

HS-18.15, "Levels of Care," November 1, 2007

SCDC POLICY/PROCEDURE

Change 1 to HS-18.15: 6.2.1,6.2.2,6.2.3,6.2.4

NUMBER: HS-18.15

TITLE: LEVELS OF CARE

ISSUE DATE:NOVEMBER 1, 2007

RESPONSIBLE AUTHORITY: DIRECTOR OF HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.15 (December 1, 2002)

RELEVANT SCDC FORMS/SUPPLIES: M-6, M-7A/B, M-14, M-18, M-30, M-34, M-41, M-42, M-69A/B, M-76, M-79, M-99, M-100, M-103, M-110, M-113, M-148, 19-2, 19-29A, 19-45, 20-10

ACA/CAC STANDARDS: 4-ACRS-4A-02, 4-ACRS-4C-01, 4-ACRS-4C-03, 4-ACRS-4C-06, 4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-14, 4-ACRS-4C-17, 4-ACRS-4C-20, 4-ACRS-4C-23, 4-ACRS-4C-24, 4-ACRS-6A-04, 4-ACRS-7F-06, 3-4137, 3-4299, 3-4326, 3-4330, 3-4332, 3-4335, 3-4343, 3-4343-1, 3-4344, 3-4345, 3-4346, 3-4348, 3-4354, 3-4355, 3-4356, 3-4357, 3-4358, 3-4359, 3-4360, 3-4361, 3-4362, 3-4365, 3-4366, 3-4373, 3-4376, 3-4387

STATE/FEDERAL STATUTES:

SCDC MEDICAL DIRECTIVES:

PURPOSE: To establish guidelines for providing health care to inmates during their incarceration period within the South Carolina Department of Corrections (SCDC).

POLICY STATEMENT: The Agency is committed to providing medically necessary care to inmates throughout their incarceration period. Services provided by Agency medical staff will be in keeping with generally accepted medical standards of the community and will be the most reasonable level of service available for the diagnosis, symptoms, and treatment of the medical condition. In addition to the Agency's medical staff, access to medical treatment may be afforded to inmates through the use of other appropriate health care providers in accordance with all applicable Agency policies/procedures, state and federal statutes, and American Correctional Association Standards. (3-ACRS-4E-01,4-ACRS-4C-01, 3-4326, 3-4330)

SPECIFIC PROCEDURES:

1. CONTINUITY OF CARE:

1.1 Inmates will receive medically necessary care throughout their period of incarceration until they are released. Medically necessary care includes treatment needed to maintain and/or prevent deterioration of an inmate's health (other than that which would occur due to the uncontrollable progression of a disease or normal aging process). Medically necessary care does not include elective surgery or services. Health information will be shared with other health care givers and other staff as needed to ensure the continuity of this health care. (3-4330)

1.2 When an inmate enters the SCDC, an initial health screening will be completed pursuant to SCDC Policy/Procedure HS-18.13, "Health Screening and Exams." (3-4343)

2. SENDING INSTITUTION RESPONSIBILITIES - INTRA-SYSTEM TRANSFERS: At the sending institution, the Health Care Authority (HCA)/designee will ensure the continuity of care when an inmate is transferred from his/her institution. S/he will ensure that: (4-ACRS-4C-23, 3-4330)

2.1 No health condition exists which precludes transfer. If, however, the nurse determines that the inmate should not be transferred because:

2.1.1 The MEDCLASS is appropriate for the inmate's health status, but State Classification staff has targeted an institution where adequate health care cannot be provided, the inmate must not be cleared medically for transfer. The nurse must inform institutional Operations staff that the inmate transfer must be canceled. Operations staff will relay the information to State Classification staff.

2.1.2 The current MEDCLASS is inappropriate for the inmate's health status (State Classification staff has therefore targeted an institution where adequate health care cannot be provided), the inmate must not be cleared medically for transfer. The nurse must inform institutional Operations staff that the inmate transfer should be canceled. Institutional Operations staff will relay the information to State Classification staff. The nurse will schedule a physician's appointment to evaluate the MEDCLASS and update it as needed. (3-4361)

2.2 The hard-copy medical record and all appropriate medication/ supplies accompany the transferred inmate. (4-ACRS-4C-24, 3-4361)

2.3 Pertinent data is documented in the health record, using SCDC Supply M-110, "Medical Clearance for Institutional Transfer," to ensure that the receiving institution is aware of all specific information that may be required.

2.4 The inmate's health record is reviewed to assess suitability for travel during transfer. If needed, medications and other special treatment required en route, along with specific written instructions for administration, will be furnished by the medical staff to the transportation staff and/or others who may be called upon to attend to the inmate during travel and on reception at the receiving institution. (4-ACRS-4C-

24, 3-4361)

3. RECEIVING INSTITUTION RESPONSIBILITIES - INTRA-SYSTEM TRANSFERS:

3.1 For all intra-system transfers, the receiving nurse will complete Supply M-110, "Medical Clearance for Institutional Transfer," to ensure continuity of care upon the inmate's arrival at the institution.

