UNITY HEALTH CARE, INC.

DEPARTMENT:	TITLE:	POLICY #: CF605
CENTRAL DETENTION AND CORRECTIONAL TREATMENT FACILITIES HEALTH SERVICES DIVISION	COUNSELING AND CARE OF THE PREGNANT PATIENT	PAGE: 1 of 3
REVIEWED BY: 	EFFECTIVE DATE: October 1, 2006	DATE REVISED: April 15, 2011 September 8, 2014 July 31, 2016 October 1, 2018 October 1, 2020 October 5, 2022
APPROVED BY CMO: 	APPROVED BY CEO: 	

PURPOSE: To establish procedures for managing pregnant patients at the DC Department of Corrections' (DOC) Central Detention Facility (CDF) and Correctional Treatment Facility (CTF).

POLICY: It is Unity's policy to provide a pregnancy management program for all pregnant patients to include options counseling with appropriate referral, prenatal care and delivery. Additionally, the legal right to an elective abortion will not be mitigated by reason of incarceration. Furthermore, no Unity employee or volunteer will in any manner compel, encourage, discourage, or coerce a patient to either have or not have an elective abortion.

DEFINITIONS:

I. **OPTIONS COUNSELING –** a careful process of non-directive education and evaluation whereby the pregnant woman makes an informed decision regarding the outcome of her pregnancy to include termination of the pregnancy or receiving prenatal care and subsequently using adoption services or keeping the child.

II. **ELECTIVE ABORTION –** termination of pregnancy at the request of the patient.

PROCEDURES:

I. All pregnant patients will be:

   A. provided comprehensive counseling and assistance in accordance with their expressed desires regarding their pregnancy, whether they elect to keep the child, use adoption services, or have an elective abortion;

   B. transferred to CTF for housing and prenatal follow up care;

C. ordered a prenatal diet with snack (unless a specialized diet is indicated, i.e. diabetic, Renal, etc.); and placed on prenatal vitamins;

D. provided with advice on appropriate levels of activity, safety precautions, and nutritional guidance and counseling;

E. provided with lab testing, immunizations, diagnostic and sonogram testing in accordance with national guidelines;

F. followed regularly as clinically indicated by an obstetrical provider until termination, or delivery of the pregnancy;

G. counseled, examined, and treated according to national guidelines; and

H. sent off-site as clinically indicated with a summary of her prenatal care.

II. Upon request for an elective abortion, the patient will:

A. be counseled on the process including payment process, eligibility based on gestational age and estimated cost;

B. receive a sonogram to determine gestational age, if needed;

C. be referred to an appropriate facility;

D. arrange with the facility her payment of the elective abortion;

E. be evaluated by a clinician upon return for medical stability and determination of housing requirement (CDF, infirmary, etc…); and

F. have appropriate post-procedure/contraceptive appointment made.

Prenatal care for high risk pregnancies, including the chemically addicted patient, will be managed/directed by an obstetrical provider

III. Opiate dependent pregnant patients are prioritized for immediate admission to the Opioid Treatment Program (for Methadone) or the Outpatient-based Opioid Treatment program (other forms of MOUD) for continuance or induction as clinically indicated.

IV. Pregnant patients shall be referred to Howard University Hospital or, as necessary, another area hospital for consultations, ultrasounds, antenatal testing and delivery with copy or transfer of their prenatal records.

V. Emergency delivery kits are available at DOC.

VI. Custody/restraints:

A. First trimester and second trimester (through week 27 of pregnancy) – front restraints only

B. Third trimester (week 28 and beyond) and post-partum transport (defined as transport back to the facility after delivery) – no restraints

VII. Post-partum follow-up appointments and care occurs after delivery.

VIII. The Medical Director shall maintain a list of all pregnancies and their outcomes.

IX. Pregnancy care and outcomes should be monitored through the continuous quality improvement process at least annually.

RELEVANT STANDARDS:

I. National Commission on Correctional Health Care (2018). Standards for Health Services in Jails, Counseling and Care of the Pregnant Patient, J-F-05.

II. American Correctional Association (2004). Standards for Adult Local Detention Facilities, 4th Ed., 4-ALDF-4C-13.

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS **POLICY AND PROCEDURE**	**EFFECTIVE DATE:**	March 31,2017	**Page 1 of 15**
		SUPERSEDES:	4910.1H September 13, 2012	
		OPI:	OPERATIONS	
		REVIEW DATE:	March 31, 2018	
		Approving Authority	Quincy L. Booth Director	
	SUBJECT:	**ESCORTED TRIPS**		
	NUMBER:	**4910.1I**		
	Attachments:	Attachment A - DOC Pregnant Woman Restraint Report Attachment B - Health Services Transportation Request Form Attachment C - Escort Trip Authorization Attachment D - Escort Trip Instructions		

SUMMARY OF CHANGES:

Section	Change
	Major changes throughout the policy.

APPROVED:

Signature on File

3/31/2017

Quincy L. Booth, Director ***Date Signed***

1. **PURPOSE AND SCOPE.** To provide guidelines for transporting inmates outside of the secure perimeter of the Central Detention Facility (CDF) and Correctional Treatment Facility (CTF).

2. **PROGRAM OBJECTIVES.** The expected results of this program are:

   a. Each inmate's suitability for an escorted trip or transport is evaluated in accordance with this directive.

   b. Each escorted trip and inmate transport is supervised by sufficient and appropriate staffing.

   c. Proper security procedures are observed, maintained, and enforced at all times to prevent injuries, escapes, and to safeguard the public.

3. **APPLICABILITY.** This directive applies to all inmates, Department of Corrections (DOC) staff, contract staff, and volunteers who provide services to DOC.

4. **DIRECTIVES AFFECTED**

   a. **Directive Rescinded**

      PS 4910.1G Escorted Trips (3/1/08)

   b. **Directives Referenced**

      1) PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences

      2) PP 3350.2 Elimination of Sexual Abuse, Sexual Assault, and Sexual Misconduct

      3) TRM 4090.4 TRM Custody Classification Instruments

      4) OM 5006.1 Inmate Reception Center (IRC) Manual

      5) PP 5010.9 Use of Force and Application of Restraints

      6) PP 5011.1 Possession and Use of Firearms

      7) PP 5009.2 Searches of Inmates, Inmate Housing Units, Work and Program Areas

5. **AUTHORITY.** D.C. Code § 24-211.02, Powers; Promulgation of Rules

6. **STANDARDS REFERENCED**

   a. ACA 4th Edition Standards for Adult Local Detention Facilities: 4-ALDF-1B-06, 4-ALDF-4C-05, 4-ALDF-4C-06, 4-ALDF-4C-08 and 4-ALDF-4D-08.

7. NOTICE OF NON-DISCRIMINATION

a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

8. **DEFINITIONS**. For the purposes of this order, the following definitions apply:

a. **Escorted Trip.** Authorized inmate travel from a secure correctional facility to a specific destination during which DOC personnel accompany and supervise the inmate at all times.

b. **Immediate Relative**. A spouse, son, daughter, parent, brother, sister or a person who can reasonably be considered as an immediate relative, *e.g.*, step-parents, stepchild, legal guardian.

c. **Labor –** The period of time before a birth which contractions are of sufficient frequency, intensity, and duration to bring about effacement and progressive dilation of the cervix, or any other medical condition in which a woman is sent or brought to a medical facility for the purpose of delivering her baby.

d. **Postpartum Recovery** – The period of recovery following childbirth, miscarriage, or termination of a pregnancy, as determined by a physician to be medically necessary for healing.

e. **Restraints** – Any device, including medical restraints, used to control or bind the movement of a person's body or limbs.

9. RESPONSIBILITIES

a. The Court Transport Unit Supervisor shall:

1) Prepare daily rosters for the Court Transport Unit.

2) Ensure that at least one officer is of the gender corresponding to the

housing assignment of the inmate being transported.

3) Ensure that all officers assigned to escort duty possess a current firearms certification.

4) Ensure that all officers assigned to operate motor vehicles possess a valid operator's license and/or Commercial Driver's License.

5) Ensure that the proper restraints are issued and an adequate number of escort officers are assigned.

6) Ensure that the Office of Investigative Services (OIS) is contacted for private viewing and other escorted trips requiring additional security coverage.

7) Complete all applicable notification forms for the inmate being transported.

b. Shift Commander Responsibilities:

1) Ensure that at least one officer is of the gender corresponding to the housing assignment of the inmate being transported.
2) Ensure that all officers assigned to escort duty possess a current firearms certification.
3) Ensure that all officers assigned to operate motor vehicles possess a valid operator's license and/or Commercial Driver's License.
4) Ensure that the proper restraints are issued and an adequate number of escort officers are assigned.

10. TYPES OF ESCORTED TRIPS

a. Medical and Institutional Operations

1) Inter-institutional transfers

2) Emergency medical treatment.

3) Non-emergency medical treatment that cannot be provided in DOC facilities. Generally, these trips are scheduled during the hours of 6:00 a.m. to 6:00 p.m.

4) Legal proceedings, *e.g.*, court appearances, grand jury appearances, and interviews with other law enforcement agencies.

5) Out of state pick ups

6) St. Elizabeth Hospital transports.

b. **Escorted Trips for Social or Rehabilitative Reasons**

1) Private viewing trips to view the remains of a deceased member of the inmate's immediate family.

2) Hospital trips to visit a terminally ill member of the inmate's immediate family.

c. **Inmate Eligibility for Social Escorted Trips**

1) **Pretrial and Sentenced Misdemeanants.** All pre-trial inmates and sentenced misdemeanants are eligible for escorted trips except as described in this subsection.

2) **Sentenced Felons.** All requests for non-medical escorted trips for sentenced felons shall be referred to the United States Marshals Service for appropriate action.

3) **Denial of Social Escorted Trip as a Security Risk.** An inmate is not eligible for a hospital visit, private viewing, or other non-medical trip when a determination has been made that the trip would pose an undue security risk to the inmate, staff, the general public, or the facility where the visit is to take place.

4) **Approval.** Escorted trips for non-medical reasons require the approval of the Director or the Director's designee. The Case Manger or Chaplain shall notify the inmate of determination in writing.

11. SECURITY REQUIREMENTS

a. **Inmate Custody.** All inmates housed at the CDF and CTF are treated as high security for escorted trips and must be escorted by at least two (2) armed officers. The number of escort officers may be increased based upon the discretion of the Warden or designee. Whenever an extraordinary security concern exists, the Warden or designee may contact the Metropolitan Police Department (MPD) for assistance.

b. **Transport Vehicle.** Except for community custody inmates, all inmates shall be transported in a secure transport vehicle or ambulance.

c. **Restraint Requirements**

1) **Pregnant Inmates**

a) Pregnant women in their first two trimesters of pregnancy shall be restrained only with restraints positioned in the front. A pregnant inmate will never be escorted with leg irons or belly chains.

b) No restraints shall be used on a female inmate who is in the third trimester of pregnancy, in labor, or in post-partum recovery.

c) **Exceptions**

1) The health professional treating the pregnant inmate may authorize the application of restraints on a female inmate who is in the third trimester of pregnancy or in postpartum recovery to prevent the inmate from injuring herself or others.

2) In the absence of a health professional, the Major or above may authorize the use of restraints on a female inmate who is in the third trimester of pregnancy or in postpartum recovery if necessary to prevent the inmate from injuring herself or others.

3) The Major or above may approve the application of restraints on a pregnant inmate who is in her third trimester or who is in postpartum recovery if the inmate presents an imminent risk of flight.

4) The application of restraints must be the least restrictive available and the most reasonable under the circumstances.

5) Anytime there is a decision to use more than the least restrictive restraints on a pregnant inmate the Major or above shall make written and verbal notification through the chain of command to the Director's office.

6) None of the above exceptions shall apply to an inmate who is in labor.

d) **Removal of Restraints**.

1) If the health professional who is treating the pregnant inmate determines that the removal of the restraints is medically necessary to protect the health or safety of the inmate or her baby, the restraints shall be removed immediately and notification made immediately to the Medical Holding Unit O.I.C. The Medical Holding unit O.I.C. will the make notification to the shift commander.

2) The Major or above shall approve the removal of more than the least restrictive restraints, when it is determined that the pregnant inmate no longer presents an imminent risk of flight, or when it is determined that the specific restraints are no longer necessary to prevent the inmate from injuring herself or others.

e) **Documentation of the Use of Restraints on Pregnant Inmates**

1) Transport Officers shall record application of restraints on each pregnant woman. Documentation is recorded on the appropriate DOC Pregnant Woman Restraint Report (Attachment A), and should include: The date and time the restraints were applied;

   a) The date and time when the restraints are removed and reapplied for medical treatment, and;

   b) The date and time when the restraints were removed after transport return.

2) In addition, Transportation Officers shall complete the Pregnant Inmate Restraint Exceptions Report to also record:

   a) The date and time when there is the application of more than the least restrictive restraints;

   b) The date and time when medical staff or the Major or above approves removal of the restraints because it has been determined that the inmate is no longer assessed as a threat

for self-injury, injury to others or no longer presenting any imminent risk of flight; and

c) The date and time when the restraints were removed after return from the escorted trip.

3) Transport Officers shall submit all completed applicable Pregnant Inmate Restraint Reports and Pregnant Inmate Restraint Exceptions to the Transportation Office or medical holding unit.

4) The Transportation Office Commander/ medical holding unit Commander (or designee) shall immediately scan the forms into the designated folder on the DOC hard drive.

5) Hard copy originals of such forms will be maintained by the Transportation Commander's office.

f) **Notification and Reporting Procedures for Pregnant Inmates**

1) In instances where more than the least restrictive restraints has been approved, the Warden of the applicable facility shall submit a written statement to the Director and the Health Services Administrator within ten (10) days of such use of restraints. The written statement shall include the extraordinary circumstances, and the reasons the use of restraints was necessary, but shall not include personal identifying information of the pregnant inmate on whom restraints were used.

2) The Director's Office shall scan these statements into the designated shared drive.

3) The DOC Health Services Administrator, Major's Office, the Office of Strategic Planning, and the medical contractor shall conduct an after action review within 72 hours if there is an application of more than the least restrictive use of restraints on a pregnant inmate.

4) The DOC Health Services Administrator, Major's Office, the Office of Strategic Planning, and the medical contractor shall provide oversight for quality assurance and compliance with this directive.

