she wishes to be considered for participation.
3. Inmate volunteers will participate in training provided by the medical department. Community agencies/volunteers, chaplains, psychology staff, etc. may present some of

this training. Upon completion of the training the inmate will receive a certificate of completion to facilitate integration into the program of another facility if transferred.

4. An inmate volunteer should not be pulled from school, counseling sessions, or work in order to provide volunteer services. In circumstances where the CHCA determines that an inmate volunteer is needed, such as an end of life vigil or other extenuating circumstance, the CEVC may temporarily place the inmate-volunteer on a reduced work schedule with regular pay to allow for more volunteer time. If the facility has a pool of sufficiently trained inmate-volunteers, it may not be necessary to pull an inmate from his/her regular work assignment.

C. Responsibilities

1. The CHCA/designee shall:
 - a. Review the candidates and participate with the Unit Management Team in the selection of inmate volunteers;
 - b. coordinate initial and ongoing training for the inmate volunteers, and provide a training certificate for the inmate and a copy to the counselor for filing in the inmates' records;
 - c. establish a care group comprised of volunteers and staff to act as a support group for the inmate volunteer as he/she deals with an inmate who is terminally ill;
 - d. ensure that the inmate volunteer is supervised by medical and security staff while he/she is providing services;
 - e. schedule the volunteers in coordination with the Unit Management Team and the Corrections Education and Vocation Coordinator (CEVC); and
 - f. ensure that all safety precautions are taken for the inmate volunteers (personal protective equipment, i.e., gown, gloves, mask, goggles).

2. Unit Management Team

The Counselor will prepare and circulate a **DC-46 Vote Sheet** when an inmate who meets the selection criteria, requests to be considered.

3. Chaplain

The Chaplain will provide input regarding the inmate on the **DC-46** and provide spiritual support to the program.

D. Inmate Volunteer Eligibility Criteria

Minimum eligibility criteria include:

1. no Class 2 misconducts in the past **two** years;

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2. no Class 1 misconducts in the *past* year;
3. no sexual or drug related misconducts in the past five years of incarceration, if applicable. An inmate with a history of sex offenses must be recommended by staff in the Sex Offender Treatment Program and have completed Phases 1 and 2 of treatment;
4. must be psychologically stable, if the inmate is on the Mental Health/Mental Retardation Roster, review by psychology staff may be necessary;
5. no suicide attempts within the past two years;
6. have a minimum of one year remaining on his/her sentence; and
7. must be medically cleared.

E. Inmate Volunteer Job Functions

1. Companionship Functions:
 - a. read books and letters to the inmate-patient;
 - b. assist in writing letters;
 - c. assist the inmate-patient with ordering commissary items;
 - d. play games with the inmate-patient (cards, dominoes, puzzles, etc.);
 - e. converse with the inmate-patient about his/her fears and concerns, and allow him/her to talk about past life experiences;
 - f. holding the hand of a dying inmate-patient is permitted. No bathing, back rubs, contact with genitalia, unsupervised changing of bedclothes or diapers is permitted;
 - g. pray with the inmate-patient if he/she wishes and the inmate volunteer is comfortable with this. There will be no proselytizing;
 - h. sit quietly if the inmate-patient does not wish to talk, but does not wish to be alone; and
 - i. sit with the inmate-patient during the end of life vigil.
2. Care and Comfort Functions:
 - a. set up the inmate-patient's food tray by unwrapping food, opening containers and straws, buttering bread, and cutting food into bite-size pieces;
 - b. assist the medical staff with making an occupied bed;

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- c. assist the medical staff with limited physical contact by supporting the inmate-patient on his/her side while the staff gives care or performs selected procedures;
- d. assist with ADL, at the discretion of the CHCA/designee;
 - (1) mouth care – help the inmate-patient brush his/her teeth, clean dentures and rinse the mouth out. When the inmate-patient is unable to do these things the volunteer may use glycerin swabs and toothettes;
 - (2) wipe the inmate-patient's face and hands;
 - (3) assist with shaving;
 - (4) assist with ambulating (cane, walker, wheelchair); and
 - (5) assist with transfers (to and from bed, chair commode, wheelchair) as necessary; and assist staff in repositioning the inmate-patient in bed; and
- e. other duties as deemed necessary by the CHCA/designee.