3.2 Should the receiving nurse determine that the inmate's health status is inappropriate for that institution because his/her health needs cannot be met, the nurse will review the MEDCLASS and then:

3.2.1 if the State Classification staff sent the inmate inappropriately according to the current MEDCLASS, notify the Director of Health Services or designee, who will coordinate with State Classification staff for the inmate's transfer to an institution where an inmate's health needs can be met; or

3.2.2 if the current MEDCLASS is inappropriate for the inmate's health status, schedule a physician's appointment for re-evaluation of the MEDCLASS. After the MEDCLASS has been changed, the medical staff will notify the Director of Health Services or designee, who will coordinate with State Classification staff for the inmate's transfer to an institution where his/her health needs can be met.

3.3 Inmates will be screened at the receiving institution within 24 hours of arrival by a health trained staff member or qualified health care personnel, using SCDC Supply M-14, "Medical Screen." (4-ACRS-4C-06, 3-4344)

4. TRANSFER TO/FROM AN INPATIENT SETTING:

4.1 When an inmate is transferred from an institution to an inpatient facility (e.g., GPH, community hospital, or SCDC infirmary), State Classification must maintain a bed for the inmate's return. Upon an inmate's discharge from an inpatient setting, the inmate's institution should be prepared to receive the inmate on the date of discharge. Transportation for a discharged inmate will be the responsibility of the receiving institution.

4.2 Any inmate with impending discharge from an inpatient setting will be assessed by an SCDC physician to ensure that his/her MEDCLASS is current and to ensure that it is medically appropriate for him/her to return to his/her institution. If necessary, the MEDCLASS will be changed to reflect the inmate's current medical status and the Utilization Management Coordinator (UMC) or designee will be notified if the inmate's sending institution is no longer appropriate according to the current MEDCLASS. If the institution is no longer appropriate, the following will apply:

4.2.1 The UMC or designee will notify State Classification staff of the change in MEDCLASS and the inmate's targeted discharge date so that a bed in an appropriate institution may be found and the bed being held at the sending institution can be reassigned.

4.2.2 State Classification staff will notify infirmary staff when and where an appropriate bed has been found.

4.2.3 The infirmary staff will notify the targeted receiving institution of the inmate's impending discharge date.

5. CARE WITHIN THE INSTITUTION:

5.1 Routine Medical Care: Routine medical care will be provided for all inmates, in accordance with SCDC Policies/Procedures HS-18.05, "Sick Call and Dental Health," and HS-18.17, "Medical Co-Payment". Chronic care will be documented in the AMR and/or on the following SCDC Supplies:

- M-41, "Diabetic Care Record;"
- M-99, "Tuberculosis Preventive Treatment Record;"
- M-100, "Tuberculosis Treatment Record;"
- M-103, "Cardiovascular Follow-Up Record;" and
- M-113, "Chronic Infectious Disease Monitor"

5.2 Chronic Care: Chronic care will be provided for inmates as outlined in Procedure 5.4, below.

5.3 Emergency Care: For information regarding emergency care, refer to SCDC Policy/Procedure HS-18.02, "Emergency Care."

5.4 Physical Exams: If requested, an annual physical examination will be scheduled for inmates 50 years of age or older. Inmates 49 years of age and younger will be scheduled for physical examinations every two (2) years if requested. The physician, physician's assistant, or nurse practitioner conducting the physical examination will complete a new "MEDCLASS" form if there are changes in the inmate's health status. If requested, inmates will be given a physical examination prior to release, provided that it has been at least one (1) year since his/her last exam and sufficient notice has been given to schedule the appointment. (3-4348)

5.5 Specialty Outpatient Clinics: Specialty outpatient clinics will be provided as needed, using internal and community resources as appropriate. Consultations will be documented on SCDC Supply M-7A/B, "Physician's Transfer Note or Consultation." Arrangements will be made by Health Services with these specialty clinics so that they are familiar with procedures for providing care to inmates. Inmates will be referred to these clinics by the institutional physician. Health information relative to the particular health problem will be provided by the institutional medical staff to the clinicians. (3-4356)

5.6 Infirmary Care: Infirmary care will be available at various institutions for all SCDC inmates in accordance with Procedure 10., below. Those in need of hospitalization beyond SCDC infirmary care will be referred to community hospitals by a physician in accordance with Procedure 15., below.

5.7 Community Hospitals: Inmates hospitalized in a community hospital will be provided follow-up care according to the following guidelines:

5.7.1 The UMC will do routine checks on the status of inmates admitted to the hospital. S/he will notify appropriate medical staff at the assigned institution or infirmary when an inmate is due to be discharged from the hospital; the appropriate infirmary that an inmate is due for discharge and needs post hospitalization evaluation; the Health Information Resources office; the Division of Classification and Inmate Records, and all affected institutions.