5) The Office of Strategic Planning shall submit the following information to the Director on a quarterly basis:

   a) The number of pregnant women in the Custody of DOC in the reporting period;

   b) The number of pregnant women on whom restraints that were not the least restrictive means were used;

   c) The number of times restraints were used on each pregnant woman;

   d) For each use of restraints on a pregnant woman, the duration of time that restraints were used; and

   e) For each use of restraints on a pregnant woman, whether restraints were used because of:

      1. Risk of flight;

      2. Risk of injury to the pregnant woman; or

      3. Risk of injury to other persons.

g) **Community Correctional Center Inmates -** Pre-trial detainees housed at a community correctional center require no restraints for escorted trips with the exception of inmates being transported to the CDF due to an administrative removal who shall be transported in handcuffs, leg irons, belly chains, and security boxes, subject to the same limitations applicable to the use of such restraints on inmates housed at CDF or CTF.

h) **Firearms.** Any employee who relieves an officer of an armed post shall report to

the assigned post armed.

The relieving officer shall immediately notify the Medical Holding Unit O.I.C., and record the following information into the post logbook:

1) Date and time of the relief (beginning and/ or ending times);

2) Location and purpose of the relief;

3) Name of the employee making the relief;

4) Name of the employee relieved; and

5) Any pertinent information pertaining to the detail.

12. **DOCUMENTATION**. One of the following documents is required as written authorization for an escorted trip:

a. **Inter-Institutional Transfers** – Inter-Institutional Transfer Form (IIT)

b. **Medical Trips** - Health Services Transportation Request Form (Attachment B). The inmate's medical record must accompany the inmate on all medical escorts.

c. **Funeral Trips** - Escorted Trip Authorization Form (Attachment C) and supporting documentation.

13. **ESCORT OFFICER TRAINING AND CERTIFICATION**

a. **Firearms Qualified -** Each officer assigned to an escorted trip or inmate transportation operation shall possess a current firearm qualification certificate.

b. **Security Training -** Each officer assigned to an escorted trip and inmate transportation operation shall successfully complete a training program that includes at a minimum:

1) Application of Restraints

2) Search Procedures

3) Communication/Notification Procedures

4) Use of Force

5) Basic Firearms Training

c. **Motor Vehicle Certification -** Each officer that is assigned to operate a motor vehicle shall possess a valid state driver's license. Officers operating

commercial vehicles must possess a Commercial Driver's License.

14. PROCEDURES FOR NON-MEDICAL ESCORTED TRIPS

a. Request for an Escorted Trip

1) When a request for an escorted trip is made by the inmate, an inmate's family or an employee, the assigned Case Manager shall review the inmate's record and determine if the inmate meets all eligibility criteria.

2) The Case Manager shall complete the "Escorted Trip Authorization Form" (Attachment C) and include a recommendation to approve or disapprove the escorted trip.

3) The Case Manager shall attach a copy of the Judgment and Commitment Order or Pre-Trial Commitment Order, Face Sheet #1, Face Sheet #2, and the most current custody and classification forms to the Escorted Trip Authorization Form.

4) The Case Manager shall submit the request for the escorted trip for review and recommendations through the chain-of-command to the Director.

b. Approval Review

1) Each recommending authority within the chain-of-command shall annotate a recommendation of approval or denial and the reason if denial is recommended.

2) The Director, or designee, shall make the final decision. Therefore, no recommending authority shall stop the review process based upon his/her recommendation for denial.

3) The Warden shall ensure that the request package is submitted to the Director not less than twenty-four (24) hours in advance of the proposed escorted trip.

c. Trip Implementation

1) **Case Manager.** If the escorted trip is approved, the Case Manager shall:

a) Notify the Judge having jurisdiction over the inmate's case if the inmate is pre-trial.

b) Forward a copy of the signed authorization form along with custody and classification forms to the Major's Office.

2) **Shift Commander.** The Shift Commander shall contact the Court Transportation Supervisor to schedule the trip and forward copies of the forms to the Inmate Reception Center (IRC). The original authorization form shall be placed in the inmate's institutional record.

d. **Escort Officer's Trip Preparation Procedures**

1) **Vehicle Inspection** - The assigned driver shall inspect the transport vehicle, and complete and sign the vehicle inspection sheet. The vehicle inspection sheet shall be turned in to the Medical Holding Unit O.I.C. at the conclusion of the trip. In addition to the vehicle inspection, the driver and/or escort officer shall conduct a thorough search of the passenger compartment of the vehicle for contraband.

2) **Inmate Identification** - Prior to departure the escort officer shall positively identify each inmate by checking the inmate's wristband or identification card, verifying the inmate's name and DCDC number and comparing the inmate to a current photograph. If there is any question about the identity of an inmate, a supervisor shall be contacted and Live Scan technology shall be used to identify the inmate.

3) **Transport Documentation** - Prior to departure, the senior escort officer must obtain the necessary documents and instructions that detail the escorted trip and security precautions.

a) Fill out any and all applicable notification forms that may apply to the inmate being transported.

b) Review female transportation list for specific restraint instruction when transporting a pregnant inmate for court trips.

c) Notify the Transport Commander of all pregnant inmates being transported to court

4) **Communications Equipment -** Officers assigned to Escorted Trips shall be equipped with two-way radios and other appropriate communication equipment.

5) **Inmate Search -** Each inmate who goes on an escorted trip shall be strip searched prior to departure from and immediately upon return to the CDF. However, an inmate with community custody status shall only be strip-searched upon a reasonable suspicion of wrongdoing, *e.g.*, possession of contraband. Searches shall be conducted in accordance with policy.

6) **Cross-Gender Viewing and Searches -** The DOC prohibits cross-gender visual body cavity searches (meaning a search of the anal or genital opening). Officers shall document all cross-gender pat-down searches of inmates.

7) **Restroom Constraints -** The escort officer shall advise the inmate to use the restroom facility prior to an escorted trip. During escorted trips into the community, *e.g.*, private viewing, visiting critically ill family members, the inmate is not permitted to use a restroom facility.

e. **Escort Officer Responsibilities**

1) Escort officers shall take appropriate action to maintain physical custody of the inmate at all times.

2) The escort officers shall comply with all written instructions regarding physical restraints.

3) The escort officers shall only make emergency stops between the departure point and destination point.

15. PROCEDURES FOR ROUTINE AND EMERGENCY MEDICAL ESCORTS

a. **Clinic Appointments.** Medical Staff shall forward to the Command Center a schedule of clinic appointments. The shift supervisor shall be responsible for ensuring the appropriate staff coverage for medical escorts.

b. **Medical Emergencies.** In the case of medical emergencies, the Command Center shall be notified. The Shift Supervisor shall assign the appropriate number of escort personnel based on the situation.

c. **Shift Supervisor.** The Shift Supervisor shall ensure that all emergency medical escorts are documented on the Daily Shift Report. At a minimum the following information is necessary:

1) Name and DCDC number of inmate.

2) Date and Time the ambulance arrived.

3) The number of the ambulance.

4) Names of the escort officers.

5) Time the ambulance departed.

6) Destination of the medical escort.

d. **Medical Escort Officer Responsibilities**

1) Medical Escort Officer #2 shall report directly to the tower to take possession of the weapons for both escort officers.

2) Upon being notified that a medical escort may be necessary, the shift supervisor will dispatch the medical escort officer #1 directly to the scene of the emergency or to the infirmary if the inmate has already been transported there.

3) Both escort officers will accompany the medical personnel inside the ambulance and upon arrival at the destination, shall secure the medical outpost.

16. **HOSPITAL SECURITY PROCEDURES**

a. **Officer Coverage**

1) At least two (2) armed officers are required for each inmate being escorted to or from medical outposts, clinics, treatment rooms, or other locations within a hospital or other healthcare facility.

2) Surgical and other patients, who are required to ambulate, as prescribed by their physician, shall be escorted by at least two armed correctional officers.

b. **Restraints**

1) An inmate assigned to a medical outpost shall have at least one (1) arm and one (1) leg (opposite, if practical) restrained to the hospital bed except as prohibited by this directive. After the inmate has been properly restrained to the bed, two (2) armed officers shall remain with the inmate at all times.

2) Restraints shall be checked every thirty (30) minutes and documented in the logbook.

c. **Security Inspections of Medical Outposts.** The Correctional Supervisor responsible for the oversight of outposts at hospitals or healthcare facilities shall ensure that routine security inspections of all medical outposts are conducted.

d. **Restroom Procedures**

1) When inmates are treated at healthcare facilities the escort officer shall

ensure that:

a) The restroom is thoroughly inspected prior to allowing the inmate access.

b) An officer of the sex corresponding to the inmate's housing determination directly observes the inmate at all times while he/she is using the restroom.

17. **ESCAPES AND EMERGENCIES DURING AN ESCORTED TRIP**

a. When an escape or escorted trip emergency occurs, the senior escort officer shall ensure that immediate notification is made to the Medical Holding Unit, CDF Command Center, the Shift Supervisor, and the appropriate law enforcement agency.

b. When necessary, the senior escort officer is authorized to cancel an escorted trip and return to the institution or nearest safe location.

c. The escort officers shall submit incident and inmate disciplinary reports in accordance with policy.

Attachments

Attachment A - DOC Pregnant Woman Restraint Report
Attachment B - Health Services Transportation Request Form
Attachment C - Escort Trip Authorization
Attachment D - Escort Trip Instructions

PP 4910.1
Attachment A

DOC PREGNANT WOMAN RESTRAINT REPORT

Inmate Last Name _____ Inmate First Name _____ DCDC or PDID _____

☐ First or Second Trimester ☐ Post Partum ☐ 3rd Trimester ☐ **Front Restraint** ☐ **No Restraint**

Transported By _____ DOC Officer's _____ Date

COURT TRANSPORT

Date of Transport to Court _____

Time of Transport to Grand Jury _____ AM Time of Handoff to USM _____ AM

USE THIS SECTION FOR DOC HOSPITAL TAKEOVER FROM USM CELLBLOCK

☐ 1st–2nd Trimester ☐ 3rd Trimester ☐ In Labor ☐ Postpartum ☐ **Front Restraint** ☐ **No Restraint**

Complete if Approved Medical Restraints Removed During Medical Treatment

Date/Time Restraints removed _____ / _____ AM PM Date/Time Restraints back on _____ / _____ AM PM

Date/Time Restraints removed _____ / _____ AM PM Date/Time Restraints back on _____ / _____ AM PM

DOC TRANSPORT RETURN TO CTF

☐ First or Second Trimester ☐ 3rd Trimester ☐ Postpartum* ☐ **Front Restraint** ☐ **No Restraint**

**Medical Approval Required for use of restraints*

Transported By _____ DOC Officer's _____ Date

Date/Time Transport to CTF _____ / _____ PM Date/Time Handoff to CTF _____ / _____ PM

X _____

Name and Title of Person Completing This Form

PP 4910.1
Attachment B

DEPARTMENT OF CORRECTIONS
HEALTH SERVICES TRANSPORTATION REQUEST

Memorandum To: **Administrator** _____

Subject **:** **Medical Transportation Request**

It is recommended that the following inmate be transferred to:

□ **CTF Infirmary** □ **Immediately** □ **By Ambulance**

□ **Hospital** □ **By Wheelchair Vehicle** □ **Morning: Date:**_____ **Time:**_____

□ **CTF 96 Disabled Unit** □ **By Special Conveyance** □ **Afternoon: Date:**_____ **Time:**_____

□ **Other**_____

For: □ **Consultation** □ **X-Ray** □ **Treatment**

at_____**(time) in the** _____**(name of clinic)**

and returned to _____**facility**

Pregnancy Status (If Applicable)

□ **First Trimester/Second Trimester-Front-Shackle (FS)** □ **Third Trimester/In Labor/ Postpartum – No Shackle (NS)**

NAME _____ **DCDC NO** _____ **PF NO.** _____

DOB _____ **SEX** _____ **SECURITY CUSTODY LEVEL:** **MAX** _____
MED _____
MIN _____
SPECIAL HANDLING ____

Requested by _____

MEDICAL OFFICER

Approved _____
(TITLE)

□ **Medical Records Jacket Secured**
□ **Record Office Notified**
□ **Consultation sheet in Record Jacket**
□ **CTF Infirmary Notified**

cc: Transportation Unit
Facility Control Center
Referral Coordinator (Medical)

PP 4910.1
Attachment C

D.C. Department of Corrections
ESCORT TRIP AUTHORIZATION

MEMORANDUM

TO: **Administrator**
Transport Unit

THROUGH:
Director

Deputy Director for Operations

FROM:

Warden

DATE:

SUBJECT: **Escorted Trip**

NAME: DCDC# CHARGE SENTENCE

REH: _____ MRD: _____ FTD: _____

DESTINATION: _____

ADDRESS: _____

_____

DATE: _____

DEPATURE TIME: _____ RETURN TIME: _____
TYPE OF SECURITY: _____ TYPE OF RESTRAINTS: _____ ESCAPE HISTORY _____
TYPE OF CLOTHING: **Institutional Attire**
PURPOSE:(BE SPEIFIC)_____

_____

SPECIAL INSTRUCTION: _____

_____

VERIFICATION: _____
Initiated and APPROVE D_____ APPROVED _____
Verified by: DISAPPROVED_____ DISAPPROVED _____

_____ _____
CASE MANAGER CHIEF, CASE MANAGER

APPROVED_____ APPROVED_____
DISAPPROVED_____ DISAPPROVED_____

_____ _____
DEPUTY WARDEN F/OPERATIONS DEPUTY WARDEN F/PROGRAMS

Government of the District of Columbia
D.C. Department of Corrections

Escort Trip Instructions

The Warden may approve an escorted trip for an inmate. An escorted trip may be approved for such reasons as obtaining medical care not available in the institution; visiting a critically ill family member; attending the viewing of a family member; participating in approved community functions; and performing work-related functions.

1. The trip must be completed according to the schedule, places and events indicated in the trip authorizations. Unexpected situations making this impossible will be reported to the Command Center Tel. _____. The Warden, or when absent, the senior on duty supervisor, will issue instructions for completion of the trip.