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Glossary

Acquired Immunodeficiency Syndrome (AIDS) - A disease of a severely impaired immune system as a result of HIV infection. Because the body's ability to fight disease is decreased, unusual infections and forms of cancer occur. These are known as opportunistic infections.

ACT 148 OF 1990 (PA) - Confidentiality of HIV-Related Information Act.

Advance Directive Declaration, DC-498 - A document in which a patient states choices for medical treatment and/or designates a surrogate to make treatment choices if, and when, the patient loses decision-making capacity.

Advanced Cardiac Life Support (ACLS) - A procedure that includes Basic Life Support (BLS) plus adjunctive equipment to support ventilation, establishment of intravenous fluid line, drug administration, cardiac monitoring, defibrillation control of cardiac rhythm, and post resuscitation care.

Attending Physician - The physician who has primary responsibility for the treatment and care of the patient.

Audit - A process by which various processes, procedures or functions are examined by Central Office and Field Staff external to the audited facility to ensure that they are being accomplished as mandated by various laws, directives, policies and procedures.

Audit Report - A single written document, which reflects the audit team's findings and recommendations.

Audit Response - A detailed plan-of-action by the Facility Manager to address identified discrepancies.

Audit Team - A team composed of the professional staff of the Bureau of Health Care Services and facility personnel external to the facility being audited.

Audit Team Leader - The Bureau of Health Care Services Administrative staff member responsible for preparing, conducting, and compiling the audit report.

Authorized Temporary Absence (ATA) - Court order directed to the Secretary of Corrections/ designee for the temporary release of an inmate into the custody of a county sheriff or other law enforcement agent for the official purpose of court business.

Available Blood - Blood drawn from a person using a sterile technique, prior to an incident, and being held in a lab under aseptic conditions. This is not a crime scene blood collection that may contain contaminants.

Basic Life Support (BLS) - Emergency lifesaving procedures without the aid of devices to restore or maintain cardio respiratory function.

Blood -The fluid circulated by the heart through the vertebrate vascular system, carrying oxygen and nutrients throughout the body and waste materials to excretory channels.

Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans through contact with blood of infected individuals. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C, Virus (HCV), and Human Immunodeficiency Virus (HIV).

Cardiopulmonary Pulmonary Resuscitation (CPR) - A procedure employed after cardiac arrest in which cardiac massage, drugs, and mouth-to-mouth resuscitation are used to restore breathing.

Centralized Medical Records Committee - The Centralized Medical Records Committee is comprised of one credentialed Medical Records Director or Technician from each region (Western, Central, Eastern) that meets bi-annually with rotating yearly memberships to identify and resolve issues pertaining to Medical Records Administration.

Certification of Significance of Exposure to Blood/Body Fluid - The documentation by a physician regarding the significance of an occupational exposure, after the review of an incident/accident in which blood and/or body fluid contacted an employee, in accordance with the definition of significant exposure as found in PA Act 148 of 1990 or subsequent Centers for Disease Control and Prevention (CDC) definitions.

Clinical Review – A review of circumstances leading up to an event to identify areas where policies or procedures could be improved.

Clinical Reviewer - An individual appointed by the Bureau of Health Care Services (BHCS) Director as part of the Peer Review Process to investigate complaints and/or monitor the Corrective Action Plans.

Community Corrections Centers (CCC) - A residential facility authorized by legislation (Act 173-1968 et al) operated directly by the Bureau of Community Corrections to provide residential and treatment services to certain inmates selected for placement into a community setting prior to or as part of parole.

Competent - For the purpose of this policy, the capacity of an individual to reason and make judgments, and to communicate decisions regarding medical care and future medical treatment.

Complete Blood Count (CBC) - A laboratory procedure that will determine the levels of white and red blood cells and provide information regarding the presence of dehydration, anemia, and/or infection.

Compliance - Conformity in fulfilling official requirements.

Contact Staff - Employees who are responsible for the care, custody and control of inmates.

Corrections Health Care Administrator - The facility staff member responsible for overseeing the delivery of medical/mental health services to the inmate population via the medical vendor and Department staff.

Corrective Action Plan - Corrective action methodology designed by the Peer Review Committee to improve the quality and efficiency of health care provided by a Licensed Independent Provider (LIP). The Corrective Action Plan emphasizes results and the impact on medical/dental/psychological care. It is organized to assess selected elements of structure, process, and outcome. Peer review is an integral component of the Corrective Action Plan.

