

PS-10.10, "SCDC Hospice Program," March 1, 2002

SCDC POLICY/PROCEDURE

NUMBER: PS-10.10

TITLE: HOSPICE AND PALLIATIVE SERVICE PROGRAM

ISSUE DATE: MARCH 1, 2002

RESPONSIBLE AUTHORITY: DIRECTOR FOR PROGRAM SERVICES

OPERATIONS MANUAL: PROGRAM SERVICES

SUPERSEDES: PS-10.10 (March 1, 2000)

RELEVANT SCDC FORMS/SUPPLIES: 9-11, 19-11, 19-25, M-128, M-129, M-131, M-132, M-134, M-140, M-144, and M-145

ACA/CAC STANDARDS: 3-ACRS-4E-21, 3-4340, 3-4355, 3-4357, 3-4365, 3-4442

STATE/FEDERAL STATUTES: NONE

PURPOSE: To establish guidelines for the administration and management of the Agency's Hospice and Palliative Service Program.

POLICY STATEMENT: In an effort to provide for emotional, spiritual, and medical care and treatment of those inmates under the jurisdiction of the South Carolina Department of Corrections (SCDC) who are determined to be terminally or chronically ill or to have a life-threatening disease, the SCDC will manage and operate a Hospice and Palliative Service Program at designated SCDC institutions. (3-ACRS-4E-21, 3-4355, 3-4357, 3-4365)

## TABLE OF CONTENTS

### 1.GENERAL PROVISIONS

### 2.GUIDELINES FOR PATIENT REFERRALS

### 3.SPECIAL PRIVILEGES FOR HOSPICE PARTICIPANTS

### 4.HOSPICE AND PALLIATIVE SERVICE INMATE VOLUNTEERS

### 5.SPECIAL PROGRAM EXEMPTIONS

### 6. DEFINITIONS

#### SPECIFIC PROCEDURES:

##### 1. GENERAL PROVISIONS:

1.1 Designated Institutions: The following institutions have been designated as hospice and palliative service sites: (The Agency reserves the authority to designate additional sites or delete sites at any time.)

- Allendale Correctional Institution;
- Evans Correctional Institution;
- Lieber Correctional Institution; and
- Women's Correctional Institution.

1.2 Institutional Housing Assignment: When no overriding security issues exist that would dictate otherwise and when the inmate concurs, hospice participants will be housed in a designated institution that is within closest proximity of their respective family. The Hospice Interdisciplinary Team will coordinate the transfer of such inmates through State Classification and Health Services officials in these instances. Palliative service participants may be considered for location preference on a case-by-case basis by the Hospice Coordinator, affected Wardens, and State Classification officials.

1.3 Locale for Services Within Designated Institutions: Whenever possible, hospice and palliative service will be provided to an inmate participant while s/he is living in a general population housing unit/dorm of a designated institution. When the inmate patient's needs can no longer be met in general population or overriding security issues exist, other appropriate housing (e.g., assisted living, infirmary), will be provided.

##### 2. GUIDELINES FOR PATIENT REFERRAL, ADMISSION, AND DISCHARGE:

2.1 Hospice Patients: The following procedures will be followed in order to have patients admitted to the SCDC Hospice and Palliative Service Program as a hospice patient:

2.1.1 The inmate must be evaluated by an SCDC physician, determined to be terminally ill, and expected to have less than one (1) year to live. The institutional Health Care Authority (HCA) or designee will send a CRT message to the SCDC Hospice Coordinator/designee and request that the inmate be evaluated for hospice admission. The CRT message must include the inmate's diagnosis, a brief medical history, and an approximate prognosis duration. The Hospice Coordinator must be notified of all potential patients.