5.7.2 Upon discharge, the inmate will be transported as directed by the UMC. The transporting officer will ensure that the hospital discharge records accompany the inmate. The inmate will be evaluated as appropriate by the medical staff. (4-ACRS-4C-24, 3-4330, 3-4361)

5.8 Transfers to Court: Refer to procedures established by the Division of Health Services.

5.9 Elective Health Care: Elective treatment or surgery may be recommended by consulting surgeons or physicians. The final decision regarding the necessity of surgery or treatment will be made by the authorizing physician at the SCDC. (For more information, see Procedure 15., below.) (3-4359)

6. RELEASE OF INMATES FROM SCDC: Whenever possible prior to the release of an inmate who is experiencing current or chronic physical health problems, medical staff will counsel the inmate regarding medications, available community health care resources, and procedure for transferring his/her health information to community health care givers.

6.1 Discharge Planning: Medications for Inmates Being Released From SCDC:

6.1.1 If an inmate has a stock supply of KOP (Keep On Person) medications already issued to him, and s/he has at least the minimum amount left as required by Procedures 6.2 through 6.2.4, below, s/he may take that entire amount with him/her upon release.

6.1.2 If s/he does not have the minimum amount of KOP medication on hand, or if the dose by dose stock on hand is less than the minimum required, the nurse will obtain a renewal order or refill for the minimum amount needed. The nurse will notify the pharmacy to package the medication in child-proof containers.

6.1.3 In cases where the inmate is released and the medical staff is not notified in adequate time to obtain the minimum amount for discharge issue, the medical staff will issue the inmate the balance of the medication on hand.

6.2 Minimum Medication Issue Requirements:

6.2.1 Medications for Acute Conditions: The entire course of medication should be given to the inmate, up to a ~~30~~-five (5) day supply.

6.2.2 Medications for Chronic Conditions: A ~~two (2) week~~ five (5) day supply of chronic medications will be the standard issue. For inmates on insulin, a two (2) week supply of insulin and syringes will be the standard issue.

6.2.3 HIV Medications: A ~~one (1) month~~ five (5) day supply of medication will be the standard issue.

6.2.4 Inmates Being Released for Extradition: A ~~minimum two (2) week~~ five (5) day supply of all medications is standard issue.

6.3 Upon an inmate's release from the Agency, SCDC Supply M-30, "Medical Information for Released Inmates," will be completed and provided to the inmate to facilitate the continuity of care. A copy of Supply M-30, "Medical Information for Released Inmates" will be filed in the "Sick Call Notes," section of the inmate's medical record. (3-4330)

7. DOCUMENTING TELEPHONE CALLS TO MEDICAL:

7.1 Any phone call made by an institutional employee to an Agency clinic/infirmarary notifying a nurse that an inmate is ill, injured, or displaying possible symptoms of medical/mental illness will be documented by the employee in the Post Log Book or by filling out SCDC Form 19-29A, "Incident Report." The following information will be included:

- Inmate name and number;
- Date and time of call;
- Name and location of staff member placing the call;
- Inmate complaint;
- Instructions for care given by nurse; and
- Name of nurse. (4-ACRS-4C-01,4-ACRS-4C-23, 4-ACRS-4C-24, 3-4346, 3-4376)

7.2 At institutions without 24 hour medical coverage, should the incident occur during the hours of no medical coverage, the employee making the call must complete SCDC 19-29A, "Incident Report." A copy of the "Incident Report" must be forwarded to the medical office the next working day to ensure continuity of care. (These copies will be filed in the correspondence section of the hard copy medical record.)

7.3 The nurse receiving the call will document his/her response in the AMR. If the clinic or infirmarary does not have access to the AMR, the conversation will be documented in the inmate's hard copy medical record or on a telephone log, if the hard copy is unavailable.

8. INDIVIDUAL TREATMENT PLANS: The appropriate physician or dentist will write an individualized treatment plan (ITP) for inmates requiring close medical supervision. This plan will include directions to health care personnel as well as to other personnel (if applicable) regarding their roles in the care and supervision of the patient. Examples of patients who would need ITPs include, but are not limited to: (3-4355)

- Chronic care patients (diabetic, hypertensive, seizure patients);
- Inmates with HIV or TB infections;
- Inmates with hepatitis;
- Inmates with sexually transmitted or other communicable diseases;
- Inmates with acute psychosis or potential for suicide;
- Pregnant inmates;
- Inmates with hemophilia, breathing disorders, etc.;
- Inmates with chemical dependency; and
- Inmates who require end-of-life care (Hospice and Palliative Services).

9. THERAPEUTIC DIETS:

9.1 Only a physician, dentist, nurse practitioner, or physician assistant may order, alter, or discontinue therapeutic diets. Therapeutic diets will be ordered in accordance with the approved SCDC Diet Manual and will be documented in the medical record. (4-ACRS-4A-02, 3-4299)

9.2 The institutional medical staff will contact the food service staff via CRT (or phone until messaging is available for all food service staff) to communicate the diet order. The following information will be given:

- Inmate name and SCDC number;
- Type of diet ordered;
- Duration (if not a chronic care diet); and
- Change or discontinuation orders.

9.3 The institutional food services staff will keep a running list of inmates with therapeutic diet orders. The SCDC Form 20-10, "Therapeutic Diet List," will be used for this purpose.

9.4 It is the inmate's responsibility to choose the diet line. The inmate will let the servers on the food line know which diet s/he is on and s/he will be served that meal. The food services staff will check the therapeutic diet list to confirm the inmate's diet.