2. Restraints required in accordance with the inmate's custody level are described below; the Warden will specify exceptions in writing.

a. Administrative Custody: Handcuffs, leg irons, and belly chain. (Administrative Custody applies to all inmates housed at the Central Detention Facility, to include pre-trial inmates.)

b. Maximum Custody: Handcuffs, leg irons, belly chain, and lock box.

c. Close Custody: Handcuffs, leg irons, and belly chain,

d. Medium Custody: Handcuffs, leg irons, and belly chain.

e. Minimum Custody: Handcuffs and leg irons. Restraints may be reduced at the discretion of the Warden.

f. Community Custody: Pre-trial detainees housed at a community correctional center require no restraints for escorted trips with the exception of inmates being transported to the CDF due to an administrative removal who shall be transported in handcuffs, leg irons, belly chains and security boxes.

g. Pregnant Females: No restraints will be used on inmates in labor, during delivery, or in the recovery room immediately after delivery. During the last trimester of pregnancy, no restraints should be used when transporting a pregnant inmate unless she has demonstrated a history of assaultive behavior or has escaped from a correctional facility. Even in such cases only handcuffs shall be used.

NOTE: The escorting officer(s) must maintain the minimum requirements established for the amount of restraints to be used. Medical trips which require removal of restraints for such purposes as emergency treatment, x-rays, and application of bandages must have two armed officers present when restraints are removed. Under no circumstances will minimum restraints be removed during social trips, such as for bedside visits and viewings. The minimum restraints as specifically identified can be increased at the discretion of the escorting officer(s), but at no time will the minimum requirements be reduced.

In addition to restraints, the escort officers shall maintain constant visual supervision of the inmate. Extra restraint equipment shall be provided to the escort officers in the event of unforeseen problems or faulty equipment. The Warden may also specify additional requirements where appropriate.

3. Escort officers shall use pre-established routes, unless approval of change is obtained in advance. For security reasons, movement times and routes shall remain confidential.

4. Although every effort shall be made not to humiliate an inmate, disrection and good judgment must be used when considering the removal of any restraint equipment.

5. Trips for medical purposes may require removal of restraints for treatment or examination. Insofar as possible, this should be pre-determined by the Health Systems Administrator.

6. Inmates are not permitted to have possession or use of any narcotics paraphernalia, drugs, or intoxicants not prescribed for the individual by the medical staff.

7. The escorting officer(s) is required to have read and to be familiar with the Program Statement on Escort Trips.

	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS **PROGRAM MANUAL**	**EFFECTIVE DATE:**	March 12, 2024	**Page 1 of 53**
		SUPERSEDES:	6000.1I June 20, 2017	
		OPI:	Medical Management	
		REVIEW DATE:	March 12, 2025	
		Approving Authority	Thomas Faust Director	
	SUBJECT:	**MEDICAL MANAGEMENT**		
	NUMBER:	**6000.1J**		
	Attachments:	Attachments --Attachment A- Sick Call Request Form Attachment B- Unity Health Care Policy CF902, Emergency Psychotropic Medication Administration		

SUMMARY OF CHANGES:

Section	Change
	Minor revisions to the policy.

APPROVED:

3/12/2024

Thomas Faust, Director ***Date Signed***

1. **PURPOSE AND SCOPE**. To establish a policy for oversight and general operational procedures for health care delivery that is appropriate, necessary, and adequate for inmates housed in the Department of Corrections (DOC) and its contract facilities.

2. **POLICY**

   a. To ensure that inmates have unimpeded access to continuity of health care services from admission to transfer or discharge, including referral to community-based providers when indicated, so that their health care needs, including prevention and health education, are met in a timely and efficient manner.

   b. Health care includes services that are determined to be medically appropriate, necessary and adequate for the diagnosis or treatment of illness or injury, or to improve the functioning of an individual's body. Experimental medical care shall not be conducted on inmates.

   c. Inmates are not required to make medical co-payments while confined at the Central Detention Facility (CDF) and Correctional Treatment Facility (CTF).

   d. The DOC Health Care Vendor's Medical Officer is the designated Responsible Health Authority for the DC Department of Corrections.

   e. Health care shall be provided in accordance with legal requirements imposed by Federal and DC laws, DC licensing or professional boards, court orders, DOC administrative policies and procedures, and guidelines established by the American Medical Association (AMA), the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (DHHS), applicable American Correctional Association (ACA) Standards, the National Commission on Correctional Health Care (NCCHC), the Addiction Prevention and Recovery Administration (APRA), and Substance Abuse and Mental Health Services Administration (SAMHSA), Prison Rape Elimination Act (PREA) and the Health Information Protection Accountability Act (HIPAA).

3. **APPLICABILITY.** This policy applies to DOC employees, all contractors, including the medical contractor, volunteers, trainees, and other persons who are authorized to perform work for or on behalf of the DOC. This also applies to inmates confined at the CDF and CTF.

4. **ANNUAL PROGRAM AND DIRECTIVES CERTIFICATION.** The DOC Health Services Administrator in conjunction with the medical contractor and DOC managers shall on at least an annual basis review and update or recertify this directive.

5. **REQUIREMENTS.** A health services contractor provides direct medical services to inmates at the Central Detention Facility (CDF) and at the Correctional Treatment Facility (CTF).

   a. The DOC shall provide contract administration and DOC Office of Health Services Administration (OHSA) shall provide oversight of any contract for health care services provided at the CDF and CTF.

   b. The Warden and Administrators shall provide correctional security, custody, other applicable administrative support such as space, equipment, furniture, cleaning and pest control.

6. **PROGRAM OBJECTIVES.** The expected results of this program will be:

   a. To establish guidelines for the delivery and oversight of health care services.

   b. To ensure that DOC inmates receive efficient and effective health care services.

   c. To ensure that health care services comply with federal standards, District laws, ACA standards, PREA requirements, NCCHC standards, and contract obligations.

7. **NOTICE OF NON-DISCRIMINATION**. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code § 2-1401.01 et seq., (hereinafter, "the Act") the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sexual discrimination that is also prohibited by the Act. In addition, harassment based on any of the above-protected categories is prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

8. DIRECTIVES AFFECTED

a. Directives Rescinded

1) PM 6000.1I Medical Management (6/20/17)

b. Directives Referenced

1) PP 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences

2) PM 1300.1 Freedom of Information Act (FOIA)

3) PM 1300.3 Health Information Privacy

4) PP 1311.1 Research Activity

5) PS 2000.2 Retention and Disposal of Department Records

6) PP 2920.4 Inspections and Abatement Program

7) PM 2920.5 Emergency Response and Evacuation Plan

8) PP 2920.8 Environmental Safety and Sanitation Inspections

9) PP 2921.2 Reporting Employee Accidents and On-the-Job Injuries

10) PP 3350.2 Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct

11) PP 3700.2 Employee Training and Staff Development

12) PP 3800.3 ADA: Communications for Deaf and Hard of Hearing

13) PP 4352.1 Inmate/Arrestee/Resident Deaths

14) PP 4910.1 Escorted Trips

15) PP 5008.1 Security Management

16) PP 5009.1 Central Cell Block (CCB) Manual

17) PP 5010.9 Use of Force and Application of Restraints

18) PM 5031.1 CDF Emergency Plan

19) PP 6050.1 Tuberculosis Control Program

20) PP 6050.3 Residential Substance Abuse Treatment Program (RSAT)

21) PP 6080.2 Suicide Prevention and Intervention

22) PP 6060.1 Smoke/Tobacco Free Environment

9. AUTHORITY

a. D.C. Code § 24-211.02, Powers; promulgation of rules

b. D.C. Code §§ 21-2201, *et seq*., Health Care Decisions

c. 45 C.F.R. §§ 164.501 *et seq*., Health Insurance Portability and Accountability Act of 1996 (HIPAA)

d. D.C. Code §§ 22-3901 *et seq*., HIV Testing of Certain Criminal Offenders

e. D.C. Code § 14-307(b), Physicians and Mental Health Professionals (Confidential Information)

f. 42 C.F.R. § 8.12, Federal Opioid Treatment Standards

g. 34 U.S.C. §§ 30301, *et seq*., Prison Rape Elimination

h. 28 C.F.R Part 115, Prison Rape Elimination Act National Standards

i. D.C. Code §§ 7-1231.01, *et seq*., Mental Health Consumers' Rights Protection

j. District of Columbia Superior Court Rules of Procedure for Mental Health, Rule 10, Commitment of Prisoners to Mental Institutions

k. Women Prisoners of the District of Columbia Department of Corrections. v.

District of Columbia, 968 F. Supp. 744 (D.D.C. 1997)

l. D.C. Code § 24-276.01 *et seq.*, Limitations on the Use of Restraints on Certain Confined Persons

m. D.C. Code § 7-242, Use and Disclosure of Health and Human Services Information

n. D.C. Code § 7-1605, Confidentiality of Medical Records and Information

o. D.C. Code §§ 7-1201.01, *et seq*., Mental Health Information

p. 42 U.S.C §§ 290dd-2, *et seq.*, Confidentiality of Records (Substance Abuse)

q. 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records

r. MOA Between the DOC and DMH Concerning the Transportation and Security of Pretrial Patients for Emergency Medical/Surgical Care Purposes

10. STANDARDS REFERENCED

a. American Correctional Association (ACA) 5th Edition, Performance-Based Standards For Adult Local Detention Facilities: 5-ALDF-4C-01, 5-ALDF-4C-02, 5-ALDF-4C-03, 5-ALDF-4C-04, 5-ALDF-4C-05, 5-ALDF-4C-06, 5-ALDF-4C-07, 5-ALDF-4C-08, 5-ALDF-4C-09, 5-ALDF-4C-10, 5-ALDF-4C-13, 5-ALDF-4C-14, 5-ALDF-4C-15, 5-ALDF-4C-16, 5-ALDF-4C-17, 5-ALDF-4C-19, 5-ALDF-4C-20, 5-ALDF-4C-21, 5-ALDF-4C-22, 5-ALDF-4C-23, 5-ALDF-4C-24, 5-ALDF-4C-25, 5-ALDF-4C-26, 5-ALDF-27, 5-ALDF-28, 5-ALDF-29, 5-ALDF-4C-30, 5-ALDF-4C-35, 5-ALDF-4C-41, 5-ALDF-D-01, 5-ALDF-4D-02, 5-ALDF-4-08, 5-ALDF-4D-22-6,5-ALDF-4D-09, 5-ALDF-4D-14, 5-ALDF-4D-15, 5-ALDF-4D-21, 5-ALDF-4D-22-4, 5-ALDF-4D-25, 5-ALDF-4D-27, 5-ALDF-6A-09, 5-ALDF-7D-18, 5-ALDF-7D-25 and 5-ALDF-7D-26.

b. National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Jails.

c. Department of Corrections Opioid Treatment Program (OTP) is certified by DEA/NCCHC and SAMHSA. “Certification Standards for Substance Use Disorder Treatment and Recovery Providers”.

Attachments

Attachment A - Sick Call Request Form
Attachment B - Unity Health Care Policy #CF902, Emergency Psychotropic Medication Administration

TABLE OF CONTENTS

CHAPTER 1

OVERVIEW

1. MEDICAL CARE DELIVERY SYSTEM

a. The provision of health care is a joint effort of DOC Administrators and staff, DOC contracted correctional care providers, and contracted medical providers. The medical contractor arranges for the availability of health care services; the responsible clinician determines what services are needed; and the official responsible for the correctional facilities provides the administrative support for making the services accessible to inmates.

b. DOC contracts with a private medical contractor for delivery of health care services to include: responsibility for on-site primary and emergency medical, dental and mental health care services, inpatient, outpatient and ambulatory care services, pharmacy services and medical supplies for inmates housed at the CDF and CTF.

c. Health care shall be provided in accordance with legal requirements imposed by Federal and DC laws, DC licensing or professional boards, court orders, DOC administrative policies and procedures, and guidelines established by the American Medical Association (AMA), the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (DHHS), applicable American Correctional Association (ACA) Standards, the National Commission on Correctional Health Care (NCCHC), and Substance Abuse and Mental Health Services Administration (SAMHSA) .

d. As stipulated by the contract, the medical contractor shall provide and be responsible for all inpatient and outpatient hospital and ambulatory costs for all inmates in the custody of the DOC.

e. DOC provides custody and security for inmates housed within the CDF, CTF, and the Central Cell Block Clinic (CCB).

f. DOC provides custody and security in hospitals when inmates from CDF, CCB, CTF and community residential programs (CCC) are admitted.

g. CDF and CTF have acute mental health housing and safe cells to serve inmates housed in DOC facilities.

2. ACCESS TO CARE

a. Inmates shall be informed by security, case managers, and medical staff about how to access health services and the grievance system during the admission/intake process.

b. Prison Rape Elimination Act (PREA) information shall be provided to inmates during the admission/intake process. This includes information about sexual abuse and sexual assault to include identification, prevention/intervention, self-protection, how to report sexual abuse/assault, and available treatment and counseling.

c. There is no smoking inside the DOC facilities. All medical staff and inmates shall follow guidelines set forth in DOC PP 6060.1, *Smoke/Tobacco Free Environment*.

d. All of the above information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. The information is translated into those languages spoken by significant numbers of inmates.

e. Interpretation services via staff, contracted interpreters or use of language line services shall be available to inmates that have limited understanding or who do not speak sufficient English in order to communicate with health care providers.

f. NexTalk ASL software which is uploaded to laptops and TTY devices which are located on Medical 96. For vision impaired residents utilize Magnilink devices. Sign language services shall be made available to inmates who are deaf and hard of hearing. Specialized keyboards and voice reading machine access shall be made available for inmates with visual impairments.

g. Health care professionals shall, on a daily basis, triage inmate requests for health services and schedule clinical services based upon the established priority. The triage system addresses routine, urgent and emergent complaints and conditions.

h. Inmates are not precluded from individual treatment based upon their need for a specific medical/surgical procedure that is not generally available from the DOC medical contractor. In such situations DOC and the medical contractor shall arrange for such treatment, if medically necessary.

3. PROVISION OF TREATMENT

a. The Health Care Vendor's Medical Director is the designated Responsible Health Authority for the DC Department of Corrections.

b. The Health Care Vendor's Medical Director is responsible for the day-to-day delivery of health care services in all departments, and will arrange for and monitor the level of services provided to the inmate population.

c. Clinical decisions are to be made solely by the medical contractor's responsible clinicians and cannot be countermanded by non-clinicians.

d. Non-medical staff have no authority to approve or disapprove an inmate's request for health care services.

4. CONFIDENTIALITY

a. Information about an inmate's health status, and all Protected Health Information as defined by HIPAA, is confidential.

b. The medical contractor may share with the DOC Health Services Administrator and, when appropriate, with the Warden, information regarding an inmate's medical management.

c. DOC and the medical contractor shall both maintain written procedures regarding medical privacy and ensure that staff are notified that:

1) Only information necessary to preserve the health and safety of an inmate, other inmates, volunteers, visitors, or the correctional staff is provided.