2.1.2 The Hospice Coordinator/designee will meet with the inmate to: explain hospice care; evaluate the inmate for hospice care appropriateness; and, to determine whether the inmate will consent to hospice care. The inmate must consent to admission into the Hospice and Palliative Service Program as a Hospice Service patient after being fully informed about his/her condition and must understand that the focus of hospice care is palliative and supportive. The patient will be required to sign SCDC Supply M-128, "Consent for Hospice and Palliative Service Program," to document his/her consent. The form will be filed in the inmate's medical record. The Hospice Coordinator/designee will document the results of this interview in the inmate's medical record. If the inmate consents to hospice care and the Hospice Coordinator has determined that hospice care is appropriate, the Hospice Coordinator will request that the institutional physician write an order for hospice services.

2.1.3 After the Hospice Coordinator approves hospice care for the inmate, the institutional physician/designee will enter an order in the medical record for hospice care. The HCA/designee will ensure that the respective Warden is notified of the approval and admission.

2.1.4 The Institutional Hospice Interdisciplinary Team will interview the patient and develop a treatment plan to fit the needs of each patient. Assessment of the inmate and a plan for treatment will be documented using SCDC Supplies M-131, "Admission Assessment - Interdisciplinary," M-132, "Interdisciplinary Care Plan-Hospice," and M-145 "Hospice Inmate Volunteer Plan of Care."

2.1.5 When the admission assessment identifies the need for the hospice team to contact an inmate patient's family and/or significant other(s), the inmate patient will sign SCDC Form 9-11, "Inmate/Resident Release of Information Consent," which will be submitted to the Hospice Coordinator. (3-ACRS-4E-21, 3-4355, 3-4357, 3-4365)

2.2 Palliative Service Patients: The following procedures will be followed in order to have patients admitted to SCDC's Hospice and Palliative Service Program as a Palliative patient:

2.2.1 The institutional physician must determine that: the inmate is chronically ill, or has a life-threatening disease and is likely to become terminally ill; the inmate's medical history shows a documented decline; and the inmate requires assistance with most activities of daily living. Certain patients may be considered for the Palliative Services program even though they may be receiving curative treatment. These patients may be admitted to the Palliative Services program and receive services provided by the institutional interdisciplinary team, including, but not limited to, the spiritual and emotional support and symptom control. The institutional Health Care Authority (HCA) or designee will send a CRT message to the SCDC Hospice Coordinator to request the inmate be evaluated for Palliative Services. The CRT message must include the inmate's diagnosis, a brief medical history, description of assistance needed by the inmate, and an approximate diagnosis, if determined. The Hospice Coordinator should be notified of all potential patients.

2.2.2 The Hospice Coordinator/designee will meet with the inmate to: explain Palliative Services; evaluate the inmate for Palliative Services appropriateness; and, to determine whether the inmate will consent to Palliative Services care. The patient must consent to admission into the Hospice and Palliative Service Program as a Palliative patient after being fully informed about his/her condition and understand that the focus of palliative service is spiritual and emotional support and symptom control. The patient will sign SCDC Supply M-128, "Consent for Hospice and Palliative Service Care," to document his/her consent. The form will be filed in the inmate's medical record. The Hospice Coordinator/designee will document the results of this interview in the inmate's medical record. If the inmate consents to Palliative care and the Hospice Coordinator has determined that Palliative care is appropriate, the Hospice Coordinator/designee will request that the institutional physician write an order for Palliative Services.

2.2.3 After the Hospice Coordinator/designee approves palliative care for the inmate, the Institutional physician will enter an order in the medical record for Palliative Services. The HCA/designee will ensure that the respective Warden is notified of the approval.

2.2.4 The Institutional Hospice Interdisciplinary Team will interview the patient and develop a treatment plan to fit the needs of each patient. Assessment of the inmate and a plan for treatment will be documented using SCDC Supplies M-131, "Admission Assessment - Interdisciplinary," M-134, "Hospice Face Sheet," M-140, "Interdisciplinary Care Plan - Palliative Services," and M-145, "Hospice Inmate Volunteer Plan of Care."