Credentialing - A review process by which the qualifications (licensure, experience, training, certification) of health professionals required for employment are verified and by which the extent of clinical privileges are determined. Credentialing begins in the pre-employment stage, with periodic reappraisals, in order to ensure that standards and skills are maintained.

Critical Incident Stress Management Team (CISM Team) - A group of professionals trained in the process for the identification of critical incident stress situations, recognition of signs and symptoms of critical incident stress and reduction and management of critical incident stress in exposed employees.

Declarant - The inmate making and signing an Advance Directive Declaration.

Dehydration - A process that may occur when output of fluid exceeds fluid intake. Dehydration may result in a severe alteration of electrolyte balance and contribute to a life-threatening situation, which can occur within 24 hours.

Department - The Pennsylvania Department of Corrections.

Deputy Superintendent for Centralized Services (DSCS) - The facility staff member responsible for coordinating efforts between facility and the medical department. As the Facility Manager's representative, he/she has joint responsibility with the Bureau of Health Care Services to address those issues outlined in this policy.

Deputy Superintendent for Facilities Management (DSFM) - The Deputy Superintendent who is responsible for Unit Management and all facility security functions.

Employee - In the context of this policy, the term employee refers to Department of Corrections staff, volunteers, and vendor or contracted staff.

Exposed Individual - A person who becomes contaminated with blood/body fluids. This contamination occurs as a result of, but is not limited to, occupational exposure, altercations, etc.,

External Peer - A physician, dentist, psychologist, or registered nurse who is not an employee of the Department.

Facility - A State Correctional Facility, State Regional Correctional Facility, Motivational Boot Camp, Training Academy, Community Corrections Center, and the Central Office Complex as a group and/or individually.

Facility Manager - The Superintendent of a State Correctional Facility, State Regional Correctional Facility, or Motivational Boot Camp, Director of a Community Corrections Center or the Director of the Training Academy.

Final Discharge, Maximum Expiration (FDME) - The inmate has served the maximum of his/her state sentence.

Health Care Quality Improvement Act of 1986 (42 U.S.C.S. §§11101 and notes, 11112-11115, 11131-11137, and 11151-11152) -The Health Care Quality Improvement Act of 1986 has had two major effects on the health care industry. It provides limited immunity for people and organizations doing peer review and it mandates the National Practitioner Data Bank (NPDB), which is a flagging system intended to facilitate a comprehensive review of professional credentials.

Healthcare Services - The medical, emergency, mental health, dental, and other health care services provided to inmates.

Hepatitis B Virus (HBV) - A blood borne pathogen.

Hepatitis C Virus (HCV) - A blood borne pathogen.

Human Immunodeficiency Virus (HIV) - The virus that causes AIDS.

HIV/AIDS Workplace Coordinator - A staff member at a State Correctional Institution (SCI) or Community Corrections Center (CCC), who is trained in HIV/AIDS issues. This person acts as a single point of contact and a resource in an advisory capacity. They are responsible for functioning within the rules, responsibilities, and guidelines as defined by the Department of Corrections.

Incompetent - A lack of sufficient capacity for a person to make or communicate decisions concerning him/herself.

Institutional Count - Facility count shall consist of the last daily count and shall consist of the inmates physically present, on furlough, Authorized Temporary Absence, and those in outside hospitals.

Internal Peer - A physician, dentist, psychologist, or registered nurse working within the Department.

Invoice - An itemized list of goods or services provided by a vendor specifying the price and terms of sale.

Life-Sustaining Treatment - Any medical procedure or intervention which, when applied, would serve only to prolong the dying process and where, in the judgment of the attending physician and a second physician, death shall occur whether or not such procedures or interventions are used. The term "Life Sustaining Procedure" shall not include nourishment or the administration of medications to alleviate pain or performance of any medical procedure deemed necessary to alleviate pain.

Licensed Independent Provider (LIP) - Physicians, dentists, psychologists, or registered nurses, physician assistants, dental hygienists, and licensed practical nurses who are licensed by the appropriate governing body (State Bureau of Professional and Occupational Affairs).

Medical Command Physician - An emergency medical physician certified in trauma and/or emergency medical procedures who directs paramedics and/or emergency medical teams in the treatment of medical conditions.