2) Information provided to correctional staff, classification staff, volunteers, and visitors shall address only medical, mental health and related factors that may assist DOC in providing the inmate with appropriate housing, treatment, programs, security and transport.

5. EMERGENCY RESPONSE

a. Correctional and health care personnel shall respond to emergency health-related situations within a four-minute response time. Responsibilities and procedures for such situations are outlined in Chapter 4 Section 19 "Emergency/Urgent Medical Care for Inmates" of this directive.

b. The medical contractor shall participate in, and assist in the development of, procedures pertaining to the delivery of comprehensive health care in the event of a disaster (fire, storm, epidemic, riot, strike or mass arrests). The medical disaster plan shall include the following: the implementation of a communications system, recall of key staff, health care staff assignments, establishing a command post, safety and security of patient and work areas, use of emergency equipment and supplies, establishing a triage area and triage procedures, ambulance services, transferring the injured to outside hospitals, evacuation procedures in accordance with PM 2920.5, Emergency Response and Evacuation Plan, and practice of CPR and fire drills.

6. QUALITY ASSURANCE

a. **Contract Administration—DOC**

1) Under the auspices of the DC Office of Contracts and Procurement, the DOC Health Services Administrator has oversight to ensure that the health care contractor provides medical, dental and mental health services at the CDF and CTF in accordance with federal law, local regulations, NCCHC standards, ACA standards, the contractual agreement and applicable policies and programs of each entity.

2) The DOC Health Services Administrator shall conduct regular program reviews of the health care delivery system (in the form of joint audits with the vendor preferably) to determine if the provider remains in compliance with the delivery of health care services pursuant to the contractual agreement and this directive.

4) The DOC Health Services Administrator, in conjunction with the medical contractor, will participate in a multidisciplinary quality improvement program in order to collect and evaluate data and ensure adequate provision of services.

5) DOC shall maintain a system for facilitating resolution of inmate grievances relating to health care.

6) DOC shall maintain a system for monitoring complaints and inquiries made on behalf of inmates and shall facilitate appropriate resolution.

7) The medical contractor, DOC Health Services Administration, and CDF and CTF Security Officials shall periodically meet to address the

effectiveness of the health care system, areas that require improvement and recommendations for corrective action.

8) Should the medical contractor fail to maintain required staffing, refuse or neglect to supply adequate and competent supervision of personnel, fail to provide equipment/drugs of the proper quality or quantity, fail to perform the contracted service requirements with promptness and diligence, or fail to meet contractual requirements, DOC Health Services Administration shall take appropriate measures to ensure continuity of health care and impose appropriate sanctions, in coordination with the Office of Contracts and Procurement.

b. **Health Services Provider**

1) **Quality Assurance**

a) Pursuant to standards for medical care provision and applicable ACA and NCCHC standards, the medical contractor shall develop a quality management program and implement a system of documented monthly and quarterly internal reviews to evaluate the quality of care and performance, investigate complaints, and monitor corrective action plans.

b) The health services provider and DOC shall meet at least once every three months to review issues surrounding comprehensive health care services, including utilization, projections, and other components for coordination of quality health care.

2) **Peer Reviews.** The DOC shall provide an external peer review program for physicians, mental health professionals, and dentists. The review shall be conducted at least every 3 years in conjunction with the ACA re-certification process. Management of the medical contractor will determine appropriate action in response to a peer review which may include initiation of an investigation and peer review, using a panel of independent physicians to review the practice and patterns of the physician on whom the complaint was made.

7. MEDICAL RESEARCH

a. Inmates shall not be used for medical, pharmaceutical, or cosmetic experiments.

b. Inmates are not precluded from individual treatment based on their need for a specific medical procedure that is not generally available from the DOC medical contractor. Rules of informed consent shall apply.

c. All medical research requests shall follow guidelines set forth in DOC PP 1311.1, *Research Activity*.

CHAPTER 2

DC DEPARTMENT OF CORRECTIONS

ADMINISTRATIVE RESPONSIBILITIES

1. WARDEN. The Warden of the DOC shall ensure that correctional supervision and appropriate administrative support are provided to health care staff in accordance with this directive.

2. SUPPORT SERVICES

a. DOC shall conduct background checks and drug test all impending personnel that the medical contractor recruits to provide medical services at the CDF and CTF. The background check and drug testing shall be a prerequisite for initial and continued access/entrance to the CDF and CTF, and the final selection of all personnel may be subject to the approval of the Contract Administrator (CA).

b. DOC shall supply and provide maintenance for offices, communications systems, technology systems, and medical equipment pursuant to the contractual agreement and shall provide adequate space for administrative staff, clinic space, and professional and clerical staff.

3. SECURITY. DOC staff shall provide appropriate custody and supervision of all inmates while they are engaged in receiving health care to include:

a. Employees shall ensure that inmates have unimpeded access to medical services in accordance with this directive.

b. Administration and correctional officers shall ensure that health care professionals are not impeded from carrying out their health care responsibilities.

c. Uniform correctional officers shall provide security supervision or escort for inmates as they travel to or from the medical unit in a timely manner.

d. DOC shall provide transportation for inmates to non-emergency medical treatment outside of the facilities in accordance with guidelines set forth in DOC PP 4910.1, *Escorted Trips.*

e. DOC shall provide the security personnel when inmates are admitted to a

hospital or to an "outpost" location for inpatient management.

f. In accordance with the Memorandum of Agreement between the DOC and the D.C. Department of Behavioral Health Concerning the Transportation and Security of Pretrial Patients for Emergency Medical Surgical Care Purposes and any associated court orders, DOC shall provide outpost security and custody when pretrial criminal defendants who are housed at Saint Elizabeth's Hospital (SEH) require admission at a hospital outside of the SEH grounds.

4. ENVIRONMENTAL SAFETY AND SANITATION. The DOC shall ensure that facilities comply with federal and local applicable environmental, health, safety, sanitation and fire safety codes and regulations. In addition, the DOC shall:

a. Provide sufficient services and supplies so that inmates' personal hygiene needs are met.

b. Ensure that medical housing units and infirmaries shall have sufficient wash basins, bathing facilities and toilets that are accessible 24 hours per day.

c. Provide for general cleaning to support environmental safety and sanitation through the use of inmate labor.

d. Clean up infectious spills in accordance with PP 2920.8, *Environmental Safety and Sanitation Inspections*.

e. Provide environmental services for pest control.

f. Ensure kitchen, dining and food storage areas are kept clean and sanitary for preparing and serving meals. Food handlers shall follow hygienic practices.

5. DOC PRIVACY OFFICER. Under the auspices of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and pursuant to DC regulations and DOC policies and procedures, the DOC Privacy Officer has oversight and monitoring responsibility for the use and disclosure of protected health information that is maintained by the medical contractor.

6. DOC PROVIDED TRAINING

a. The DOC Training Administrator shall ensure that all contracted medical staff and support employees receive correctional orientation and annual refresher

training pursuant to PP 3700.2, *Employee Training and Staff Development*.

b. At a minimum, each affected employee will receive training in Health Information Privacy under the Health Insurance Portability and Accountability Act (HIPAA), Sexual Harassment Against Employees, Elimination of Sexual Abuse, Sexual Assault and Sexual Misconduct (PREA), Appropriate Employee Attire, Fire Safety, Environmental Safety and Sanitation, Professional Inmate-Employee Relationships, Inmate Con Games, Key Control, Tool Control, and Inmate Accountability.

c. The Warden or designee shall provide and document training to inmates who are assigned to the environmental squad in safety precautions and methods for the cleanup of infectious waste spills and proper disposal of bio-hazardous materials.

CHAPTER 3

HEALTH CARE PROVIDER MEDICAL CONTRACTOR

ADMINISTRATIVE RESPONSIBILITIES

1. **HEALTH MEDICAL CONTRACTOR**. The Contractor's Health Services Administrator shall ensure that health care is administered, managed, coordinated and provided to inmates pursuant to federal and local law(s), AMA, ACA, NCCHC standards, the contractual agreement, the contractor's policies and procedures, this directive and other applicable DOC policies and procedures.

2. **ACCREDITATION.** The medical contractor shall maintain ACA and NCCHC accreditation status pursuant to the contractual agreement.

3. **POLICIES AND PROCEDURES.** The medical contractor shall maintain a manual of written policies and procedures regarding health care services at each facility (including the CCB) that addresses federal and local laws and regulations, contractual requirements and each applicable ACA and NCCHC standard.

4. **PERSONNEL.** The Contract Health Services Administrator shall ensure that health services are staffed in accordance with the contractual agreement and scope of services and that all personnel are:

    a. **Qualified.** Health care services shall be provided by qualified health care personnel whose duties and responsibilities are governed by written job descriptions that are on file in the facility and are approved by DOC's Health Services Administrator.

    b. **Credentialed.** All medical staff shall comply with applicable federal and local licensure, certification and registration requirements. Verification of current credentials and job descriptions shall be kept on file in the facility.

    c. **Students and or Interns.** No students, interns or residents shall be used to deliver health care in the facility without the DOC's approval.

    d. **Inmate Assistants.** No inmates may perform peer support and education, hospice activities, assist impaired inmates on a one-on-one basis with activities for daily living, or serve as a suicide companion.

    e. **Discipline.** The DOC Contract Administrator reserves the right to remove or require the immediate removal of any health care personnel from DOC facilities upon written notice to the medical contractor of dissatisfaction with

the employee's performance.

f. **Security.** The contractor and its personnel are subject to and shall comply with all security regulations of the DOC correctional procedures. Violations of these regulations may result in the employee being denied access to the facilities. In this event, the medical contractor shall provide alternate personnel to supply contracted services.

5. CONTRACTOR PROVIDED TRAINING

a. The Center for Professional Development and Learning (CPDL) shall provide training for its personnel in accordance with the contractual agreement and its personnel manual.

b. The Department of Corrections (DOC) shall provide the following training for DOC employees:

1) *Suicide Prevention Training* (4 hours) for pre-service and annual training of DOC correctional personnel, volunteers, and healthcare workers stationed at CDF, CTF and CCB. For correctional officers assigned to a mental health unit or to the female housing unit (noting that females with mental illness may also be housed there), the requirement for pre-service and annual suicide prevention training is eight (8) hours.

3) *Medical emergency response training,* in cooperation with the Warden, to include instruction on recognizing signs and symptoms of medical and mental health issues, emergency response, suicide prevention/intervention, acute chemical intoxication and withdrawal, administration of basic first aid, patient transport and infection control.

6. EQUIPMENT AND SUPPLIES. The medical contractor shall provide all material and supplies for health care delivery, office supplies, telephone services for medical staff, and environmentally friendly medical cleaning supplies. The medical contractor shall provide maintenance, repair or replacement of government-furnished medical, dental and mental health equipment, including maintaining service contracts. Such equipment includes but is not limited to electrical tables, x-ray machines, electrocardiogram equipment, and equipment utilized in administrative functions, such as photocopiers and typewriters.

7. BIOHAZARDOUS WASTE COLLECTION AND DISPOSAL. The medical contractor shall be responsible for collection and disposal of all biohazardous

waste at the CDF/CTF in accordance with Federal, District of Columbia and DOC requirements.

CHAPTER 4

PROCEDURES FOR PROVISION OF A CONTINUUM OF HEALTH CARE SERVICES

1. MEDICAL INTAKE PROCESSING

a. Medical and mental health intake screening shall be performed and documented by licensed and credentialed contract health care personnel upon the inmate's commitment. The medical intake screening process shall be completed prior to an inmate's placement into the general population, a special housing unit or employment in food services.

b. During the initial screening process, a qualified health care staff member or health/mental-health trained personnel shall conduct observation of the inmate for the following in accordance with ACA Standard, 5- ALDF-4C-22 – Mandatory:

1) General appearance (e.g., sweating, tremors, anxious, disheveled, mental status, conduct);

2) Behavior (e.g., disorderly, appropriate, insensible);

3) State of consciousness (e.g., alert, responsive, lethargic);

4) Current symptoms of psychosis, depression, anxiety, and/or aggression;

5) Physical abnormalities;

6) Ease of movement (e.g., body deformities, gait);

7) Breathing (e.g., persistent cough, hyperventilation); and

8) Condition of the skin, including evidence of abuse and/or trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks or other indications of drug abuse.

9) Substance Use Disorder: an evidence-based screening tool (e.g., SAMHSA's NIDA screen) shall be used at intake to screen for illegal and recreational substance use.

c. A qualified health care professional or health/mental-health trained personnel, shall inquire about the following in accordance with ACA Standard, 5-ALDF-4C-22 – Mandatory:

1) Current and past illnesses, health conditions, or special health requirements (e.g., dietary needs);

2) Past history of serious infectious or communicable illnesses, and any treatment or symptoms and medications;

3) Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats);

4) Dental problems;

5) Allergies;

6) Use of alcohol and other drugs (legal and illegal), including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use. Substance Use Disorder: an evidence-based screening tool (e.g., SAMHSA's NIDA screen) shall be used at intake to screen for illegal and recreational substance use;

7) Drug withdrawal symptoms;

8) History of treatment for substance abuse;

9) Current, recent or the possibility of pregnancy;

10) Past or current mental illness; including hospitalization;

11) History of inpatient and outpatient psychiatric treatment;

12) Presently prescribed medication(s); New intakes on Medication Assisted Therapy for Opioid Use Disorder will have their outside provider contacted at Intake to confirm medication and dosage so that MAT can be continued in the jail;

13) Current health, dental and/or mental health complaint(s);

14) Whether currently being treated for a health, dental and/or mental health problem; and

15) Other health problems as designated by the responsible physician.

d. Medical intake screening processing shall also include:

1) Mental Health Screening;

2) HIV Counseling and Testing;

3) Vital Signs, to include Tuberculosis testing as indicated;

4) Issuance of pertinent written materials regarding sexually transmitted diseases; and

5) Comprehensive medical and mental health assessments will be conducted in the IRC for inmates who, upon screening, warrant further examination and assessment. Comprehensive medical evaluations will be conducted on all residents in the IRC.

e. Medical Hold

1) Medical staff shall counsel inmates who refuse tuberculosis screening, refuse to provide medical history information, assessment of a contagious disease such as chicken pox, measles or hepatitis regarding the importance of completing all aspects of the medical intake screening. Staff shall inform the inmate of the possibility of placement on medical hold until the evaluation is completed in order to prevent potential harm to him/ herself, other inmates or staff.