9.5 An inmate may be charged by the Food Service or Security Staff with the offense of " Refusing to Obey a Direct Order," if the inmate is in the wrong food line.

9.6 Food Service Branch staff will be responsible for preparing and serving all special diets. All therapeutic diets will be served in accordance with the written order of the physician or dentist and in accordance with the SCDC Food Service Guide Manual. It is the Food Service staff's responsibility to ensure that inmates in any SMU, the MSU, Death Row or Safekeeper units or those on bed-rest are served meals that are consistent with their prescribed diets. Should a problem arise, medical staff will be able to confirm what diet is documented in the inmate's medical record.

10. INFIRMARY SERVICES:

10.1 A DHEC licensed general nursing care infirmary will be operational at designated SCDC institutions for inmates in need of diagnostic and medical treatment services. The original DHEC license will be displayed in a prominent place in the infirmary. A copy of the current year's license along with the original from the previous year will be sent to the Health Services Credentials Officer. (4-ACRS-4C-03, 3-4354)

10.2 Admission:

10.2.1 Inmates will be admitted to the infirmary only by order of a licensed Agency physician, physician's assistant, or nurse practitioner.

10.2.2 A dentist who believes an inmate needs to be admitted to an infirmary will refer the patient to the institutional physician. The physician will then decide upon the patient's admission.

10.2.3 Admission orders will be written on SCDC Supply M-34, "Physician's Orders," by the admitting physician.

10.2.4 Correctional staff at the sending institutions will ensure that inmates to be admitted are transported in seasonal clothing, to include coat/jacket in cold weather.

10.2.5 The inmate's current medications and outpatient medical record will accompany him/her to the infirmary pursuant to SCDC Policy/Procedure HS-18.07, "Inmate Health Records."

10.2.6 At the time of admission, the inmate will receive both written and verbal instructions regarding the rules and regulations of the infirmary.

10.2.7 The Director of Health Services or designee will ensure that long term patients are divided among the infirmaries and are placed in the appropriate infirmary.

10.2.8 Any admission to the infirmary will generate an infirmary medical record and will be recorded on SCDC Supply M-69 A/B, "Daily Census Report." (3-4354)

10.3 Care:

10.3.1 The infirmary will provide 24-hour, seven (7) days a week, professional health care. Licensed health care personnel will be on duty 24 hours per day. A physician will either be on duty or on call 24 hours per day. (4-ACRS-4C-03, 3-4354)

10.3.2 The medical staff of the infirmaries will provide 24 hour a day, seven (7) days a week emergency service to inmates from designated institutions who need this service. (4-ACRS-4C-03)

10.3.3 All inmates assigned to an infirmary will be within sight or sound of the nurse at all times.

10.3.4 An Infirmary Procedures Manual, maintained and updated by the HCA, will be available on the unit.

10.3.5 A separate health record will be maintained for each inmate in accordance with established Documentation Standards Guidelines. (3-4354)

10.3.6 Standing medical orders will not be used for infirmary patients. All treatment will be performed pursuant to orders from a physician, dentist, physician's assistant, or nurse practitioner. (4-ACRS-4C-17, 3-4335)

10.3.7 The MEDCLASS will be reviewed for change and updated as needed; if changed, it will be entered in the CRT prior to discharge from the infirmary as outlined in Procedure 4., above.

10.3.8 Pre-planning for discharge from the infirmary will be accomplished by the charge nurse. The gaining institution will be notified in a timely fashion of the impending discharge.

10.3.9 All discharge medications (both continuing medications and newly prescribed medications) will be sent with the inmate to the receiving institutions.

11. USE OF MEDICAL MECHANICAL RESTRAINTS:

11.1 Medical mechanical restraints will be used on an inmate patient only in an Agency hospital or infirmary and only when necessary to ensure the safety of the inmate, employees, or others. SCDC Supply M-18, "Use of Medical Mechanical Restraints," will be used to document these cases. (Refer to specific procedures established by the Division of Health Services. All medical mechanical restraints must be of a soft type (leather/cloth). (3-4362)

11.2 Health Services staff using medical mechanical restraints will be trained in their use.

11.3 Only an Agency physician may order the application (for no longer than eight [8] hours) or removal of medical mechanical restraints, unless there is an emergency and a physician is not immediately available. In such an emergency, a nurse may initiate their application. An Agency physician will be immediately contacted concerning the inmate's condition and restraint used, and the physician must then give a verbal order to permit the continued use of the restraint for no longer than eight (8) hours or else the restraint must be removed.

11.4 Whenever possible, medical mechanical restraints will be applied by two (2) or more SCDC staff members. Circumstances may require that Correctional Officers assist medical or Mental Health staff in applying restraints.

11.5 When a restraint has a lock, the key will be under the control of the nurse. This key must remain in the patient care area at all times.