Medical Contract Monitor - A Central Office administrative staff member responsible for providing health care contract assistance to facilities under the jurisdiction of the Department of Corrections.

Medically Compromised - When an inmate has a medical condition that places him/her at greater risk from dehydration and/or starvation.

Mental Health Commitment - The procedure to obtain a commitment to a mental health facility as directed by Act 143 of 1976, as amended, the Mental Health Procedures Act, 50 P.S. § 7101 et seq.

Monitoring - The process of tracking, regulating, or controlling the operation of a process.

Multi-Disciplinary Team - This team is chaired by the Corrections Health Care Administrator and consists of the Medical Director/designee, the inmate counselor, psychiatrist, psychologist, Unit Manager, and nursing supervisor. This team addresses the mental and medical health treatment needs of referred inmates. This shall include screening and appraisal of data, direct observation of behavior, diagnostic review of personality issues; mental health history and treatment plan referral.

Occupational Exposure - Eye, mucous membrane, or percutaneous contact with blood or other potentially infectious materials resulting from the performance of an employee's duties.

Peer Review Committee - An organization performance committee comprised of the BHCS Director, BHCS Chief of Clinical Services/designee, BHCS Assistant Medical Director/designee, BHCS Chief of Dentistry/designee, Facility Manager, BHCS Chief of Quality Improvement, Legal Counsel, Human Resources (Labor Relations representative), and Regional Vendor Medical Director, as needed. The BHCS Director may appoint other ad hoc members. The two internal peers may sit on the Peer Review Committee, but shall not vote on their reports that they submit to the committee. The Clinical Reviewer cannot be a voting member of the Peer Review Committee when his/her initial investigation is under consideration. He/She may be part of the meetings, but may not vote on his/her own investigation.

Peer Review Process - A procedure for evaluation by professional health care providers of the quality and efficiency of services ordered or performed by other licensed health care providers.

Penalty - A monetary sum to be forfeited by a vendor when the vendor fails to meet contractual stipulations.

Permanently Unconscious - A medical condition that has been diagnosed, in accordance with currently accepted medical standards and with reasonable medical certainty, as total and irreversible loss of consciousness and capacity for interaction with the environment. The term includes, without limitation, a persistent vegetative state, or irreversible coma.

Personal Care - Health related care and services, which exceed those normally provided to inmates in general population housing, provided on a regular basis to individuals who do not require hospital or skilled nursing care, but who, because of mental or physical condition, require the services under a plan of care supervised by a licensed professional practical nurse and certified nursing assistants. Such services include assistance with activities of daily living.

Privileging - The process of granting authorization to practice in specific clinical areas or duties in a corrections environment according to demonstrated competency levels.

Program Administrator - The medical vendor's on-site manager.

Program Review Committee (PRC) - A committee consisting of three staff members that conduct Administrative and Disciplinary Custody Hearings, periodic reviews, make decisions regarding continued confinement in the Restricted Housing Unit (RHU) and/or Special Management Unit (SMU), and hear all first level appeals of misconducts. The committee shall consist of one staff member from each of the following classifications: Deputy Superintendent (who shall serve as the chairperson), Corrections Classification and Program Manager, Unit Manager, School Principal, Drug and Alcohol Treatment Specialist Supervisor or Inmate Records Officer Supervisor, and a Commissioned Officer. The Facility Manager may designate other staff as committee members, however, if such designations are made, they must be in writing, and the Facility Manager must maintain a list of all designees. Whenever a PRC is convened, at least one member of the committee must be a staff member who is not directly involved in the administration of the RHU/SMU in which the inmate is currently housed.

Public Information Officer (PIO) - The staff member designated by the Facility Manager who is responsible for addressing media information requests, managing news media briefings, informing next of kin of inmates in the event of an inmate death or serious injury, or providing information to the public in accordance with **DC-ADM 003, "Release of Information."**

Qualified Peer - Licensed Independent Providers from the same discipline, with the most recent performance rating of satisfactory or above. These professionals provide patient care within the parameters of their professional competence and practice within the framework of clinically relevant and scientifically valid standards.

Quality Improvement Plan - The Quality Improvement Plan emphasizes results and the impact on medical/dental care. It is organized to assess selected elements of structure, process, and outcome.

