

	<b>State of Alaska Department of Corrections Policies and Procedures</b>		<b>Index #:</b>	807.02	<b>Page 1 of 6</b>	
			<b>Effective:</b>	12/30/09	<b>Reviewed:</b>	2009
			<b>Distribution:</b>	Public	<b>Due for Rev:</b>	12/11
	<b>Chapter:</b>	Medical and Health Care Services				
<b>Subject:</b>	Access to Health Care Services					

I. Authority

In accordance with 22 AAC 05.155, the Department will maintain a manual composed of policies and procedures established by the Commissioner to interpret and implement relevant sections of the Alaska Statutes and 22 AAC.

II. References

Alaska Statutes

AS 33.30.011

AS 33.30.028

Alaska Administrative Code

7 AAC 27.005

22 AAC 05.005

22 AAC 05.120

22 AAC 05.121

22 AAC 05.122

22 AAC 05.485

Court Decisions

*Rust v. State*, 582 P.2d 134, modified on other grounds, 584 P.2d 38 (1978)

Standards for Adult Correctional Institutions; 4th Edition 2003

4-4258, 4261, 4344, 4347, 4348, 4350, 4351, 4353

Standards for Adult Local Detention Facilities; 3<sup>rd</sup> Edition 1991

3-ALDF-4E-01, 4E-06, 4E-10, 4E-30, 4E-33, 4E-35, 4E-39

III. Purpose

To establish uniform procedures within the Department for prisoner access to health care services.

IV. Application

All staff and prisoners.

V. Definitions

VI. Policy

A. The Department shall ensure that sentenced and unsentenced prisoners have access to medical, dental, and mental health care services comparable in quality to those available to the general public. The Department also shall ensure that special health care services are available to prisoners, contingent upon available resources. Prisoners in punitive and administrative segregation must receive the same access to health care as that provided to the general prison population.

B. Health care staff, other than a physician, dentist, psychiatrist, psychologist, optometrist, osteopath, podiatrist, physician assistant, or advanced nurse

practitioner, shall perform health care treatment per written orders of licensed practitioners or per nursing protocols as approved by the Health Care Administrator and Medical Director of Inmate Health.

- C. The Department shall use the most cost effective health care treatment to meet the prisoner's needs for essential and special health care services. The Department shall ensure that essential health care services are available from other sources if the services are not available within the institutions.
- D. The same quality of care will be provided to sentenced and unsentenced prisoners. As indicated in the Prisoner Health Plan (attachment A), a number of factors are related to the level of health care delivered. Among these is the "estimated date of release." This is important in a number of specific situations where the Department makes a decision not to provide a specific service. The reason may be due to an inability to follow through to completion on a particular intervention or treatment or the non-urgent nature of the request. Regardless of the prisoner's status, all essential and medically necessary care will be approved and delivered in a timely manner. In certain instances an unsentenced prisoner may be allowed access to community-based, selective medical services not provided by the Department, at the prisoner's own expense.

## VII. Procedures

### A. General

#### 1. Information Regarding Health Care Services

A prisoner's orientation upon admission to an institution must include instructions for obtaining medical, dental, or mental health care services. See Policy 811.08, Prisoner Orientation. The Prisoner Handbook and Prisoner Health Plan (see Attachment A) also describe access to health care and the Department may post information in prisoner living areas. See Policy 809.01, Prisoner Handbook.

#### 2. Non-Emergency Health Care

Prisoners should attend sick call (see Policy 807.11, Sick Call) or complete a Request for Medical Care, Form 807.02A, for non-emergency health care.

#### 3. Emergency Health Care

Prisoners who need emergency health care, or any other person perceiving such a need, shall immediately notify institution staff. Staff shall call on-site medical staff and initiate first-aid. When on-site medical staff is not available, staff will notify the Shift Supervisor who will contact the on-call health care practitioner. In the case of extreme emergency (i.e., threat to life or limb) that cannot wait for medical consultation, the shift supervisor shall contact emergency medical services to arrange for appropriate transport for the prisoner. See Policy 1208.15, Transportation of Prisoners.