2) The Medical Provider shall document and issue written notification to the DOC Shift Supervisor if the inmate continues refusal.

3) The inmate shall be placed in an intake housing unit and contact with other inmates shall be restricted.

4) Medical staff shall provide and document daily counseling with the inmate to encourage compliance with needed testing.

5) Once the inmate consents to completing the intake assessment or the provider determines that the medical hold is no longer warranted, the provider shall provide written notification to the housing unit and document the release of the inmate from medical hold in the medical record.

f. Exclusions from Medical Hold. Refusal of HIV counseling and testing is excluded from the Medical Hold process.

g. Sexual Abuse Screening. Mental Health staff shall screen inmates during intake for potential vulnerabilities to or tendencies toward sexually aggressive behavior.

1) Staff shall, when screening the inmate, inquire if the individual has been a victim of or has committed sexual assault in the past.

2) Medical and mental health staff shall assess the need for continued counseling or other appropriate intervention to include offering counseling to the inmates within fourteen (14) business days of commitment.

2. HEALTH APPRAISAL. The medical contractor shall ensure that each new inmate and/or transferred inmate placed in the CDF and/or the CTF has, within 4 hours, a completed and documented medical and mental health evaluation or screening in the inmate's medical record.

3. MEDICAL DISPOSITION OF THE INMATE. Health care providers and/or supervisor(s) shall assess the health care issues and determine a disposition for inmates. Dispositions may include:

a. Refusal of admission until the offender is medically cleared;

b. Cleared for housing in the general population;

c. Cleared for housing in the general population with a referral to the appropriate persons;

d. Special management, with a referral to the appropriate persons; and

e. Referral to appropriate health care and/or mental health care service for emergency treatment.

4. PERIODIC EXAMINATIONS. The medical contractor determines the conditions for periodic health examinations.

5. MENTAL HEALTH PROGRAM

a. The medical contractor shall ensure that there are an adequate number of qualified staff members to directly deliver mental health services to inmates in acute mental health units for males and females, the CDF Step-Down Unit, as well as in general population.

b. Mental Health services shall include:

1) Initial mental health screening of all inmates entering through the IRC at the CDF; Provide all new residents with Intake TAMAR (Trauma, Addictions, Mental Health and Recovery) intake packet.

2) A comprehensive mental health evaluation if warranted based on the initial screening immediately in the IRC as needed;

3) Mental health assessments, labs, and diagnostic testing; which includes MH assessments prior to Restrictive Housing placement and also after court appearances as appropriate.

4) Control, dispensation, and administration of all psychotropic and mental health medication;

5) Monitoring medication to ensure inmate compliance and evaluate effectiveness in alleviation of symptoms;

6) Suicide prevention intervention and treatment of psychiatric emergencies;

7) Treatment of inmates with the most severe forms of mental illness and use of restraints;

8) Basic services for the general population to include behavior management, individual counseling, counseling for sexually vulnerable and sexually assaultive inmates, psychotherapy and discharge treatment plans; TAMAR psychoeducational group programming twice weekly on men and women's SUD focused housing units, and Men's Mental Health Step down Unit.

9) All aspects of in-patient and out-patient on-site mental health care to

include sick call, and

10) Close collaboration with the Department of Behavioral Health to ensure continuity of care/discharge planning.

6. INFORMATION ON HEALTH SERVICES. Information about the availability of, and access to, health care services is communicated orally and in writing to inmates upon their arrival to the CDF in a form and language they understand.

7. MEDICAL TRANSFER. The medical contractor shall ensure inmates receive a health screening by qualified health care personnel, and that all necessary forms and required documentation for intra and inter-institutional transfers is completed on all inmates in a timely fashion.

8. SICK CALL. Any inmate who requests to be seen by clinical staff for non-emergency medical care shall be triaged for sick call within 24 hours of sick call slip submission. Sick call slips are collected twice daily and residents are to be seen by a provider within 24 hours of sick call slip submission.

a. Inmate sick requests are documented and reviewed for immediacy of need and intervention required.

b. Contract providers shall conduct sick call daily on all housing units (including weekends and holidays).

c. When an inmate is transferred to restrictive housing, health care personnel are informed immediately and provide assessment and review as indicated by the protocol established by the medical contractor.

d. Correctional officers shall document the start and completion times of sick call when it is held in the housing unit.

e. When the responsible physician determines that an inmate needs health care beyond the resources available in the facility, the inmate shall be transferred under appropriate security provisions to a facility where such care is available 24 hours a day.

f. Inmates in general population and restrictive housing shall request a routine sick call visit by filling out a sick call form request (Attachment A).

h. Medical staff is responsible for retrieving, triaging and scheduling all requests from sick call request forms. Medical must place a scanned copy of the

request into the EMR within 24 hours. Inmates shall be scheduled for sick call in the DOC Electronic Medical Record (EMR), Centricity.

9. **FIRST AID.** First Aid kits shall be available in all housing units, the command center, culinary areas, and accessible to staff assigned to those areas. The health care contractor shall approve, maintain and monitor, on a monthly basis, contents of the first aid kits. The correctional officer in each of the designated areas shall, each shift, examine their kit to determine if the seal is compromised and if so, notify medical for the appropriate refill and reseal. The medical contractor shall, each month, examine all kits for a compromised seal and refill with the appropriate contents. The kits shall contain a list of all items inside. The medical contractor shall keep a record of each refill and monthly inspection of kits. The record shall contain no less than a list of contents, refill dates, and dates the seal was replaced. Automated External Defibrillators (AED) are available for use throughout the facility.

10. **CHRONIC CARE.** The medical contractor shall ensure that inmates with chronic illnesses receive written treatment plans and continuous and appropriate medical services in order to prevent or reduce complications of chronic illnesses and promote health maintenance in accordance to established and approved DOC Performance Improvement measurement tools. Chronic Care Clinic appointments are generally scheduled every 30, 60 or 90 days as the resident's condition warrants, and can be scheduled more frequently as needed.

11. **COMMUNICATIONS ABOUT SPECIAL NEEDS PATIENTS.** Communications shall occur between the facility administrator and treating clinician regarding an inmate's significant health needs that must be considered in the classification decision in order to preserve the health and safety of that inmate, other inmates and staff.

12. **EXERCISE.** DOC and the medical contractor shall provide exercise areas and physical therapy when prescribed.

13. **SPECIALTY SERVICES.** The medical contractor shall manage and/or refer inmates to medically necessary secondary services (e.g., specialty consultations/clinics, and all outside diagnostic services and procedures).

14. **SUBSTANCE ABUSE PROGRAMS.** DOC may, in conjunction with the health care provider, maintain a residential substance abuse treatment program (RSAT) that provides therapeutic services including treatment, education and/or counseling to individual inmates, needs assessments, activities, treatment plans, planning and linkages. Refer to PP 6050.3*, Residential Substance Abuse Treatment Program*

(RSAT). Patients with SUD will be assessed and treated accordingly. For those on MAT, their dose will be reviewed at Intake with their outside provider. They will also be referred to the MAT Team for ongoing assessment and treatment. They may be eligible to choose to enter the Men's' or Women's Wellness units, therapeutic housing units for those with Opioid Use Disorder. For those residing outside those housing units, they will receive ongoing peer navigator support as well as clinical management and support, and reentry services.

15. DENTAL SERVICES. The medical contractor is responsible for:

a. Dental screening to be conducted within fourteen (14) days of admission, unless completed within the last six months.

b. Residents residing in DC DOC for longer than 30 days will be scheduled for a routine dental exam and cleaning. Routine dental care for chronic dental and oral pathosis (disease state) will also be provided.

c. Care in accordance with a priority schedule that includes immediate access for urgent or painful conditions.

d. Dental instruments and supplies.

e. Maintenance or replacement of dental equipment.

f. Treatment beyond the scope of services provided at the CDF and CTF Dental Clinic shall be referred to another Oral Surgery Clinic contracted to provide services to the DOC inmate population.

g. Monthly radiology testing for detection of dental staff exposure to radiation.

16. COUNSELING, TESTING, REFERRAL, AND DISCHARGE PLANNING. The medical contractor shall be responsible for the Counseling, Testing, Referral and Discharge Planning (CTRD) program that serves to increase the number of inmates who know their HIV status, are linked into primary medical health care and case management services, and are referred to HIV prevention services and mental health care services. The contractor shall develop written procedures for the provision of CTRD services.

a. Except when there is documentation of refusal on a DOC approved form, the medical contractor shall provide HIV pre and post-test counseling and oral HIV rapid testing to all inmates committed to the DOC. This counseling shall

occur at the following times:

1) As part of intake medical screening, and

2) Upon request, via sick call. Upon receipt of the request, the medical staff shall schedule the inmate for counseling and testing on the next business day.

b. The following inmates shall not receive 4th generation HIV testing upon intake:

1) Inmates with a documented history of HIV reflected in the electronic medical record (EMR),

2) Weekenders shall only receive 4th generation HIV tests at their initial intake, unless otherwise ordered by a medical provider, and

3) Inmates with a documented test and results in the EMR within the past one hundred eighty (180) days prior to their most recent intake.

c. All preliminary positive results from 4th generation HIV test shall be referred to the DOC medical contractor's provider for immediate follow-up. The physician shall:

1) Conduct an in-person interview, explaining the results, and provide additional counseling,

2) Ensure blood is collected for confirmatory testing, and

3) Evaluate the inmate for the need of mental health intervention.

d. If serology results are confirmed positive, the inmate shall be referred to the chronic care clinic (infectious disease) for medical care.

e. The medical contractor shall provide an appropriate HIV related education plan to ensure that those affected know their status and are aware of the available medical services, case management services and other treatment programs within and outside of the DOC.

f. The medical contractor shall ensure that inmates who test HIV positive receive at the time of release, a discharge plan that includes coordination for follow-up with a medical provider in a neighborhood community health center.

g. The medical contractor shall provide HIV positive inmates who require medications a 30-day supply at the time of release.

h. The medical contractor shall be responsible for ensuring that all staff conducting 4th generation HIV tests are appropriately trained and have signed confidentiality statements.

i. The medical contractor shall ensure that its quality assurance plan is in compliance with the DOC/medical provider's contract, the Centers for Disease Control standards and the Department of Health requirements.

j. The medical contractor shall document all results as they relate to the testing, treatment, referral and discharge planning of the inmates in the EMR.

k. All confirmed positive results shall be reported to the Department of Health (DOH). Under the Partner Counseling Referral Services, positive test results of individuals released before the results are known shall be submitted to DOH for community-based notification and follow-up.

17. **INTRA-SYSTEM TRANSFERS.** The medical contractor shall document certain medical information in the transfer summary form in the inmate's electronic medical record after a transfer between the CDF and CTF. This information shall include, but not be limited to: vital signs, diagnosis, medications, reason for transfer (if for medical reasons), etc. The DOC will make every effort to make the proper notification to the medical contractor when inmates are transferred between the two facilities.

18. **INFIRMARY.** At a minimum the operation of the infirmary at the Correctional Treatment Facility shall include:

a. A facility set up to provide medical observation and/or monitoring for inmates who do not require hospitalization, but require twenty-four-hour a day care.

b. Health Care staffing twenty-four hours per day. Inpatient care is provided under the supervision of a licensed practitioner (Nurse Practitioner, Physician Assistant, or Physician). The treatments of inmates housed in the infirmary for illnesses or diagnoses requiring observation and monitoring but not admission to a licensed hospital or nursing facility shall be managed by a Registered Nurse. Sufficient and appropriate on-duty contract nursing staff must be available to inmate patients twenty-four (24) hours a day.

c. A complete inpatient record for each patient admitted to the infirmary, including an admission work-up and discharge summary. A physician shall at admission document the inmates' level of care. The level of care determines the frequency of visits by medical personnel and the documentation required. Documentation is to be clearly identified in the Electronic Medical Record (EMR).

d. Quality Improvement Monitoring on a monthly basis.

e. Health care personnel have access to a medical provider or a registered nurse on duty twenty-four (24) hours per day when patients are present.

f. A manual detailing the nursing care procedures for infirmary care.

19. EMERGENCY/URGENT MEDICAL CARE FOR INMATES

a. Twenty-four (24) hour Urgent/Emergency care is the responsibility of the medical contractor. The medical contractor shall have unimpeded access to providing care and making medical care decisions for inmate(s) whose condition may result in death, organ failure, or a severe life altering situation without medical intervention. Actions taken for an emergency situation shall include, but not be limited to:

1) Any employee who determines that a medical emergency exists shall immediately call the Nurses Station on the Medical Unit.

2) The employee placing the emergency call will provide all necessary information to the nurse in the Nurses Station, e.g., location of injured or ill person, type of injury or illness, and whether the injured person is conscious. A physician, physician assistant, or nurse practitioner shall speak with the employee who is reporting the incident when a nurse is unavailable.

3) The nurse receiving the call will instruct the Officer that the MERT (Medical Emergency Response Team) will respond to the scene. Immediately afterwards, the nurse will initiate the MERT response, then notify the Command Center.

4) The Officer in the Command Center will contact the zone or shift supervisor and request that the supervisor immediately report to the site of the emergency.

5) Medical staff shall respond within four (4) minutes.

6) All employees shall assist the MERT as directed by the MERT team leader.

7) All employees shall assure that Fire and Emergency Medical Services (FEMS) responders gain unimpeded access (to providing medical care) to an individual in need of emergency care.

8) The correctional supervisor shall ensure full cooperation by the correctional staff, to include timely correctional coverage, clearing the emergency area of inmates who are not involved, as well as the provision of security and escort.

9) The Supervisor shall ensure that the scene where an injury took place has been secured, collect any evidence from the scene (if appropriate) and obtain statements from witnesses as soon as reasonably possible following notification of an injury to an employee.

b. Emergency Plan. All Medical Contracts shall adhere to DOC PM 5031.1, *CDF Emergency Plan*.

20. EMERGENCY TRANSPORTATION TO AN OUTSIDE HOSPITAL

a. If medical personnel determine that a patient requires immediate transportation to an outside hospital, the nurse (or designee) shall call 911 for DC Fire and Emergency Medical Services (DCFEMS) and shall notify the Command Center. Any custody officer noting that CPR is required in a MERT is to communicate to security to call 911 prior to medical's arrival.

b. Medical staff shall directly notify DCFEMS during medical emergencies involving a patient housed in the CTF infirmary.

c. Medical staff shall provide the DCFEMS with the appropriate documentation needed to accompany the patient to the hospital, to include the trip ticket.

d. Emergency medical escorts shall be handled in accordance with guidelines set forth in DOC PP 4910.1, *Escorted Trips*.