11.6 Continuous use of medical mechanical restraints will not exceed 24 hours.

11.7 Monitoring and care of inmates who are in medical mechanical restraints will be according to procedures developed by the Division of Health Services." (3-4362)

12. CHRONIC AND CONVALESCENT CARE: All inmates who have chronic diseases will be monitored on a regular basis by Health Services staff. Inmates requiring convalescent care or other close medical supervision will be provided an individual treatment plan as appropriate. Medical staff will provide for the prevention, identification, and treatment of communicable diseases. (4-ACRS-4C-09, 3-4357, 3-4366)

12.1 Inmates newly diagnosed with a chronic or communicable disease will be counseled and given patient education by medical staff regarding their disease. This counseling/education will be documented in the inmate's medical record. (4-ACRS-4C-09, 4-ACRS-4C-10, 3-4365, 3-4366)

12.2 Health Services staff will provide chronic disease clinics for inmates. These clinics will include appropriate lab work, vital signs, patient teaching, and counseling on medication compliance as appropriate for the specific clinic. Review of medication will be completed in conjunction with these clinics, and referral to the staff physician will be made as appropriate. Inmates will be assigned to the appropriate clinic based on their medical diagnosis. Inmates will be given SCDC Form 19-45, "Order to Report," for the clinic appointment. (4-ACRS-4C-09, 4-ACRS-4C-10, 3-4357, 3-4366)

13. COMMUNICABLE DISEASES:

13.1 Upon admission to the SCDC, Health Services staff will question the inmate regarding his/her health problems, to include any known communicable diseases. Health Services staff will complete diagnostic tests for identification of communicable diseases on each inmate upon admission, and as clinically indicated during the course of his/her incarceration. SCDC Supply M-14, "Medical Screen," will be used to document the initial screening of the inmate. Inmates may not be transferred from the Reception and Evaluation Center

to the general population until results of their communicable diseases testing is known and treatment is initiated (when necessary). (4-ACRS-4C-06,3-4343, 3-4345)

13.2 Health Services staff will write an individualized treatment plan for each inmate diagnosed by a physician as having a communicable disease. Appropriate therapy will be initiated immediately. (4-ACRS-4C-06, 3-4345, 3-4355)

13.2.1 If the treatment requires hospitalization, the inmate will be admitted to the appropriate inpatient medical facility.

13.2.2 If isolation precautions are indicated, the inmate must be transported to a hospital or SCDC infirmary.

13.3 The Director of Laboratory Services/designee will be responsible for reporting all communicable diseases to the county health department using DHEC Form 1129, Disease Report.

14. OBSTETRICAL (OB) CARE FOR INMATES:

14.1 All pregnant inmates will be assigned to the Camille Griffin Graham Correctional Institution (CGGCI) for the entire pregnancy and will remain at this institution until the six (6) weeks post partum physical exam has been completed.

14.2 All OB care for inmates will be coordinated by the institutional staff physician and OB nurse in conjunction with the designated community hospital's Low Risk and High Risk Obstetrics Clinics.

14.2.1 The initial physical examination for pregnant inmates will be completed by the SCDC institutional staff physician. The OB physical exam form (supplied by the community hospital OB clinic) will be completed by the physician and sent with the inmate on her first OB visit at the designated community hospital clinic. (A copy will be retained for the inmate's SCDC health record.)

14.2.2 To ensure continuity of care, each time the inmate sees the community hospital OB physician, information will be shared between SCDC and community medical staffs by way of photocopies of all lab reports, pertinent information, and consultation notes.

14.2.3 The institutional staff physician will order lab work and an initial ultrasound on each pregnant inmate at the appropriate obstetrical date. Various other OB tests will be completed on the recommendation of the community hospital OB physician and the approval of the institutional physician.

14.3 The institutional OB nurse will be responsible for submitting the names of inmates with a history of substance abuse and/or child abuse to the attending physician of the community hospital if they become aware of such information.

14.4 OB health education will be offered to pregnant inmates on a periodic basis both by the institutional OB nurse and by the community hospital staff.

14.4.1 Institutional education will include individual counseling and group classes. (4-ACRS-4C-14, 3-4343-1)

14.4.2 The community hospital staff will discuss with the inmate patient issues regarding genetic counseling, the patient's wishes for her child, and family planning. (3-4387)

14.5 Inmates who are in labor will be admitted to the designated community hospital for delivery and will be returned to the CGGCI for post-partum care.

14.6 Discharge to the general population will be at the medical discretion of the physician and in keeping with standard medical practice. (4-ACRS-4C-14, 3-4343-1)

14.7 The Agency will not be responsible for the infant's medical bills.

14.8 The mother will be responsible for the placement of the infant. Technical assistance and/or education concerning the legal rights and responsibilities of the incarcerated patient in relation to her expressed desires will be provided by the Clinical Correctional Counselor(s).