2.2.5 When the admission assessment identifies the need for the hospice team to contact an inmate patient's family and/or significant other(s), the inmate patient will sign SCDC Form 9-11, "Inmate/Resident Release of Information Consent," which will be submitted to the Hospice Coordinator. (3-ACRS-4E-21, 3-4355, 3-4357, 3-4365)

2.3 Discharge of Hospice and Palliative Service Patients: The following procedures will be followed to discharge patients from the Hospice and Palliative Service Program for reasons other than death, parole, medical furlough, pardon, completion of sentence, or other discharge from SCDC:

2.3.1 When a patient chooses to revoke his/her consent to participate in the Hospice and Palliative Service Program, a member of the institutional interdisciplinary team must interview the patient, confirm his/her desire to be removed from program participation, and have the patient sign Appendix C, "Program Revocation Election." The patient interview content will be documented in the patient's medical record by the member of the institutional interdisciplinary team, and will be signed off by the institutional physician. The Program Revocation Election form will be filed in the patient's medical record and a copy forwarded to

the Hospice Coordinator.

2.3.2 When a patient's condition improves to the point that he/she no longer meets the admission criteria for the program, the Health Care Authority or Hospice Coordinator will document these findings in the patient's medical record and ask for a physician order indicating that the patient is to be discharged from the program. After the physician's order is received, a member of the institutional interdisciplinary team will inform the patient of his/her discharge from the program, and document this conversation in the patient's medical record. The Hospice Coordinator must be informed of all discharges from the program via CRT message. 3. SPECIAL PRIVILEGES FOR HOSPICE PARTICIPANTS:(These special privileges are for Hospice patients only and not for Palliative Service patients unless noted otherwise.)

### 3.1 Visitation for Hospice Patients Housed in General Population:

The same visiting privileges afforded inmates under SCDC Policy/Procedure OP-22.09, "Inmate Visitation," are applicable with the following exceptions:

3.1.1 All hospice patients housed in general population will be eligible for up to three (3) additional general visits per month in addition to those already afforded them under the provisions of SCDC Policy/Procedure OP-22.09, "Inmate Visitation."

3.1.2 Only approved visitors included on the inmate's visiting list will be authorized to visit with the inmate. The Warden/Duty Warden is, however, authorized the discretion to limit the number of visitors allowed to visit with the inmate on any extra visiting day.

3.1.3 The hospice patient will be required to complete SCDC Form 19-11, "Request to Staff Member" to request extra visitation. The Form 19-11 will be submitted through the Hospice Interdisciplinary Team to the Warden/Duty Warden at least one (1) week prior to the date the visit is desired.

3.1.4 All requests will be reviewed and approved by the Hospice Interdisciplinary Team, with final approval by the Warden/Duty Warden. (NOTE: Normally an additional visit will take place during regular visitation times and days for that institution. However, alternative days can be requested by the inmate, but are subject to the approval of the Warden/Duty Warden.) (3-4442)

### 3.2 Visitation for Hospice and Palliative Service Patients Housed in Designated SCDC Infirmaries:

3.2.1 Normally, visits to hospice and palliative service patients housed in any SCDC Infirmary may be scheduled between the hours of 10:00 a.m. and 3:00 p.m. Infirmary medical staff will have the authority to limit visits at any time based on patient condition/need. (Refer to SCDC Policy/Procedure OP-22.09, "Inmate Visitation," for additional information.)

3.2.2 All visits will be limited to no more than two (2) hours in length. Only two (2) approved visitors will be authorized to visit with any inmate during any approved visiting period.

3.2.3 Only those individuals included on an inmate's approved visiting list will be authorized to visit with any inmate. Children age five (5) and over will be allowed to visit hospice patients in the Infirmary. All children must be accompanied by a parent, legal guardian, or authorized adult as stipulated in SCDC Policy/Procedure OP-22.09, "Inmate Visitation."