21. OFF-SITE PATIENT SERVICES. The medical contractors' responsibilities for Off-Site medical services shall include, but not be limited to:

a. Off-Site Visits. The medical contractor shall make arrangements and prepare medical documents for inmates to receive specialty care at other institutions i.e., United Medical Center, Howard University Hospital, Washington Hospital Center, St. Elizabeth's Hospital, etc.

b. Returning from Off-Site Visits. The escorting officer shall be responsible for collecting any documentation from the off-site service provider and returning it to the medical contractor. The medical contractor shall be responsible for the management of medical/mental health needs, as a part of the Off-Site recommendations that accompany the patient upon return.

22. SUICIDE AND SUICIDE PREVENTION. Suicide and Suicide Prevention shall be governed by the guidelines set forth by DOC PP 6080.2, *Suicide Prevention and Intervention* which is reviewed annually by the Suicide Prevention Intervention and Improvement Team. It includes specific procedures for handling intake, screening, identifying, and supervising of a suicide-prone inmate. The medical contractor shall provide assistance, guidance, and treatment planning for any inmate that a mental health professional determines to be in imminent danger of committing suicide because of a recent suicide attempt, verbalized threat to commit suicide, and/or has displayed other suicide risk indicators.

23. MEDICAL RESTRAINTS. Four/five point restraints are used only in extreme circumstances and only when other types of restraints have proven ineffective. Only after a physician's assessment and order shall restraints be used if it is determined that, as a result of a mental or behavioral disorder, an inmate is an imminent danger to his/her self or others. The Clinical Manager for Mental Health, or his/her designee, shall assign a correctional officer to provide 1:1 constant observation and nursing staff shall provide documentation every fifteen (15) minutes. Any inmate subject to medical restraints must be seen by his or her treating physician within one hour after the initiation of the restraint. Upon expiration of the original order for restraints, the order may only be renewed for four hours. Any death that occurs while an inmate is restrained, or that could reasonably have been the result of the use of restraints must be reported to the Department of Mental Health.

24. INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION. Forced psychotropic medication will be used only when an inmate is imminently dangerous to him/herself or others due to mental disease or defect. Health Services staff shall follow the medical provider's policy (Attachment B) developed for the emergency use of forced psychotropic medications as governed by applicable laws and standards, including D.C. Code § 7-1231.08. This policy requires, prior to the use of forced psychotropic medication, that a physician provide authorization and a description of

when, where and how the psychotropic medication may be forced. Additionally, when a physician, physician's assistant, or nurse practitioner orders psychotropic medication to be forced, he or she shall document the following in the inmate's record:

a. The inmate's condition;

b. The threat posed;

c. The reason for forcing the mediation;

d. Other treatment modalities attempted, if any; and

e. Treatment plan goals for less restrictive treatment alternatives as soon as possible.

25. PSYCHIATRIC EVALUATION AND HOSPITALIZATION. Inmates whose acute psychiatric symptoms fail to remit due to medication non-compliance, or who are assessed to be a danger to themselves or others due to mental illness shall be brought to the attention of the General Counsel. Pretrial inmates whose psychiatric symptoms fail to remit due to medication non-compliance, or who are assessed to be a danger to themselves or others due to mental illness, shall also be referred to the General Counsel of contact the committing judge for action. Inmates returning from St. Elizabeth's shall be evaluated by a physician and psychiatrist before they can be housed in order to manage care and determine housing. Inmates with severe intellectual disabilities may be housed on a mental health cellblock based upon an individualized clinical determination.

26. TREATMENT FOR VICTIMS OF SEXUAL ABUSE/ASSAULT/CONTACT

a. Per the Department of Correction's PREA policies and procedures, the medical contractor shall refer victims of sexual abuse/assault, under appropriate security provisions, to a hospital emergency room for treatment and gathering/preservation of evidence.

b. The medical contractor shall ensure that the inmate is provided with prophylactic treatment and follow-up for sexually transmitted diseases and pregnancy assessment as is appropriate.

c. The medical contractor shall ensure that the inmate is provided a mental health evaluation by a mental health professional to assess the need for

crises intervention counseling and long-term follow-up.

d. The medical contractor shall submit a copy of the initial medical referral report to the DOC. Subsequent treatment and evaluations shall be provided to the DOC and local law enforcement in a manner required by law.

27. PREGNANCY MANAGEMENT

a. *Medical Contractor Responsibilities:*

1) Pregnant inmates shall be provided confidential and comprehensive options counseling, ongoing prenatal and postpartum follow-up medical services and linkages.

2) Female inmates who suspect pregnancy shall be referred to the in-house OB clinic to receive pregnancy testing and options counseling for routine and high-risk prenatal care.

3) The Medical Contractor shall issue a list, via email, daily to authorized personnel identifying currently incarcerated pregnant females. The list shall indicate for transporting purposes “Front Restraints (FR)” for inmates in their 1st and 2nd trimester of pregnancy and “No Restraints (NR)” for inmates in their 3rd trimester of pregnancy, in labor, or in post-partum recovery.

b. *Escorting Procedures and Application of Restraints*

1) No restraints shall be used on women in their third trimester of pregnancy at any time, during labor, or in post-partum recovery, including while in transport to a medical facility or while receiving medical care.

2) Pregnant women in the first two trimesters of pregnancy shall be restrained only with handcuffs positioned in the front and without leg irons or belly chains.

3) Where extraordinary circumstances require the use of more restrictive restraints, only a supervisor at the rank of Major or a designated Shift Commander (or physician) can approve an individualized determination that extraordinary circumstances require the use of more restrictive restraints. The decision shall include a written statement explaining the

extraordinary circumstances and the reasons the use of restraints was necessary and shall be submitted to the Director. The written statement must not include personal identifying information of the confined woman on whom restraints were used.

4) Under no circumstances, even extraordinary, shall restraints be used during labor or post-partum.

5) The Medical Contractor's Medical Director may authorize the use of restraints on a confined female known to be in the third trimester of pregnancy or in post-partum recovery after making an individualized determination, at the time that the use of restraints is considered, that extraordinary circumstances apply and are necessary to prevent the female from injuring herself or others, including medical or correctional personnel.

28. **ABORTION.** It is DOC policy to ensure that the legal right to therapeutic or elective abortions is not mitigated by reason of incarceration. No DOC employee, contract employee or volunteer shall in any manner compel, encourage, discourage, coerce or delay an inmate's decision to either have or not have an abortion.

29. **ELECTIVE PROCEDURES.** The medical contractor, in conjunction with the DOC Health Services Administrator, and in accordance with local regulations, shall provide guidelines that govern elective procedures or surgery for inmates. They must include decision-making processes for elective surgery needed to correct a substantial functional deficit or if an existing pathology process threatens the well-being of the inmate over a period of time.

30. **ANCILLARY SERVICES.** The medical contractor is responsible for the provision of all radiology, laboratory, pharmacy and other ancillary services.

31. **PHARMACEUTICALS.** The medical contractor shall comply with all applicable District and Federal regulations regarding dispensing, distribution, storage and disposal of pharmaceuticals. The medical contractor shall maintain a pharmacy.

32. **NON-PRESCRIPTION MEDICATION.** Nonprescription medications are only available to inmates through the medical contractor (sick call, urgent care).

33. **PROSTHESES AND ORTHODONTIC DEVICES.** The medical contractor is responsible for the assessment of inmates' needs for adaptive medical and dental

devices. These devices shall be provided when the health of the inmate would otherwise be adversely affected, as determined by the physician or dentist.

34. NUTRITION SERVICES/THERAPEUTIC DIETS. Inmates housed at CDF and CTF shall be given regular diet trays that a qualified dietitian has ensured meets the nationally recommended allowances for basic nutrition. The exceptions to this are those inmate patients requiring therapeutic, medical or dental diets:

a. The contract Licensed Independent Practitioner (MD, DO, NP, DDS, DMD, etc.) shall order medical diets as defined by law, rules and regulations of District of Columbia.

b. The contract Licensed Independent Practitioner (LIP) may also order nutritional supplements.

c. The DOC licensed Dietician shall be responsible for providing oversight to ensure that all dietary requirements are met in accordance with the American Dietetic Association. This includes regular and medical diets.

35. COMMUNICABLE DISEASE AND INFECTION CONTROL PROGRAM. Under the direction of the contract Health Services Administrator, the contract Infection Prevention Specialist maintains the Infection Control Program through the performance of the following duties and responsibilities:

a. Directs the investigation and institutes appropriate control measures of all risk situations related to infection, prevention, surveillance and control which may endanger patients, personnel or visitors.

b. Formulates Infection Control policies and practices, including those regarding sterilization and disinfection within all operative locations, and those associated with the storage of sterile supplies and the recall of the same.

c. Reports communicable and infectious diseases in accordance with federal and local law(s).

36. TUBERCULOSIS. All persons in the DOC (staff and inmates) shall receive annual screening for tuberculosis (TB). Procedures for management of TB among employees are addressed in PP 6050.1, *Tuberculosis Control Program,* and procedures for management of TB among inmates are provided as a routine component of inmate health care.

37. **HEPATITIS A, B, C.** Under the direction of the contract Health Services Administrator, there is a plan to identify infected inmates, provide treatment (when indicated), follow-up, and isolation (when indicated). All residents identified with Hepatitis C shall be treated, assuming they will stay in our facility for the 8 weeks required for treatment. If a resident receiving Hep C treatment is discharged from our facility to the community prior to treatment completion, they can receive their remaining treatment at DOH.

38. **HIV/AIDS MANAGEMENT.** Under the direction of the contract Health Services Administrator, the medical contractor shall identify, provide monitoring, immunization (when applicable), treatment, follow-up, and isolation (when indicated).

39. **HEALTH EDUCATION.** DOC and the medical contractor shall coordinate health education and wellness programs for inmates who are in DOC facilities. Topics in the Health Education Program will include, but are not limited to:

    a. Anger Management,

    b. Conflict Management,

    c. Domestic Violence,

    d. HIV/STD Education,

    e. Life Skills,

    f. Stress Management,

    g. Substance Abuse, and

    h. Violence Prevention

40. **DISCHARGE PLANNING.** Continuity of care is provided from admission to transfer or discharge from the DOC facilities, including discharge planning and referral to community-based providers, when indicated. Discharge planning occurs of inmates in need of community follow up; those with acute or chronic medical/mental health/dental concerns.

    a. During the intake history and physical the medical contractor's provider will ensure each appropriate inmate receives an Initial Discharge Treatment Plan.

Information in the plan will support continuity of care in the event an inmate is released within twenty-four hours of intake (i.e. court ordered release).

b. The contractor shall ensure that necessary medical documentation required for an inter-institutional transfer is completed on all patients transferred to another facility.

c. The contractor shall provide linkages to the community for continuity of care. Upon release, all inmates must receive a discharge treatment plan, and if applicable, an initial appointment to an assigned health care center of their choice in the inmate's neighborhood, ideally with the same health care team that provided services while the inmate was in custody. The contractor shall make every effort to provide an assigned health care provider to inmates who are not District residents.

d. The Mental Health Liaison from the D.C. Department of Behavioral Health (DBH) assigned to the DOC evaluates patients with mental health problems who are due to be released into the community. While the patient is still incarcerated, the liaison links them with a community-based Community Services Agency (CSA) and follow-up appointment.

e. Inmates shall receive medication sufficient for 30 days of medication for conditions. Those on Suboxone receive a 2 week dose. All residents on medications will have follow up appointments made with their primary care provider for continued management and medication prescriptions. three (3) days and a prescription for thirty (30) days of medication. If an inmate is released between 10:00 p.m. and 7:00 a.m., they shall receive a seven (7) day supply of medication and a prescription for thirty (30) days of medication. Inmates shall receive HIV medication sufficient for thirty (30) days.

41. INMATE DEATH. If the medical contractor's physician determines through assessment of the inmate that all of the clinically accepted signs and symptoms of death are present and that the inmate is clinically dead and beyond being revived, the contractor's physician may order CPR be ceased and may pronounce death.

a. The procedure for the identification, verification, reporting and documentation of an inmate death shall be governed by guidelines set forth in PP 4352.1, *Inmate/Arrestee/Resident Deaths.*

b. Notification about the death of an inmate shall be governed by guidelines set forth by DOC PP 1280.2, *Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.*

CHAPTER 5

INMATE TREATMENT

1. FAIR TREATMENT. DOC and the medical contractor shall ensure that inmates are treated humanely, fairly and in accordance with applicable laws.

2. NOTIFICATION. It is DOC policy to notify an individual whom the inmate designates in case of serious illness, serious injury or death, unless security restrictions dictate otherwise.

3. PRIVACY. The medical contractor shall ensure that medical and mental health interviews, examinations and procedures are conducted in a setting that respects the inmate's privacy. Female inmates are provided a female escort for encounters with a male medical contractor.

a. **CONFIDENTIALITY.** The principle of confidentiality applies to an inmate's health records and information about the inmate's health status. Privacy and confidentiality of health care information shall be governed by DOC PM 1300.3, *Health Information Privacy.* Health Information may be disclosed to other correctional institutions or law enforcement officials having lawful custody of an inmate or other individual and DOC may make use of Protected Health Information, if necessary for any of the following:

1) The provision of health care to such individuals;

2) The health and safety of such individuals or other inmates;

3) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;

4) Law enforcement on the premises of a correctional institution; or

5) The administration and maintenance of the safety, security, and good order of a correctional institution.

b. The provisions of Section C, above, shall cease to apply to inmates once released on parole, probation, supervised release, or otherwise no longer in lawful custody.

4. INFORMED CONSENT. Health care services shall be rendered according to federal standards, District law(s), and ACA standards in a language understood by the inmate. The rights of inmates shall be taken into consideration when providing medical services.

a. Any inmate may refuse (in writing) medical, dental and mental health care services. If the inmate refuses to sign the refusal form, it must be signed by at least two witnesses. A qualified health care professional must review the refusal and conduct a face-to-face evaluation if there is concern about decision-capacity or if the refusal is for critical or acute care.

b. An individual's treatment through a new medical procedure will be undertaken only after the inmate has received a full explanation, by their physician, physician's assistant, or nurse practitioner of the positive and negative features of the treatment and only with informed consent.

c. In the case of minors, the informed consent of a parent, guardian or a legal custodian applies when required by law.