Refusal to Drink and/or Eat - A situation that occurs when an inmate is observed to be refraining from consuming liquids and/or food. It is not necessary that the individual verbalize his/her refusal. An observation that the inmate has not consumed liquids for 24 hours and/or

food for 72 hours is sufficient to determine that a refusal situation exists, or earlier if the inmate is medically compromised.

Request for Proposal (RFP) - All documents including those either attached or incorporated by references used for soliciting proposals.

Reviewable Circumstance - A significant issue, supported by documentation, regarding the performance of a health care professional brought to the Bureau of Health Care Services for consideration. Examples include, but are not limited to:

1. practice deficiencies;
2. facility deficiencies:
 - a. medical/dental office design;
 - b. medical/dental office management practices; and
 - c. equipment, instruments or supplies in the office.
3. violation of security procedures and other policies and procedures of the Department;
4. health issues affecting clinical practice;
 - a. medical
 - b. psychiatric; and/or
 - c. substance abuse.
5. administrative deficiencies; and/or
6. interpersonal difficulties affecting practice.

Seroconversion - The time between the initial infection and when the person develops measurable antibodies to HIV.

Sick Call Request Form, DC-515 - Form to be completed by inmates who experience medical/dental problems and who wish to be seen at sick call.

Significant Exposure - Direct contact with blood or body fluids of an individual in a manner which, according to the most current guidelines of the CDC and Prevention, is capable of transmitting Human Immunodeficiency Virus, including, but not limited to, a percutaneous injury (a needlestick or cut with a sharp object), contact of mucous membranes or contact of skin or if the contact is prolonged or involves an extensive area.

Skilled Care - Professionally supervised nursing care and related medical and other health services provided for a period exceeding 24 hours to an individual not in need of hospitalization, but whose needs are such that they can only be met in a long term care facility on an inpatient basis, and who needs the care because of age, illness, disease, injury, convalescence or physical or mental infirmity. Skilled care includes the provision of daily inpatient services, which require the skills of professional and technical personnel, such as, but not limited to, registered nurses, licensed practical nurses, and certified nursing assistants. Such skills may include procedures, such as intravenous therapy, nasogastric tube insertion and feeding, oxygen therapy, stoma therapy, etc.

Skilled Care/Personal Care Unit - A unit located at SCI Laurel Highlands designed to provide long-term medical treatment and nursing care to those inmates who have a medical or mental health condition whereby the inmate is unable to function in general population.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. In the Department, the source of potentially infectious body fluids could be a result of inmate-to-inmate (altercations, etc.) or employee-to-employee (administration of vaccines, etc.).

Starvation - A condition in which the intake of food is below the requirements to sustain normal bodily functions. Adverse conditions may occur after 72 hours, or earlier if the inmate is medically compromised.

State Employee Assistance Program (SEAP) - SEAP provides referrals to employees and his/her family with confidential, no-cost assistance for a broad range of problems.

Sub Acute/Intermediate Level of Care - Daily inpatient services ordered by a physician, which require the skills of, and are provided directly by licensed health care staff. Such services are provided on a 24-hour basis to an individual who does not require hospitalization but whose needs can be met in an inpatient unit. Examples of such services include but are not limited to convalescent care, pre and post surgical care as an adjunct to hospitalization, frequent dressing changes and/or treatment, contagious diseases requiring isolation, psychiatric observation, adjustment of medications, preparation for diagnostic testing, intravenous therapy, etc.

Surrogate - A person designated by an individual to make medical treatment decisions for that individual, in the event that said individual is incompetent and in a terminal condition or in a state of permanent unconsciousness.

Telemedicine - The use of telecommunication technology (via real time, interactive, telephone, and video) in the delivery of health care services by a physician or consultant to diagnose or treat an inmate.

Terminal Condition - An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness which shall, in the opinion of the attending physician, to a reasonable degree of medical certainty, result in death regardless of the continued application of life-sustaining treatment.

Universal Precautions - Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, Hepatitis B, Hepatitis C, and other blood borne pathogens. Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Urgent Care - A medical condition manifesting itself by acute symptoms, such that the absence of medical attention could reasonably be expected to result in (a) placing the patient's health in jeopardy (b) eventual impairment to bodily functions or (c) eventual dysfunction of any bodily organ or part.

Venipuncture - A surgical puncture of a vein especially for the withdrawal of blood or for intravenous medication.