- a. Health care staff must prepare and submit to the Inmate Health Central Office a Prisoner Hospital Admission Form 807.05D when a prisoner is transported for emergency health care.
  - b. The Superintendent or designee shall notify the appropriate military authority or the Federal Marshal's office of emergency actions taken for federal prisoners in the Department's custody.
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4. Treatment Plans

A physician, dentist, or other health care practitioner shall develop a written treatment plan for each prisoner who needs special health care. The plan must include a statement of short and long term goals, specific courses of therapy, referrals to supportive and rehabilitative services when needed, and recommended travel arrangements, if the prisoner may need to be transferred in the future.

5. Elective Health Care

The Department need not provide prisoners with elective health care. Elective health care is those procedures that are not necessary for the maintenance of basic medical, mental, and oral health.

B. Essential Health Care Services

1. Essential Health Care

A prisoner has the right to receive essential health care services. Essential health care services include dental, psychological, psychiatric, or medical services when a health care provider, with reasonable medical certainty and exercising ordinary skill and care at the time of observation, concludes that:

- a. The prisoner's symptoms indicate a serious disease or injury;
- b. Treatment could cure or substantially alleviate the disease or injury; and
- c. The potential for harm if treatment is delayed or denied could be substantial; or
- d. Services are needed to alleviate significant pain and suffering, including: procedures necessary to aid in increasing the level of functioning throughout the prisoner's sentence, such as prosthetic devices; and health care needed to enable a prisoner to participate in or benefit from rehabilitative services. See Policy 807.15, Health Care Prosthetics.

2. Unusual or Costly Procedures

The Commissioner must approve any unusual or costly health care or dental procedures that go beyond essential health or dental care. The Commissioner has the discretion, after consulting with health care authorities, to disapprove health care or dental procedures for ailments that do not seriously threaten the prisoner's health or well being while in prison.

3. Mental Illness

A prisoner who suffers from a mental illness shall receive appropriate mental health treatment. See Policy 807.13, Mental Health Administration and Services.

C. Special Health Care Services

Special health care services include services for the prisoner's well being beyond those services received in everyday general practice. These services include:

1. Health Education

Each institution's health care unit shall have health education material available for prisoners upon request. The material must be the same or

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similar to the material that volunteers and governmental agencies provide to the general public for free or at minimal cost. The Medical Director or designee must approve any material that the Department's health care staff produces for prisoners.

2. **Hearing Services**

The Department shall provide hearing aids and other hearing prosthesis for prisoners under Policy 807.15, Health Care Prosthetics.

3. **Diagnostics**

The Department shall provide health care screening, testing, diagnoses, and tests to prisoners for their special health care needs. See Policy 807.13, Mental Health Administration and Services; Policy 807.14, Health Examinations; and Policy 807.16, Involuntary Administration of Psychotropic Medication.

4. **Maternity Care**

a. The health care practitioner shall ensure that pregnant prisoners receive pre-natal, natal, and post-natal care. See also Policy 808.06, Requirements Relating to Female Prisoners. Health Care Staff shall provide special counseling to these prisoners.

b. The Department shall not provide medical services for any newborn child or children of prisoners.

5. **Sterilization**

The Department will not provide medical services to sterilize a prisoner. This does not preclude the delivery of essential medical care that may result in sterilization.

6. **Contagious Diseases**

a. Staff shall immediately report all suspected cases of contagious diseases to the on-site medical staff. The on-site medical staff shall report all cases and seek guidance for the assessment of contagious diseases reportable under 7 AAC 27.005 to the Section of Epidemiology, Division of Public Health, Department of Health and Social Services. The on-site medical staff shall work with the local public health authorities to treat and control the infected persons. The health care practitioner shall promptly inform the superintendent of contagious diseases that could affect other prisoners or staff.

(1) The Department shall follow guidelines published by the Centers for Disease Control of the U.S. Public Health Service for the institutional control of disease unless to do so would compromise the security appropriate for the affected prisoners.