3.3 Incarcerated Family Member Visits: (NOTE: The following procedures are normally applicable only to hospice patients housed in SCDC institutions or contract facilities. In very limited cases, palliative service patients may be considered for such visitation privileges on a case-by-case basis.) With the approval of all applicable Wardens and the Hospice Interdisciplinary Team, and in consultation with State Classification, a one time visit may be arranged between a hospice patient and an incarcerated family member. (See "DEFINITIONS" Section below for a definition of "incarcerated family member.") Whenever possible, these visits will be arranged so that Central Bus Transportation can be utilized. State Classification officials will also be involved in arranging for an overnight stay, if required.(3-4442)

3.4 Special Requests: Special requests for additional privileges for hospice patients will be addressed only by the inmate's Institutional Hospice Interdisciplinary Team on a case-by-case basis. Special requests will be coordinated with and approved by the designated institutional Warden/Duty Warden. (NOTE: In extremely limited cases, special requests from palliative patients may be considered on a case-by-case basis.)

3.5 Visits for Hospice Patients Who Have Lost Visiting Privileges: When a hospice patient's visitation privileges have been suspended for disciplinary convictions, the Warden is authorized to allow visit(s) from immediate family members who are on the inmate's approved visiting list when the inmate's death is determined to be imminent by the medical staff.

#### 4. HOSPICE AND PALLIATIVE SERVICE INMATE VOLUNTEERS:

4.1 Role of Inmate Volunteers: The hospice inmate volunteers serve as caregivers to the agency's inmates receiving hospice and palliative care, and under no circumstances are allowed to provide medical care to other inmates. These inmates serve strictly in a volunteer capacity, receiving no compensation for the assistance they provide to inmate patients and agency staff, and are required to maintain work and/or school assignments. When scheduling inmate volunteer/patient assignments, all efforts will be made to schedule patient visits when the volunteer(s) are not scheduled to be at work or school. Under extreme circumstances, such as the 24-hour life watch for patients who are dying, the volunteer(s) may be issued a "no work pass" in order to remain with the inmate.

4.2 Responsibilities: Selected Inmate Hospice and Palliative Service Volunteers will be responsible for assisting their assigned hospice and palliative service patients in any or all of the following areas of daily life functions: companionship; reading; talking; feeding; maintaining hygiene/personal grooming; letter writing; spiritual support; assisting with ambulation; passive range of motion exercises; any other daily living activities; and/or constant companionship at the time of imminent death. These activities, as identified in the inmate's treatment plan, are to be performed under the supervision of institutional SCDC staff. (3-4340)

4.3 Supervision and Evaluation: The Hospice Coordinator/designee will be responsible for the ongoing supervision of Inmate Hospice and Palliative Service Volunteers. Evaluations of Inmate Hospice and Palliative Service Volunteers will be conducted by the Hospice Coordinator/designee in consultation with the Hospice Interdisciplinary Team after a six (6) month probationary period, and then every six (6) months thereafter. The Hospice Coordinator/designee will be responsible for the development of a written evaluation format for this purpose. The results of all evaluations will be filed and maintained in the volunteer file maintained by the Hospice Coordinator on each volunteer.

4.4 Application Procedures: An appropriate number of inmates (as determined by the Hospice Coordinator based on institutional need) will be trained as Inmate Hospice and Palliative Service Volunteers. A general recruiting memo will be prepared by the Hospice Coordinator, to include basic qualifications for volunteers, and will be distributed by the Inmate Representative Council to the general inmate population on an as-needed basis to fill recurring vacancies. Inmates must meet the following criteria in order to be considered for selection as an Inmate Hospice and Palliative Service Volunteer:

4.4.1 Inmates must have a minimum of one (1) year remaining on their sentence.

4.4.2 Inmates must not have been convicted and found guilty of any Level 1 or Level 2 disciplinary offenses within the last year. Inmates found guilty of any Level 3 disciplinary offense will be considered on a case-by-case basis.

4.4.3 Inmates must not have been convicted and found guilty of any drug/substance disciplinary offenses within the last two (2) years.

4.4.4 Inmates must be actively participating in a work/education program for at least six (6) months. Inmates not actively participating in a work/educational program must have a valid exemption.