5. HEALTH CARE DECISIONS

a. The health care provider who is treating or providing services for an incapacitated inmate at the time of the health care decision, DOC medical contractors, and all DOC employees are prohibited from authorizing, granting, refusing or withdrawing consent on behalf of the inmate with respect to a decision regarding health care services, treatments or procedures.

b. Consistent with D.C. Code § 21-2210, Substituted Consent, in the absence of a durable power of attorney, and provided that the inmate's incapacity has been certified in accordance with D.C. Code § 21-2204, the following individuals, in descending order of priority set forth below, shall be authorized to grant, refuse or withdraw consent on behalf of the inmate with respect to the provision of any health-care service, treatment or procedure. Mental incapacity to make a health-care decision shall not be inferred from the fact that an inmate has been hospitalized for mental illness, has a diagnosed intellectual disability, has been determined by a court to be incompetent to refuse commitment, or has a conservator or guardian appointed. The decision to grant, refuse or withdraw consent shall be based upon the known wishes of the inmate or, if the wishes are unknown and cannot be ascertained, a good faith belief as to the best interests of the inmate. At least one witness shall be present when this person makes the decision.

1) A court-appointed guardian or conservator, if the consent is within the scope of the guardianship or conservatorship;

2) A court-appointed intellectual disability advocate of the patient, if the ability to grant, refuse, or withdraw consent is within the scope of the advocate's appointment under D.C. Code § 7-1304.13;

3) The spouse or domestic partner;

4) An adult child of the inmate;

5) Parent;

6) Adult sibling;

7) A religious superior if the inmate is a member of a religious order, or a diocesan priest;

8) A close friend; or

9) The nearest living relative.

d. No person authorized to grant, refuse, or withdraw consent on behalf of an inmate with respect to the provision of any health-care service, treatment, or procedure, as described in this section, shall have the power:

1) To consent to an abortion, sterilization, or psycho-surgery, unless authorized by a court; or

2) To consent to convulsive therapy or behavior modification programs involving aversive stimuli, unless authorized by a court.

e. Emergency health care may be provided without consent to an inmate who is certified incapacitated under D.C. Code § 21-2204, if no authorized person is reasonably available or if, in the reasonable medical judgment of the attending physician, attempting to locate an authorized person would cause:

1) A substantial risk of death;

2) The health of the incapacitated inmate to be placed in serious jeopardy;

3) Serious impairment to the incapacitated inmate's bodily functions; or

4) Serious dysfunction of any bodily organ or part of the incapacitated inmate.

f. If, following 30 days from the date of certification of an inmate mental health consumer's incapacitation, the inmate continues to be incapacitated for purposes of making particular health care decisions, and there remains no attorney-in-fact or substitute decision-maker available to make a decision about the delivery of particular mental health services and mental health supports to the inmate, the appointment of a guardian for the inmate shall be sought.

g. Family members and personal representative to whom the inmate has authorized release of information in accordance with D.C. Code Title 7, Chapter 12, shall be notified as soon as possible whenever mental health services and mental health supports are provided without the consent of the inmate.

h. No medication shall be administered to inmates for the purposes of mental health treatment without the informed consent of the inmate, except in compliance with the procedures provided in D.C. Code § 7-1231.08.

CHAPTER 6

MEDICAL RECORDS

1. INMATE MEDICAL RECORD

a. The medical contractor shall maintain both a paper and electronic medical record for each inmate committed to the DOC.

b. All inmate medical records shall be the property of the DOC.

c. Health records shall be complete and required information shall be filed in a uniform manner in accordance with ACA and NCCHC standards.

d. Medical records shall be readily accessible to health care professionals, promptly retrievable, and securely stored.

e. Non-emergency inmate transfers require the transfer of the inmate's medical record that will contain summaries of the inmate's health condition, treatments, allergies, written treatment instructions and other information necessary to maintain continuity of care.

f. If the inmate is being transferred to another facility, the medical contractor shall secure a copy of the medical record in a sealed plastic envelope and deliver it to DOC correctional personnel for transfer.

g. Only an authorized employee of the medical contractor may open the sealed envelope.

2. CONFIDENTIALITY OF MEDICAL RECORDS

a. The medical contractor shall maintain confidentiality of information in the medical record, distribute medical records among health care professionals, and maintain security of medical records in compliance with the Health Insurance Portability and Accountability Act (HIPAA) security standards.

b. Medical records shall be maintained in the Medical Records Office. They shall never be out of the medical practitioner's span of control, except for the following purposes,

1) A patient transfer outside of CDF and CTF;

2) An Office of the Attorney General request for litigation purposes, and only after consultation with and approval from the DOC Office of General Counsel:;

3) A review by law enforcement authorities or Court Order/Subpoena in accordance with HIPAA standards and DOC FOIA policy, through and upon approval of the General Counsel for the DOC;

4) A FOIA request for records accompanied by a HIPAA compliant release, through and upon approval of the General Counsel for the DOC;

5) Qualifying public health activities, pursuant to 45 C.F.R. § 164.512(b);

6) Where required by law to make disclosure of suspected abuse, neglect, or domestic violence;

7) Qualifying health oversight activities, pursuant to 45 C.F.R. § 164.512(d);

8) Where required as a part of judicial or administrative proceedings, subject to the limitations outline at 45 C.F.R. § 164.512(e) and only after consultation with and approval from the DOC Office of General Counsel;

9) In regard to a decedent, to coroners, medical examiners, and funeral directors, as permitted by 45 C.F.R. § 164.512(g);

10) Donation of cadaverous tissues and organs, pursuant to 45 C.F.R. § 164.512(h);

11) Qualifying research, as permitted by 45 C.F.R. § 164.512(i);

12) To avert a serious threat to health or safety, pursuant to 45 C.F.R. § 164.512(j), including where necessary for law enforcement authorities to identify or apprehend an individual where it appears from all circumstances that the individual has escaped from a correctional institution or from lawful custody;

13) To authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act, 50 U.S.C. §§ 401 *et seq.*, and Executive Order 12333; and,

c. With regard to current inmates, for any appropriate corrections purpose

outlined in Chapter 5 Section 3 of this policy. Inmate workers assigned to the Medical Unit shall not have access to patient information, medical records, or make medical determinations or perform any type of health care procedure.

3. INACTIVE RECORDS. Inactive health record files are retained as permanent records in compliance with the legal requirements of DOC, and PS 2000.2, Retention and Disposal of Department Records. Health record information will be transmitted to specific and designated physicians or medical facilities in the community upon written request or authorization of the inmate and in accordance with HIPAA guidelines.

4. RECORDS RETENTION AND DISPOSAL

a. The method of recording entries in the health records and the format of the health records shall be approved by the DOC.

b. Inmate records are the sole property of DOC.

c. The medical contractor shall be responsible for the maintenance, retention and timely transfer of a complete, standardized medical record for all inmates in accordance with prevailing federal law(s), local law(s), medical regulations, and ACA standards.

d. The medical contractor shall maintain inmate medical records in an electronic medical record system and a parallel paper record system.

e. The medical contractor shall be responsible for the storage and retrieval of archived paper medical records off-site.

f. The medical contractor shall retain inactive medical records for ten (10) years and in compliance with HIPAA standards and the DOC Records Retention Policy.

CHAPTER 7

EMERGENCY MEDICAL TREATMENT FOR EMPLOYEES, CONTRACTORS AND VISITORS

1. REQUIREMENT. An injured or ill employee shall have unimpeded access to immediate medical attention from the medical contractor.

2. PROCEDURES. Procedures for notification and treatment of an employee injury or illness shall be as follows:

a. **Notification**

1) An employee shall immediately call the Nurses Station on the Medical Unit to notify the health care provider about a serious personal injury, major illness while on the job, or traumatic medical situation of another employee.

2) An employee shall also notify the Command Center about a serious personal injury, major illness while on the job, or injury to another employee.

3) An employee incurring an injury or illness that does require immediate medical attention must make verbal notification to his/her supervisor without delay.

4) An employee incurring an injury or illness that does not require immediate medical attention shall report their medical condition to the medical contractor directly following notification to their supervisor and relief coverage for their duty station will be arranged, if necessary.

b. **Medical Response**

1) The medical contractor shall provide first response services to an injured or ill employee for the purpose of assessment, stabilization, and referral to an outside provider.

2) Following notification of an injured or ill employee, the supervisor's first and most important responsibility is to ensure that the employee promptly receives necessary medical attention from the medical contractor, and that there is proper medical documentation of the injury or illness to an employee.

c. **Medical Referral**

1) The medical contractor shall not be responsible for the ongoing medical management of an employee.

2) The medical contractor shall arrange for DC Fire and Emergency Medical Services (DCFEMS) to transfer a seriously injured/ill employee by ambulance.

3) The medical contractor shall document an employee's complaint of an injury or illness on a fitness for duty form, of which the supervisor receives a copy. It is the agency's duty to record and file this form

d. **Scene of Injury.** The Supervisor shall ensure that the scene where an injury took place has been secured, collect any evidence from the scene (if appropriate) and obtain statements from witnesses as soon as reasonably possible following notification of an injury to an employee.

e. **Supervisory Administrative Follow-up.** The investigation and the reporting of an employee's injury or illness shall be handled in accordance to DOC *SOP 2921.2D-17, Reporting Employee Accidents and On-the-Job Injuries.*

D.C. Department of Corrections
Central Detention and Correctional Treatment Facilities
Sick Call Request Form

NAME/NOMBRE: _____

Date of Birth/Fecha de Nacimiemto: _____

DCDC# _____ Housing Unit/ Unidad de Vivienda: _____ Cell/Celda#_____

CHECK ONLY ONE BOX/ MARQUE SOLO UNA CASILLA

☐ **I wish to be seen at sick call**	☐ **Yo deseo ser visto por el doctor**
☐ **Dental Treatment**	☐ **Tratamiento Dental**
☐ **Mental Health**	☐ **Salud Mental**
☐ **Other**	☐ **Otro**

Comments/Comentarios: _____

_____

_____

- For any emergency, ask the officer to call the medical unit.
- Para cualquier emergencia pidale al oficial que llame al medico de turno.

Patient Signature/Firma del paciente: _____ Date/Fecha: _____

Medical Provider or Registered Nurse: _____

Date:(MM/DD/YYYY) _____ Time: _____

Comments: _____

_____

_____

_____

UNITY HEALTH CARE, INC.

DEPARTMENT:	TITLE:	POLICY#:
CENTRAL DETENTION AND CORRECTIONAL TREATMENT FACILITIES HEALTH SERVICES DIVISION	EMERGENCY PSYCHOTROPIC MEDICATION ADMINISTRATION	CF902 PAGE: 1 of 4
REVIEWED BY:	EFFECTIVE DATE: October 1, 2006	DATE REVISED: June 2007 February 11, 2008 December 29, 2008 June 1, 2010 April 15, 2011
APPROVED BY CMO:		

SUBJECT: EMERGENCY PSYCHOTROPIC MEDICATION ADMINISTRATION

PURPOSE: To establish procedures for identifying emergency psycho-behavioral conditions in which the administration of emergency psychotropic medication is indicated and administered.

POLICY: Inmates experiencing psycho-behavioral emergencies and who demonstrate imminent danger of violence and/or significant harm to themselves or others and/or imminent risk of marked deterioration and who refuse voluntary emergency adjunct medication in addition to less restrictive treatment(s) may be involuntary administered emergency psychotropic medication to protect their lives and/or the lives of others upon the duly executed order of a physician.

DEFINITIONS:

I. Psycho-behavioral Emergency- A clinical emergent condition in which an inmate poses an imminent danger to himself and/or others through expressed verbal intent to commit violence or significant harm and/or through demonstrating behavior(s) likely to cause violence or significant harm and/or through inducing others to commit violence or significant harm and where it is believed that a high risk exists that the clinical emergent condition will escalate into violence or harm if the inmate is not immediately treated.

II. Emergency Psychotropic Medication- A psychotropic medication, or antidote to a psychotropic medication. available for immediate administration and maintained in a designated unit medication control cabinet for emergencies and/or or in the pharmacy.

III. Prescribing Provider- A licensed Physician. Physician's Assistant or Nurse Practitioner specializing in psychiatry or who 1s knowledgeable on the emergent use of psychotropic medications.

PROCEDURE:

I. Inmates who are observed to exhibit conduct indicative of a high risk for violence or significantly harmful behavior towards themselves and/or others are evaluated by mental health personnel, immediately upon referral, who are qualified to implement emergency protective actions, in coordination with Correctional Staff, to protect the inmate and/or others (pursuant to 'Mental Health Acute Care Services,' 'Use of Medical Restraint and Seclusion,' "Suicide Prevention' and 'Mental Health Behavioral Management' policies) as is necessary to protect the life of the inmate and/or others.

II. When emergent protective action(s) is/are taken to protect the inmate and/or others from the inmate's high risk violent or significantly harmful behaviors the least restrictive (i.e. counseling, offering of oral medication, etc.) means of protecting the inmate and/or others will be implemented.

III. In those instances where emergent restrictive measures are employed to protect the inmate, the practitioner will determine if emergent adjunctive psychotropic medication may be necessary to reduce the risk of any violent or significantly harmful potential acts, which the inmate may commit, and the Provider will request the inmate to accept voluntarily the emergent adjunct psychotropic medication which the Provider finds useful, necessary, and indicated in treating the inmate.

IV. In determining that the inmate is in need of emergent adjunct psychotropic medication, in addition to other Jess restrictive measures such as counseling, voluntary oral medication which may have been employed to reduce the inmates' risk of reasonably foreseeable violent or significantly harmful acts. the Provider will consider and will document in the inmate's medical record the following minimal findings in support of the use of emergent adjunct psychotropic medication, which the inmate has been requested to accept voluntarily:

A. Whether the inmate has stated that he intends to harm himself and/or others;

B. Whether the inmate has demonstrated any behavior which has harmed, or which could possibly lead to the harm of the inmate or others;

C. Whether the inmate has expressed verbally and/or non-verbally severe acute psychiatric symptoms.

D. Whether the inmate is unable or unwilling to accept, voluntarily, recommended emergent adjunct psychotropic medication and is determined to be suffering from a psycho-behavioral emergency.

E. Whether the inmate is at imminent risk of committing an act of v1olence or significant harm against self or against others, or is at imminent risk of marked deterioration which if untreated could be expected to pose imminent risk of violence or significant harm to self or others.