(2) A health care practitioner may prescribe mandatory blood or tissue screening for prisoners to detect Hepatitis-B, syphilis, tuberculosis, or other contagious diseases.

b. The Department may isolate, transfer, or reclassify infected prisoners when necessary to prevent transmission of a contagious disease. See Policies 804.01, Administrative Segregation; and 750.01, Administrative Transfers.

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- (1) Infected prisoners must receive periodic tests, health screenings, and physical examinations until health care staff determine that the prisoner's condition is arrested, cured, or non-communicable.

7. Communicable Diseases

A treating health care provider may authorize a prisoner to be placed in administrative segregation if the provider diagnoses or suspects the prisoner of having a communicable disease of public health concern and if the prisoner refuses treatment. An infected prisoner may be treated over his or her objection when public health concerns require immediate intervention to prevent spread of a communicable disease.

8. Detoxification

Health care practitioners shall supervise detoxification and withdrawal programs. The Department will not treat prisoners with Methadone for purposes of opiate withdrawal. However, all pregnant prisoners on Methadone or requiring Methadone for opiate withdrawal shall be treated under the direction of an on-site health care practitioner. In cases of prisoners receiving treatment with Methadone for pain control, a case-by-case review will be undertaken to ascertain the appropriateness of continued treatment.

D. Consultant or Specialist Services

The Department may use consultants and specialists as needed to provide health care services to prisoners as outpatients or through hospitalization. The health care practitioner, in coordination with the Superintendent, shall initiate referrals for special services and routine consultation services. The Medical Director must approve all non-emergency referrals.

1. Prisoner Health Care Referral Authorization

Health care staff and the Superintendent shall complete a Prisoner Health Care Referral Authorization, Form 807.02B, for each outside referral.

E. Prisoners in Punitive and Administrative Segregation

1. A health care staff member shall visit segregation units at least daily during routine rounds or while dispensing medication.
2. Health care staff shall evaluate and treat segregated prisoners in their cells or units unless sound medical judgment requires transfer of the prisoner to the clinic, an infirmary, or hospital. In that case, the Department must transfer the prisoner in a timely manner.
3. Health care staff shall record all segregation visits in the Segregation Log and all health care actions in the appropriate medical record. See Policy 1208.11, Permanent Record Logs. Health care staff shall report any problems with health care that they observe during their visits.
4. Security staff must immediately report emergency medical situations to the health care staff.

F. Prisoner Assistance

Prisoners may not participate in examining or treating patients. The health care practitioner and the Superintendent must approve any duties that a prisoner performs in the health care unit.

G. Health Care Expenses

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The Department shall, when practical and if the prisoner is eligible, seek reimbursement of a prisoner's health care expenses from a third party (e.g., Veteran's Administration, Alaska Native Health Services Hospital, union health plan coverage, Medicare or Medicaid, major health care insurance coverage, or public assistance benefits). See Policy 807.07, Prisoner Responsibility for Health Care.

H. Outside Medical, Dental, or Vision Care

When approved by both the prisoner and DOC Medical Staff, a prisoner on furlough may obtain outside medical care at their own expense. Both forms 807.02C and 807.02E must be completed prior to any appointments being scheduled by the prisoner.

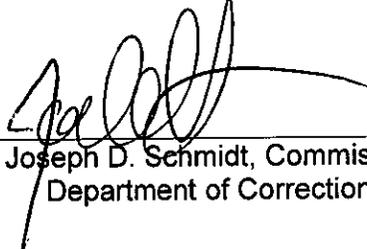
I. Health Care Services Complaints

The Department shall handle all prisoner complaints regarding health care services in accordance with Policy 808.03, Prisoner Grievances.

VIII. Implementation

This policy and procedure is effective 14 days following the date signed by the Commissioner. Each Manager shall incorporate the directions outlined in this document into local policy and procedure. All local policies and procedures must conform to these directions; any deviation must be approved in writing by the Division Director.

12/30/09  
Date

  
Joseph D. Schmidt, Commissioner  
Department of Corrections

Applicable Forms to this Policy:

Attachment A: Prisoner Health Plan

807.02A

807.02B

807.02C

807.02D

807.02E