4.4.5 Inmates must not have committed/displayed any suicidal tendencies, attempts, or gestures within the last 18 months.

4.4.6 Inmates must have at least a high school diploma, a GED, or an eighth grade reading/writing level.

4.4.7 Each inmate's medical and psychological screens must be reviewed and cleared medically and psychologically by qualified medical and behavioral medicine professionals. (Inmates must have had a physical examination with appropriate laboratory tests within the last year, have a current T.B. screen, and submit to psychological screening test to be administered by staff at each inmate's institution.)

4.5 Application Form: Each inmate will be required to complete an "Inmate Hospice and Palliative Service Volunteer Application," SCDC Supply M-129, available in the Chaplain's office. Upon completion of the form, the inmate must submit the form to the screening committee. The application will be co-signed by the inmate's supervisor and another SCDC employee. (See Procedure 4.6 for information pertaining to the

"screening committee.")

4.6 Screening Committee: All applications will be reviewed by the screening committee. Upon review, the committee will select inmates to be interviewed and then will select approved candidates for hospice and palliative service volunteer training. The screening committee will consist of the following members:

- the Clinical Correctional Counselor, Chaplain, and Clinic Nurse who serve on the Hospice Interdisciplinary Team;
- one (1) or two (2) security personnel, to be selected by the institution's Warden (at least one (1) of whom should be a supervisory Officer);
- Classification Case Manager or Caseworker; and
- the Hospice Coordinator.

4.7 Volunteer Training: All selected Inmate Hospice and Palliative Service Volunteers will be required to attend and actively participate in a training program prior to assuming any responsibilities/duties. Inmate volunteer training will consist of at least 20 hours of classroom instruction in the institution where the inmate is incarcerated. The training will include the following content/subjects (See Attachment B for full details.):

- Introduction to Hospice Philosophy;
- Spiritual Aspects of Death and Dying;
- Psycho-Social Aspects of Death and Dying;
- Hospice and Palliative Service Volunteer Rules, Code of Conduct, Patient Rights, and Patient Confidentiality;
- Occupational Exposure, i.e., Bloodborne and Airborne Pathogens;
- Physical Process of Dying; Care and Comfort Measures;
- Communication Skills;
- Bereavement Process, i.e., Self-care and Coping Skills;
- Stress Management, Relaxation;
- Family Systems and Roles;
- Understanding Diseases and Conditions;
- Proper Body Mechanics, Transfers, Passive ROM Exercise, and Signs and Symptoms to Report to Security/Medical; and
- Basic Human Anatomy and Body Functions.

4.8 Instructors: Instructors will be, as much as possible, volunteer community hospice and palliative service professionals. SCDC staff will be utilized as instructors in areas where outside volunteers cannot be utilized, i.e., security issues, Agency policy and procedure, etc. Volunteer instructors will be identified by the Hospice Coordinator and will be selected and utilized in compliance with the provisions of SCDC Policy/Procedure PS-10.04, "SCDC Volunteer Services Program."

4.9 Documentation of Inmate Volunteer Services: When Hospice Inmate Volunteers are assigned a client, an SCDC Supply M-145, "Hospice Inmate Volunteer Plan of Care," will be completed by the Hospice Coordinator/Interdisciplinary Team. The original will be placed in the client's medical record, and copies



will be provided to the volunteer(s) and Hospice Coordinator. Volunteers will document care provided using SCDC Supply M-144, "Hospice Volunteer Weekly Report." The Hospice Coordinator will retain a copy of these forms, and the volunteer(s) will keep the original for his/her own personal records.

4.10 Criteria for Termination: It is imperative that hospice inmate volunteers maintain the criteria listed in this policy/procedure, Section 4.4, "Application Procedures," to remain active in the program. Reasons for termination are as follows:

- a volunteer's lack of adherence to the "Hospice and Palliative Service Program Code of Conduct";
- volunteer disciplinary record; and/or
- written recommendations submitted to the Hospice Coordinator within a five (5) day period from at least three (3) institutional staff members.