14.9 The Agency will not pay for either tubal ligations or elective abortions. An inmate wishing to have a

tubal ligation in conjunction with her delivery or an elective abortion may apply in advance for elective outside medical care as per Procedure 16., through 16.11, below. (3-4387)

15. HEALTH CARE BEYOND THE RESOURCES OF THE INSTITUTION/AGENCY: If it is determined by an Agency physician or dentist that an inmate will require health care which is not available within an institution, the inmate will be referred to community or other agency medical, mental health, or dental services as dictated by his/her needs. The Agency will, under these circumstances, assume financial responsibility for any fees incurred by the referral. (4-ACRS-4C-03, 3-4330, 3-4332, 3-4360)

15.1 Transportation Guidelines: Appropriate security provisions will be employed while transferring the inmate to another facility for health care. When an inmate is transported in such cases, the medical staff will advise Correctional Officers of any medical condition to be taken into account while transporting the inmate. (3-4360)

15.2 Referrals for Health Care Within the Agency, but Beyond the Resources of the Institution/Agency: The institutional physician, as the gatekeeper, will initiate referrals for health care services onsite and offsite. The SCDC will provide a variety of physical health care and dental services for inmates at various SCDC institutions. The most intense, specialized care will be provided at the institutions with 24 hour nursing coverage. Inmates who need these services may be referred by the institutional physician. (See Policy/Procedure HS-19.02, "Mental Health Services, " for information on inpatient mental health care for females; HS-18.16, "Pharmaceuticals," for information on purchasing pharmaceuticals from a community source; SCDC Policy/Procedure HS-18.02, "Emergency Care," for more information on responses to emergencies.) (4-ACRS-4C-03, 3-4330)

15.3 The SCDC has agreements with various community hospitals, physicians, and businesses for designated inmate health care needs. All consultations regarding inmate health care will be documented on SCDC Supply M-7A/B, "Physician's Transfer Note or Consultation." Health Services Central Office staff will provide a current list of these health care providers to each institution. The following will apply: (4-ACRS-4C-03, 3-4330, 3-4332, 3-4356)

15.3.1 When an inmate is referred to these providers, appropriate health information will be shared with the new providers in accordance with SCDC Policy/Procedure HS-18.07, "Inmate Health Records." (3-4330, 3-4332)

15.3.2 Treatment or surgical procedures will be provided by the SCDC when determined to be necessary by an Agency physician. Treatment or surgery may be recommended by consulting surgeons/physicians. The final decision regarding necessity of surgery/treatment will be made by the authorizing physician at the SCDC, taking into account:

- if the treatment or surgery is needed to correct a functional deficit; and
- if an existing pathological process threatens the well-being of the inmate over a period of time; and
- if the inmate's remaining sentence is adequate to allow appropriate after-care following a procedure.

15.3.3 Cosmetic surgery will not be authorized unless there are important considerations or possible serious psychological consequences.

15.3.4 Health care which, in the judgment of an Agency physician or dentist, is not mandatory may be provided under the provisions of Procedure 16. through 16.12 below. (3-4359)

15.4 Veterans Administration: The Veterans Administration no longer provides medical care services for incarcerated veterans.

16. ELECTIVE OUTSIDE MEDICAL CARE: Inmates may elect to obtain outside medical, optometry, or dental care at their own expense, subject to the approval of the Agency. The following conditions will be taken into consideration when approval for elective outside care is requested:

16.1 There must be no compelling security or medical/dental considerations which prevent such action.

16.2 The inmate must have sufficient funds available to pay for the appointment requested, to include physician charges/fees, Correctional Officer escort, and all transportation costs. All other costs such as prescription medication, glasses, etc. will also be the financial responsibility of the inmate. (NOTE: The inmate must pay the Agency in advance for escort services; the fee will be determined by the Division Director of Financial Accounting/designee. Transportation costs, based on current state travel reimbursement rates, will be paid by the inmate prior to transportation. Payments received will be refunded into the institutional budget by the Financial Accounting Division. The Warden/designee will coordinate with the Financial Accounting Branch staff to receive these payments, as appropriate.

16.3 Prior agreement must have been obtained, in writing, from the applicable physician, dentist, or optometrist that s/he will provide the requested treatment in South Carolina, releasing the SCDC from all liability.

16.4 To obtain elective outside medical, dental, or optometry care, the inmate will obtain SCDC Supply M-42, "Elective Outside Health Care Request," from the institutional Health Services staff, who will document in the medical record the date the inmate was given this form; and complete the first section (with required witness signatures) and forward the form to the community provider for completion of the second section. After the inmate receives the form back from the community provider, s/he will forward the form to the Director of Health Services or designee.

16.5 The Director of Health Services Services or designee will approve or disapprove the request based on medical/dental considerations. Only requests for health care provided by a medical doctor, dentist, or optometrist will be considered. Disapproved forms will have a brief explanation of the disapproval and be distributed as listed in Procedure 16.9, below.

16.6 Approved forms will be forwarded to the Warden. The Warden will approve/disapprove the request based on the funds available in the inmate's E.H. Cooper Trust Account and security considerations. The Warden/designee will:

- verify the inmate's ability to pay for all charges involved (travel and escort charges);
- consider the security/safety factors involved in the inmate's movements outside the institution; and
- approve or disapprove (with a brief explanation) the request based on the factors considered.

16.7 Disapproved requests will be returned to the inmate and approved requests will be forwarded to the Division Director of Operations/designee and the Division Director of Classification and Inmate Records for concurrence.

