



State of Indiana
Indiana Department of Correction

Effective Date

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01-02-101

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

Title

HEALTH SERVICES

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 11-8-5-2 IC 11-10-1-2 IC 11-10-2-4 IC 11-10-3-1 IC 11-10-8-2(4) IC 11-10-8-5 IC 11-10-9-2 IC 11-10-10 IC 11-11-5-4 IC 11-11-6-2	00-02-201 01-04-101 01-04-104 03-02-103	ACA Health Care Standards

I. PURPOSE:

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

II. POLICY STATEMENT:

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

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

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

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

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

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

The Department shall ensure compliance with all applicable federal and State statutes, promulgated rules, and administrative directives pertaining to the delivery of Health Services.

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

The Department shall review annually its Health Services programs to assess their utility and impact.

III. DEFINITIONS:

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

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

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F. **PROTECTED HEALTH INFORMATION (PHI):** The individually identifiable health information transmitted by electronic media, maintained in any electronic medium, or transmitted or maintained in any other form of media.

IV. **DIVISION OF HEALTH SERVICES:**

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

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

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

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

V. **SCOPE OF HEALTH SERVICES PROGRAM:**

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

The health services provided shall include reasonable preventive services, routine care as directed by qualified health care professionals, necessary emergency care, specialist consultation when indicated, and hospitalization, when necessary. The Division staff shall distinguish between care that is necessary (and should be provided) and care that is desirable and not necessary (and should not be provided).

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

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

VI. EMPLOYMENT OF STAFF:

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

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

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

VII. ACCESS TO HEALTH CARE:

All offenders shall have access to Health Services to meet their serious health care needs. Access to Health Services shall be unimpeded. Non- Health Services staff shall not be authorized to approve/disapprove requests for access to Health Services. Upon arrival at a facility, offenders shall be advised both orally and in writing, as to the procedures to access Health Services. Offenders shall not be

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denied access to Health Services simply due to an inability to pay a health services co-pay charge.

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

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

VIII. HEALTH SERVICES PHYSICAL FACILITIES AND EQUIPMENT:

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

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

IX. CONTINUING EDUCATION FOR QUALIFIED HEALTH SERVICES PROFESSIONALS:

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

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

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

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

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

X. TRAINING FOR NON-HEALTH SERVICES STAFF:

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

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

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

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

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XI. MEDICAL DIRECTION:

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

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

XII. HEALTH SERVICES ADMINISTRATOR:

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

- Prepare monthly, quarterly, annual and other needed statistical and Health Services reports;
- Meet with the Warden and other designated staff to discuss Health Service's needs;
- Maintain a current and complete manual of all HCSDs;
- Provide an annual review of, and revise as necessary, the facility directives for Health Services;
- Determine, in conjunction with the Warden and the Director, the staffing needs of the facility and the appropriate services to be provided; and,
- Ensure that all necessary medical equipment is available in designated areas and are maintained appropriately.

XIII. HEALTH CARE SERVICES DIRECTIVES (HCSD):

The Division of Health Services shall develop division directives to cover specific topics relative to the provision of Health Services within the Department. These division directives shall be called Health Care Services Directives. Each directive shall be numbered and titled and shall distinguish whether they are applicable to

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adult or Division of Youth Services (DYS) facilities. The Director shall develop a specific format for the HCSDs and the manner in which they are to be filed.

The purpose of the HCSDs shall be to present information and procedures to be followed by Health Services staff and other staff in the provision of health services in the Department.

HCSDs shall be prepared by staff from the Division of Health Services. When preparing the directives, staff shall take into consideration standards of the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) as well as any applicable statutes and ISDH rules and regulations. The Director and any other appropriate staff shall review and approve the directives prior to implementation. HCSDs shall be distributed with an Executive Directive from the Commissioner.

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

XIV. STUDENTS AND/OR INTERNS:

Any students, interns, or residents delivering Health Services in the facility, as part of a formal training program, must work under staff supervision, commensurate with their level of training. There shall be a written agreement between the facility and the student's/intern's training or educational facility that covers scope of work, length of agreement, and any legal or liability issues. Students or interns must agree in writing to abide by all Department and facility policies, procedures, and applicable facility directives, including those relating to the security and confidentiality of information.

XV. OFFENDER WORK ASSIGNMENTS:

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

- A. Any type of direct patient care services;
- B. Schedule health care appointments;
- C. Determine access of other offenders to Health Services;
- D. Handle, or have access to, surgical instruments, syringes, hypodermic needles or medications;
- E. Handle or have access to health care records; or,

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F. Operating diagnostic or therapeutic equipment except under direct supervision (by specially trained staff) in a vocational training program

XVI. PROHIBITION OF MEDICAL EXPERIMENTATION:

The use of offenders for medical, pharmaceutical, or cosmetic experiments is prohibited. This prohibition does not preclude the use of normal laboratory and diagnostic services required for the proper evaluation and treatment of a medical condition. Nor does this prohibition preclude the individual treatment of an offender based upon his or her need of a specific medical procedure not generally available and which has been approved by the CMO. Any research projects shall comply with all State and federal guidelines and shall be in accordance with Policy and Administrative Procedure 00-04-201, "Research and Statistics."

XVII. USE OF RESTRAINTS:

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

XVIII. OFFENDER MEDICAL CO-PAYMENT:

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

XIX. OFFENDER HEALTH RECORD:

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

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

Offenders shall be provided access to the offender health record in accordance with Policy and Administrative Procedure 01-04-104.

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

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

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

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

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- The administration and maintenance of the safety, security, and good order of the correctional facility.

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

Questions regarding the release of PHI should be addressed to the Warden or designee, the CMO or designee, or to the Division of Legal Services.

XIX. PARTICIPATION IN EXECUTIONS:

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

XXI. APPLICABILITY:

This policy and administrative procedure is applicable to all Department facilities, both adult and juvenile.

signature on file
Robert E. Carter, Jr.
Commissioner

Date