4.10.1 All inmate volunteers will be provided a copy of the "Code of Conduct" and will be instructed on the same. Inmates will be required to sign a statement to indicate their understanding of the same. This information will be placed in the volunteer file maintained by the Hospice Coordinator. The Hospice Coordinator/designee will be responsible for making the final decision regarding inmate volunteer termination and will provide the affected inmate volunteer and pertinent institutional staff, including the Warden, written documentation of termination.

4.11 Criteria for Reinstatement of a Terminated Volunteer:

Inmate volunteers who have been terminated from the program for not maintaining the criteria listed in this policy/procedure, Section 4.4 "Application Procedures," must meet all of the criteria prior to re-applying for program participation. Inmate volunteers, who were terminated for reasons unrelated to the criteria listed in Section 4.4, must remain out of the program for a minimum of one (1) year prior to re-applying to the program.

The inmate must submit a packet of information to the Hospice Coordinator that includes the following:

- SCDC Form 19-11, "Request to Staff Member" form expressing the inmate's desire;
- a completed SCDC Supply M-129 "Hospice Inmate Volunteer Application" containing current information; and
- written recommendations for reinstatement as a hospice inmate volunteer from the inmate's work supervisor, a Lieutenant or higher authority, and a non-uniformed staff member.

4.11.1 After consultation with institutional staff, the Hospice Coordinator will decide if the inmate is to be reinstated, and will provide the inmate and applicable institutional staff with a written response to the inmate's request.

4.12 No-Transfer Agreement: Whenever possible, an inmate accepted as a volunteer will remain housed in a designated institution. This will be honored as long as the inmate is an active volunteer; unless a transfer to another institution is in the inmate's best interest; or unless the inmate's behavior warrants his/her transfer as determined by SCDC Classification officials. To augment inmate volunteer services, inmate volunteers may

be subject to rotation to another institution or from the program every three (3) years as determined by the Hospice Coordinator.

4.13 Identification of an Inmate Volunteer within the Institution: A list of current inmate volunteers will be maintained by the Hospice Coordinator and the Hospice Interdisciplinary Team. This list will be kept at the nurse's station in the infirmary and in the Control Room. Additional lists may be distributed to other areas at the discretion of the Hospice Coordinator and/or the Warden.

4.14 Use of Inmate Volunteers for "24 Hour Life Watch": When it is determined by medical staff that a hospice client is close to death, a "24 Hour Life Watch" may be initiated. Inmate volunteers will be scheduled to stay at the client's bedside in four (4) hour shifts. (The four (4) hour time limit may be extended at the discretion of the medical staff.) No more than one (1) inmate volunteer will be at the bedside at any one time. Volunteers participating in the "24 Hour Life Watch" may be provided with a "No Work Pass" at the discretion of the medical staff.

4.15 Inmate Volunteer Leader: The inmate volunteer group assigned to each designated institution may elect a leader. The leader's responsibilities will include, but not be limited to, the following: Representing other Inmate Hospice and Palliative Service Volunteers at Interdisciplinary Team Meetings; and Coordinating the schedule of volunteers for the "24 Hour Life Watch" [optional].

5. SPECIAL PROGRAM EXEMPTIONS: Due to the special nature of the Hospice and Palliative Service Program, the following exemptions to Agency Policies/Procedures are authorized:

5.1 The SCDC Hospice Coordinator may accept private donations of cassette tape players without recording devices and cassette tapes for use by terminally ill inmates who are participating in the SCDC Hospice Program and who are confined to their dorms and/or cells. The SCDC Hospice Coordinator will be responsible for screening all tapes prior to distribution. The tapes will be loaned to hospice inmates through a check-in/check out system utilizing SCDC Form 19-25, "Receipt for Issue and Turn-In." The SCDC Hospice Coordinator will coordinate with the appropriate Warden to select and train an institutional employee who will serve as the institution's liaison for this program.