16.8 The Division Director of Operations and the Division Director of Classification and Inmate Records or their designee will concur or disapprove after the Warden forwards his/her recommendation.

16.9 The approved/disapproved SCDC Supply M-42, "Elective Outside Health Care Request," will be distributed as follows:

- Original: Offender Records Branch, Division of Classification and Inmate Records, for retention in Central Records;
- Copy: Warden;
- Copy: Inmate concerned; and
- Copy: Inmate's Medical Record.

16.10 Medication prescribed by the community physician/dentist/optometrist must be approved for use within the Agency by an institutional physician or dentist and documented in the inmate's record.

16.11 Once approved, a Correctional Officer will be responsible for obtaining the approved medication from a community pharmacy at the inmate's expense. The inmate will be responsible for the cost of the medication as well as travel and officer reimbursement. The Officer will bring the medication from the community pharmacy to the institutional medical staff.

16.12 Glasses may be picked up from the optician by a Correctional Officer and brought to the institutional medical staff. The inmate will be responsible for paying the cost of the glasses, as well as, reimbursing the Agency for the travel and officer time. The glasses will be delivered to the inmate and the delivery will be documented on SCDC Supply M-6, "Health Related Supplies/Equipment Used."

17. INMATE PLACEMENT IN HANDICAPPED UNITS: (NOTE: Inmate workers assigned to handicapped units will be assigned through normal classification procedures and are not affected by this procedure.) All inmates who are identified by an Agency physician as being handicapped or disabled will be evaluated for assignment to a designated handicapped unit. To initiate the evaluation process, an Agency

physician will make a written referral using SCDC Supply M-79, "Request for Special Housing for Physically Disabled Inmates," to the Director of Health Services or designee describing the handicapping or disabling condition. (4-ACRS-6A-04, 3-4137)

17.1 If approved:

- The request will be forwarded to State Classification staff for institutional assignment;
- the institutional physician will be notified and will ensure that the inmate's MEDCLASS reflects the approval for handicapped housing and is entered in the CRT;
- the Director of Health Services or designee will prioritize those inmates awaiting transfer to a handicapped unit; and
- staff from State Classification will arrange for the transfer of the inmate to an appropriate institution.

17.2 If disapproved, the Director of Health Services or designee will notify the institutional physician on SCDC Supply M-79, "Request for Special Housing for Physically Disabled Inmates," which will be filed in the medical record.

17.3 Should an inmate approved for assignment to a handicapped unit be required to await transfer to that unit pending bed space, the medical staff at the current facility will provide equipment necessary to help the inmate perform his/her activities of daily living in the interim.

17.4 Inmates in handicapped units will be afforded the opportunity to participate in appropriate programs and activities consistent with their handicapping condition.

18. MEDICAL PROSTHESES/AIDS: Medical prostheses/aids will be provided to correct functional deficits which cannot be corrected by other means; and/or would cause a deterioration of health if not corrected. Prostheses provided by the SCDC will be documented on SCDC Supply M-76, "Problem List," and SCDC Supply M-6, "Health Related Supplies/Equipment Used." Medical prostheses/aids will not be provided for cosmetic reasons. (3-4358)

18.1 Upon intake:

18.1.1 All medical prostheses/aids will be checked and approved or disapproved by the authorized medical staff assigned to each Reception and Evaluation Center. Any questions regarding specific items should be referred to the Director of Health Services or designee. This information will be documented on the "Problem List" in the inmate's medical record and on SCDC Supply M-148, "Approval for Prostheses and Release of Liability."

18.1.2 If a prosthesis/aid has the potential to be used as a weapon or to conceal contraband, Correctional Officers will be asked to check the item before continued use by the inmate.

18.1.3 Items disapproved will be processed as unauthorized/excess property, in accordance with SCDC Policy/Procedure OP-22.03, "Authorized Inmate Property and Disposition of Unauthorized Property." The prosthesis/aid may be replaced by Health Services with a substitute that will meet Operations and Health

Services guidelines.

18.2 If an inmate is requesting a prosthesis/aid to be sent to him/her "from outside SCDC," the request must be approved by the institutional physician and the warden, using SCDC Supply M-148, "Approval for Prostheses and Release of Liability." (Note: Tennis shoes are not considered to be prostheses and will not be approved.) Once approved, the family can then mail the item directly to the attention of the property control officer at the institution. After the prostheses/aid has been checked and cleared by the property control officer, it will be added to the inmate's Form 19-2, "Inmate Property Inventory," (using the line for "other" property) and given to the Health Care Authority (HCA). The HCA will then issue the prostheses/aid to the inmate utilizing SCDC Supply M-6, "Health Related Supplies/Equipment Used," and will document the issue in the automated medical record. If the prosthesis/aid is not cleared by the property control officer or HCA, the inmate will be given the option to mail it home at his/her own expense or it will be disposed of pursuant to SCDC Policy/Procedure OP-22.03, "Authorized Inmate Property and Disposition of Unauthorized Property."

18.3 Prostheses/aids will be maintained, repaired, and replaced as follows:

18.3.1 Inmates will be expected to exercise reasonable care of prostheses. Prosthetic devices/aids that are broken, damaged, or lost by the inmate or through the inmate's own carelessness will be replaced at the inmate's own expense.