5.2 The Hospice Coordinator and program staff, with the approval of the institutional Health Care Authority and the Warden, are allowed to occasionally provide Hospice and Palliative patients/clients, who are extremely ill or nearing death, special items such as foods not available through SCDC, extra blankets, etc., at no cost to the Agency.

5.3 Inmates in the hospice program who are moved from the hospice to another facility and the inmate who provided care for him/her as a hospice volunteer may be allowed to correspond. See SCDC Policy/Procedure PS-10.08, "Inmate Correspondence Privileges," for additional information.

5.4 During special events such as inmate volunteer training graduation, program anniversaries, certain holidays, etc., the Hospice Coordinator and program staff, with the Warden's concurrence, are allowed to provide programs/celebration activities for the inmate volunteers. These events may include refreshments

brought into the institution at no cost to the Agency.

## 6. DEFINITIONS:

Designated Institutions refers to those institutions designated as hospice and palliative services sites.

Hospice Client or Participant (Hospice Inmate) refers to a SCDC inmate who has been evaluated by an SCDC physician, has been determined to be terminally ill, has less than one (1) year to live, and has elected to participate in the hospice part of the Hospice and Palliative Service Program to receive palliative care from the hospice interdisciplinary team.

Hospice Coordinator refers to an employee assigned to the Division of Inmate Services who is in charge of the overall operation of the SCDC Hospice and Palliative Service Program. S/he will work closely with the hospice interdisciplinary team at the institution and will supervise the inmate hospice volunteers. S/he implements training and continuing education for members of the hospice interdisciplinary team, inmate volunteers, and other SCDC staff.

Hospice and Palliative Service Inmate Volunteers refers to SCDC inmates selected and trained to participate in the Hospice and Palliative Service Program in a volunteer care giver capacity.

Incarcerated Family Member refers to an inmate hospice patient's/participant's spouse, sibling, parent, stepparent, child, stepchild, grandparent, or legal guardian who is currently housed in an SCDC institution or contractual facility.

Institutional Hospice Interdisciplinary Team refers to a team of institutional professionals working together to assist hospice and palliative service patients in dealing with the physical, emotional, spiritual, and psychosocial issues of chronic illness, life-threatening diseases, and/or dying. This team includes, but is not limited to, the following members: physician, chaplain, clinical correctional counselor, Major, clinic nurse, pharmacist, dietician, infirmary staff, trained inmate volunteers, and the Hospice Coordinator.

Palliative Care for the purpose of this policy/procedure, refers to a type of spiritual and emotional care combined with medical treatment in which pain relief and symptom control is the primary focus.

Palliative Service Patient refers to a SCDC inmate who has been evaluated by the institutional physician, and has been determined to have a chronic or life threatening disease likely to become terminal. The inmate's medical record must show documented decline and the inmate must require assistance with most activities of daily living. In addition, the inmate must have elected to participate in the palliative service portion of the Hospice and Palliative Service Program to receive palliative care or other related services from the hospice interdisciplinary team.

Plan of Care refers to an individualized plan developed by the interdisciplinary team for the total care of the hospice and/or palliative service patient. Plans of care will be developed for Interdisciplinary Team Care and inmate volunteer care.

SIGNATURE ON FILE

s/Gary D. Maynard, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.

## ATTACHMENT A

### THE HOSPICE AND PALLIATIVE SERVICES BILL OF RIGHTS

Patients with an irreversible illness may be too upset or distracted to assert their rights, therefore, a patient advocate needs to know these rights and provide patients with the opportunity to remain in control of themselves and their environment while dying. A Bill of Rights for the dying person was created at a workshop on "The Terminally Ill Patient and the Helping Person" in Lansing, Michigan, in 1945. It clearly states what dying people need and want.

I have the right to be treated as a living human being until I die.

I have the right to maintain a sense of hopefulness, however changing its focus may be.

- I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this might be.
- I have the right to express my feelings and emotions about my approaching death in my own way.
- I have the right to participate in decisions concerning my care.
- I have the right to expect continuing medical and nursing attention even though "cure" goals must be changed to "comfort" goals.
- I have the right not to die alone.
- I have the right to be as pain free as possible.
- I have the right to have my questions answered honestly.