18.3.2 Necessary maintenance, repair, or replacement due to normal wear and tear on a prosthesis/aid will be approved/disapproved based on the inmate's medical need, length of sentence, and cost-effectiveness.

18.3.3 Repair of an inmate's personal prostheses/equipment will be evaluated for approval by the physician/dentist and documented on SCDC Supply M-148, "Approval for Prostheses and Release of Liability."

18.4 If an inmate has less than one (1) year left to serve or is certified as an eligible Vocational Rehabilitation client, the Clinical Correctional Counselor will coordinate with the Vocational Rehabilitation Counselor to acquire the prosthesis through Vocational Rehabilitation channels.

19. EXPERIMENTAL/RESEARCH PROJECTS: The use of inmates in any medical, pharmaceutical, and/or cosmetic experimentation and/or research will be strictly prohibited. This does not preclude, however, the use of normal laboratory and diagnostic services required for the proper evaluation and treatment of an inmate's medical problems. (4-ACRS-4C-20, 3-4373)

20. DEFINITIONS:

Chronic Care refers to care given to a patient with a prolonged, lingering medical condition such as diabetes, seizures, hypertension, HIV, etc.

Continuity of Care refers to a health delivery system which ensures (1) that wherever a patient is located, and whoever is providing health care for a given condition, the clinician is aware of those treatment-related actions that have occurred prior to his/her intervention in a particular ongoing health problem, and (2) that appropriate care will continue to be given.

Convalescent Care refers to care given to a patient who is convalescing (recuperating) from surgery or an acute illness/injury.

Covering Institution refers to an institution whose medical staff provides after hours medical support and coverage for another institution which does not have medical staff on duty 24 hours/day.

Disabled refers to a person having the loss of physical powers as a result of injury or disease.

Documentation Standards Guidelines Manual refers to standards published in the Agency's Medical Directives Manual which provide guidelines for formatting and compiling an inmate's medical/health record as well as guidelines for the documentation within that record from the time the inmate enters/re-enters the SCDC until his/her release. The guidelines will be approved by the Director of Health Services and will be reviewed/ updated regularly by the Documentation Standards Committee. A complete revision will be completed every three (3) years.

Elective Outside Medical, Dental, or Optometry Care refers to services provided by a qualified physician, dentist, or optometrist who practices outside the SCDC, and from whom inmates may, at their own expense, request to receive medical, dental, or optometry care.

Elective Treatment or Surgery refers to a treatment or surgical procedure which is optional and does not require attention.

Handicapped, for the purposes of this policy/procedure, refers to a person having an impairment of normal hearing, sight, or ambulation, to the point that it interferes with assignment to general population housing, and for whom special housing is required.

Health Care Authority (HCA) refers to the individual with the authority and responsibility for arranging all levels of inmate health care at the institutional level, including Health Services employee management, pursuant to a written job description.

Health Trained Staff Member refers to a staff member who is at an institution which does not have full-time Health Services staff assigned, and who has been trained by the assigned HCA to coordinate health care delivery services under the joint supervision of the designated HCA and the Warden. The health trained staff member is trained in completing Medical Screens on new inmates, implementing medical emergency procedures, and coordinating delivery of other medical functions as detailed in SCDC Policy HS-18.09, "Institutional Health Care Authority Responsibilities."

Individualized Treatment Plan (ITP) refers to an individualized written plan for the delivery of care for a patient requiring close medical supervision, including, but not limited to, patients with seizure disorders, suicide potential, chemical dependency, psychosis, diabetes, or respiratory disease. This plan includes directions to health care staff and other staff regarding their roles in the care and supervision of the patient.

Infirmery refers to an area within the facility that maintains and operates organized bed care and services for inmates formally admitted for any period of time and that is operated for the express or implied purpose of providing skilled nursing care for persons not in need of hospitalization. (3-4354)

Infirmery Procedures Manual refers to a manual maintained in each SCDC infirmery that outlines nursing skills relating to infirmery care.

MEDCLASS (Health Summary for Classification) refers to a worksheet completed by the physician based on an inmate's current health status. The information is entered into the CRT by medical staff and will be used by staff in the Division of Classification and Inmate Records in determining institutional assignment and by institutional Classification staff in determining job assignment.

Medical Mechanical Restraints refers to physical restraints of a soft type (leather, cloth) designed to prevent self injury or injury to others during medical or psychiatric treatment.

Medical Prosthesis/Aids refers to the replacement of a missing body part by an artificial substitute or a device or appliance used to augment performance of a natural function.

Sick Call refers to a system through which an inmate reports for and receives individualized and appropriate medical services by medical staff for non-emergency illness or injury, to include non-emergency mental health complaints and requests to see counselors.

Specialty Outpatient Clinic refers to an outpatient clinic conducted by a physician with a particular medical specialty.

Standing Medical Orders refers to orders written for the on-site definitive treatment, routine or emergency, of an identified condition. (3-ACRS-4E-06, 3-4335)

—
s/Jon E. Ozmint, Director

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