- I have the right not to be deceived.
- I have the right to die in peace and dignity.
- I have the right to retain my individuality and not be judged for my decisions which may be contrary to beliefs of others.
- I have the right to discuss and enlarge my religious and/or spiritual experiences, whatever these may mean to others.
- I have the right to expect that the sanctity of the human body will be respected after death.
- I have the right to be cared for by caring, sensitive, knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face death.
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## ATTACHMENT B

### INMATE HOSPICE AND PALLIATIVE SERVICE VOLUNTEER TRAINING

Discipline	Content
Chaplain	Spiritual aspects of death and dying Basic spiritual tasks confronting the dying patient in prison Spiritual dynamics of dying; beliefs of death, spirit and afterlife
M.S.W.	Psycho-social Dynamics of Death and Dying; Kubler-Ross stages of dying Basic psycho-social tasks confronting the dying patient in prison Multicultural sensitivity
Hospice Coordinator	Inmate Hospice and Palliative Service Volunteer Rules and Responsibility To patient; To staff; To hospice and palliative service volunteers Patient Rights, Responsibilities, and Decision Making Do Not Resuscitate Orders [DNR's]; Living Wills; Durable Power of Attorney for health care decisions Patient confidentiality; Designated next of kin

RN	Occupational Exposure Control; Universal precautions defined Blood borne pathogens: Exposure; Contaminated sharps and laundry Hepatitis B vaccination; Opportunistic disease infection
Hospice RN	Understanding the Physical Process of Dying Physical changes while dying; Treatments and side effects Pain management- Comfort measures; The concept of active vs. palliative care Role of volunteers; Nonverbal signs of pain and discomfort Safety factors; Signs of approaching death; Quality of life vs. Quantity of life
M.S.W.	Communication; Helping skills; Verbal and nonverbal communication Listening skills; Acceptance of the patient and their feelings
Bereavement Coordinator	Understanding the Bereavement Process Saying good-bye; Loss and grief; Anticipatory grief; Caregiver's grief Understanding your own Personal Bereavement Process Self care; Dealing with personal feelings; Coping skills Dealing with separation and loss
M.S.W.	Stress Management, Relaxation, Diet & Exercise
M.S.W.	The Hospice and Palliative Service Patient and Family, Family systems and roles Volunteers role with family and as surrogate families
Hospice RN	Understanding Diseases and Conditions [Cancer, HIV/AIDS, Heart Disease, etc.]
SCDC RN	Proper Body Mechanics, Transfers, Passive ROM Exercise, Signs and Symptoms to Report to Security/Medical
Hospice Coordinator/SCDC RN	Basic Human Anatomy & Body Functions

South Carolina Department of Corrections

Division of Inmate Services

PROGRAM REVOCATION ELECTION FORM

This is to certify that I, \_\_\_\_\_,

(Inmate Name- please print)

(SCDC Number)

residing in \_\_\_\_\_ Correctional Institution / \_\_\_\_\_ dorm,

(Institution)

(Dorm name)

do hereby revoke my consent to participate in the SCDC Hospice and Palliative Services Program. I understand that the results of this decision are:

- 1. I will no longer receive services from this program unless re-admission occurs.
- 2. My decision will not guarantee nor prevent a change in my housing assignment.
- 3. Re-admission to the program will be considered only if Health Services provides a new referral, I meet the diagnostic criteria for re-admission, I consent to program participation, and I reside in an institution where a Hospice and Palliative Service Program exists.

My reason for revoking my consent to participation in this program is:

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\_\_\_\_\_

signature) (Inmate (Date)

\_\_\_\_\_

(Date) (SCDC Employee Witness Signature)

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This form was forwarded to SCDC Hospice Central Office Staff on \_\_\_\_\_.

(Date)

(Date)

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(SCDC Employee Signature)