VII. When the prescribing provider determines the following, the Provider may elect to order and/or administer emergency adjunct psychotropic medication.

involuntarily, to the inmate

A A psycho-behavioral emergency exists,

B. Emergency adjunct medication is useful, necessary, and indicated to treat the psycho-behavioral emergency;

C. The inmate suffering a psycho-behavioral emergency will not, or cannot, accept emergency adjunct medication voluntarily; and

D. The inmate suffering the psycho-behavioral emergency is at imminent risk of committing an act of violence or significant harm to self or to others, or is at imminent risk of marked deterioration, which if untreated could be expected to pose an imminent risk of violence or significant harm to self and/or others.

VIII. The prescribing Provider will in so far as is possible, consult with and rely upon interdisciplinary mental health information provided to the provider verbally and/or in writing as is recorded in the inmate's medical record, as well as upon the Provider's direct examination of the inmate when deciding on the need for emergent adjunct psychotropic medication use.

IX. The medication will be ordered and administered only to protect the life and imminent well being of the inmate and/or others and in the belief that the failure to administer such emergency adjunct medication could be expected to cause the inmate to commit an act of violence or significant harm against self or others and/or cause marked and imminent deterioration in the inmate's condition to cause the inmate to act violently and/or with significant harm against self or others.

X. The Provider will not 'force' medication upon an inmate in violation of the inmate's rights to refuse informed consent treatment or in any manner as an act of retaliation of any kind against the inmate and will not involuntarily administer emergency adjunct psychotropic medication to the inmate, except in circumstances where less restrictive forms of treatment (i.e.; counseling, voluntary oral medications, etc.) have been exercised without success or are determined to be insufficient and/or otherwise inadequate to treat the inmates psycho-behavioral emergency, and except where it is determined that the inmate is at imminent risk of violence and/or significant harm and/or imminent marked deterioration to cause violence and/or significant harm to self and/or others. and where the inmate will not or cannot voluntarily accept emergency adjunct medication in treatment. All less restrictive forms of treatment attempted to resolve the psycho-behavioral emergency should be documented in the chart before the administration of emergent adjunct psychotropic medication, or immediately after the administration of emergent adjunct psychotropic medication.

XI. The emergency adjunct psychotropic medication will be given in the Urgent Care Safe Cell or on the Acute Mental Health Unit by the Charge Nurse or designee on duty with the aid and assistance of Correctional Officers when required. The inmate will be placed on observation in either the Safe cell on the 3rd floor Infirmary or in the observation cell on the Acute Mental Health Unit and monitored for adverse reactions and side effects of the emergency adjunct psychotropic medication. and a treatment plan will be developed for less restrictive treatment alternatives (i e; counseling, voluntary oral medications. etc.) as soon as possible.

XII. If an inmate's psycho-behavioral emergency cannot be fully resolved within forty eight (48) hours of the administration of emergency adjunct psychotropic medication, in addition to other alternate and less restrictive, intrusive forms of treatment (i.e.; counseling, voluntary oral medication, etc.) the inmates' legal counsel will be informed and a request for mental health commitment and transfer of the inmate involuntarily to an appropriate secure facility initiated. If the inmate's counsel is unavailable to petition for involuntary mental health commitment the Department of C Medical Director will be notified. Unity will provide supporting documentation concerning the necessary transfer of incarcerated persons requiring involuntary mental health services (see policy 'Mental Health Inpatient Services').

XIII. In a psycho-behavioral emergency the Provider may administer emergency psychotropic adjunct medication involuntarily upon duly executed medical order and will inform the treating Psychiatrist thereafter that such medication has been administered emergently and involuntarily to an inmate, arid the Psychiatrist will review the medical record and will acknowledge the reviewed the record.

XIV. A verbal medication order may be given by a Prescribing Provider if no Prescribing Provider is available onsite at the time the emergency psychotropic medication is required. All verbal orders will be signed by the Prescribing Provider within 24 hours of giving the order. Verbal orders will not be accepted if a Prescribing Provider is on site and available at the time the emergency psychotropic medication is required. When the latter occurs. the onsite Provider will discuss the case and formulate a plan of intervention including emergency psychotropic medication administration and treatment plan goals for less restrictive treatment alternatives as soon as possible with the On-Call Psychiatrist and duly execute said plan.

RELEVANT STANDARDS:

I. American Correctional Association, Performance-Based Standards for Adults Local Detention Facilities, 5th Edition, 5-ALDF-4C-17.

II. National Commission on Correctional Health Care, Standards for Health Services in Jails.

III. Department of Corrections Opioid Treatment Program (OTP) is certified by DEA/NCCHC and SAMHSA. “Certification Standards for Substance Use Disorder Treatment and Recovery Providers”.

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

Inmate Reception Center Manual

Effective Date:	October 4, 2014
Directives Subject:	DOC Inmate Reception Center Manual
Directives Number:	**5006.1 (NEW ISSUANCE)**
OPI:	**OPERATIONS**
Review Date:	October 4, 2015
Approving Authority:	Thomas Faust Director

Signature on File

Thomas Faust, Director

October 4, 2014
Date

1. **PURPOSE AND SCOPE.** To establish policies and procedures for admission, transfer and release of inmates within the DC Department of Corrections (DOC) Inmate Reception Center (IRC).

2. **POLICY.** It is DOC policy to:

   a. Prior to accepting custody of an inmate, staff determines that the inmate is legally committed to the facility.

   b. Provide an admissions process that shall include recording basic personal information, fingerprinting and photographing, Inmate Recognition and Identification System (IRIS), Case Management Intake and Orientation, and medical screening.

   c. Ensure inmates are appropriately released at the end of their term and that upon release, inmates held for thirty (30) days or more shall receive information about community resources prior to release.

   d. Provide notification of allegations of sexual abuse of inmates while confined at another facility.

   e. Ensure investigations are conducted of allegations of sexual abuse of inmates received from other facilities/agencies.

CHAPTER 9

COURT & CLINICAL TRANSFERS

1. All housing units shall be notified by IRC Control Officer of all inmates on the court list the morning of court/clinic date. Inmates shall be afforded an opportunity to shower while inside of their housing units.

2. Once a housing unit has its entire court load ready, a Zone Supervisor shall be notified for escort to the IRC.

3. Prior to departure, the IRC Processing Officer shall positively identify each inmate by checking the inmate's wristband or identification card, verifying the inmate's name and DCDC number and comparing the inmate to a current photograph. The officer will use the Motorola Live Scan device to positively identify each Inmate as well as the IRIS Scan. If there is any question about the identity of an inmate, a supervisor shall be contacted.

4. Transportation Unit shall pick-up bag lunches for their respective group of inmates. IRC Staff will pick-up bag lunches for federal removal inmates, upon the request of the US Marshal.

5. A body scan is to be conducted to ensure that there are no contraband items in any inmates' possession, ensure inmates do not have anything in their pockets and are not in possession of any personal property. All inmates entering and departing the facility must sit in the Boss Chair to ensure the inmate is not in possession of any metal objects.

6. IRC Officers shall confiscate all personal items from the inmate (except one (1) wedding band which is authorized during transport).

7. IRC Officers shall ensure the inmate is dressed in a DOC issued jumpsuit. Additional items of clothing are PROHIBITED from being worn under/over the issued clothing. During cold temperatures a coat will be provided. (During the Winter Season inmates can wear Thermal Top or Bottom under their Jumpsuit).

8. IRC Officers shall ensure that inmates are in full restraints. Handcuffs, belly chains, lock boxes, and leg irons will be placed on the inmate in the internal security area before moving the inmate to the boarding (loading) area. Staff shall ensure all restraint equipment is double locked.

9. **Pregnant Females**

   a. Pregnant women who are less than six months pregnant will be transported with the handcuffs positioned in the front. Medical staff should be consulted prior to applying restraints to determine if there are any medical conditions that will affect the way the restraints should be applied. In any case, restraints shall be applied in such a way that the woman may be able to protect herself and the fetus in the event of a forward fall.

   b. Restraints ***shall not be*** used on female inmates during the last trimester of pregnancy, during labor and delivery or immediately following delivery unless the inmate poses an extraordinary security risk. In such circumstances, only handcuffs shall be used.

      1) *Childbirth Recovery*

         a) While still in the recovery room, an inmate ***shall not*** be restrained to the hospital bed following childbirth unless the paperwork indicates she is designated as an extraordinary security risk.

         b) *Post Childbirth Recovery.* After six (6) weeks post-recovery, the inmate shall be transported with cuffs positioned in the front.

   c. Escort Officers shall check the restraints every thirty (30) minutes and document that the check has been conducted in the post logbook.

10. Restraints shall be checked immediately after application (prior to loading and unloading).

    a. The Health Services Administrator or facility physician may recommend the use of a reduced level of restraint device, but must be approved by the Warden or designee who must provide written approval/authorization on the Transport Orders.

11. Male and Female inmates must be kept separated either through caging or a completely separate transportation vehicle.

12. Inmates on Total Separation Status must be kept separated from all other inmates and transported in a completely separate transportation vehicle.

13. Inmates on Protective Custody, Administrative Segregation and Special Handling status must be kept separated either through caging or a completely separate transportation vehicle.

14. Juveniles MUST be provided a separate transportation vehicle from the adult inmates.

15. Transportation Officers will Load/board the inmates in the designated secure area of the facility.

16. For all returns, inmates are required to be strip searched, body scanned and their identities verified by Live Scan and IRIS Scan.

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

CCB OPERATIONS MANUAL

Effective Date:	June 20, 2017
Directives Subject:	DOC Central Cell Block
Directives Number:	**5009.1A**
OPI:	**OPERATIONS**
Review Date:	June 20, 2018
Approving Authority:	Quincy L. Booth Director

Quincy L. Booth, Director

6/20/17
Date

SUMMARY OF CHANGES:

Section	Change
Entire Policy	*ILEADS Jail Management System has been Changed to COBALT*
Chapter 5 §2	*Juvenile Title 16 Procedures have been added*
Chapter 7 §2	*Restraint Procedures for Pregnant Arrestees have been added*
Cancel Change Notices	*CN-14-001 and CN-15-003 has been cancelled and replaced in Chapter 8 of the policy.*
Cancel Policy Directive	*Policy Directive OM 5009.1-14 has been cancelled and replaced in Chapter 7, Section 2.*

1. **PURPOSE AND SCOPE.** To establish policies and procedures for the safe, efficient and orderly operation of the District of Columbia Department of Corrections Central Cell Block (DOC CCB).

2. **POLICY.** It is the policy of the District of Columbia Department of Corrections to provide a secure, sanitary and safe environment for processing and transporting arrestees. Personnel assigned to the DOC CCB shall adhere to the following procedural guidelines to help resolve any problems or conditions that may compromise security, safety or the well-being of staff and arrestees.

2. APPLICATION OF RESTRAINT EQUIPMENT

a. Pregnant Inmates

1) When CCB takes custody of a woman who reports she is pregnant, Central Cell Block Clinic (CCBC) will administer an early pregnancy test (EPT).

2) If the EPT results are *Positive*, and the arrestee reports that she is in her first or second trimester, transport staff may use front restraints (FR) on the arrestee so long as front restraints are the least restrictive available and the most reasonable under the circumstances..

3) Restraints shall not be used on a female arrestee who self-reports being in the third trimester of pregnancy, is in labor, or is in post-partum recovery.

b. **Exceptions**

1) The health professional treating the pregnant Arrestee may authorize the use of restraints on a female Arrestee who is in the third trimester of pregnancy or in postpartum recovery after making an individualized determination that extraordinary circumstances apply, and that restraints are necessary to prevent the Arrestee from injuring herself or others.

2) In the absence of a health professional, the Major or above may authorize the use of restraints on a female Arrestee who is in the third trimester of pregnancy or in postpartum recovery, after making an individualized determination that extraordinary circumstances apply, and that restraints are necessary to prevent the Arrestee from injuring herself or others.

3) The Major or above may approve the use of restraints on a pregnant Arrestee who is in her third trimester or who is in postpartum recovery because the Arrestee is presenting an imminent risk of flight.

4) The application restraints must be the least restrictive available and the most reasonable under the circumstances.

5) Anytime there is a decision to use more than the least restrictive restraints on a pregnant arrestee the Major or above shall make written and verbal notification through the chain of command to the Director's office.

6) None of the above exceptions shall apply to an arrestee who is in labor, or is post-partum and cleared by medical.

c. **Removal of Restraints**

1) If the health professional who is treating the pregnant Arrestee determines that the removal of the restraints is medically necessary to protect the health or safety of the arrestee or her baby, the restraints shall be removed immediately.

2) The Major or above may approve the removal of the more than the least restrictive restraints when it is determined that the pregnant arrestee no longer presents an imminent risk of flight.

d. **Documentation of the Use of Restraints on Pregnant Arrestees**

1) Transport Officers shall record application of restraints on each pregnant woman. Documentation is recorded on the appropriate CCB Pregnant Woman Restraint Report (Attachment 3) and Pregnant Woman Restraint Exceptions Report (Attachment 3) as follows.

2) Transport Officers shall submit all completed applicable Pregnant Arrestee Restraint Reports and Pregnant Arrestee Restraint Exceptions to the Transportation Office.

3) Transport Officers shall submit all completed applicable Pregnant Arrestee Restraint Reports and Pregnant Arrestee Restraint Exceptions to the Transportation Office.

4) The Transportation Commander (or designee) shall immediately scan the forms into the designated folder on the DOC hard drive.

5) Hard copy originals of such forms will be maintained by the Transportation Commander's office.

e. **Notification and Reporting Procedures for Pregnant Arrestees.** In instances where more than the least restrictive restraints have been approved, the Warden shall submit a written statement to the Director within ten (10) days of such use of restraints. The written statement shall include the extraordinary circumstances and the reasons the use of restraints was necessary but shall not include

personal identifying information of the pregnant Arrestee on whom restraints were used.

1) The Director's Office shall scan these statements into the designated shared drive.

2) The DOC Health Services Administrator, Major's Office, the Office of Strategic Planning and the medical contractor shall conduct an after action review within 72 hours if there is an application of more than the least restrictive use of restraints on a pregnant Arrestee.

3) The DOC Health Services Administrator, Major's Office, the Office of Strategic Planning and the medical contractor shall provide oversight for quality assurance and compliance with this directive.

4) The Office of Strategic Planning shall submit the following information to the Director on a quarterly basis:

   a) The number of pregnant women in the Custody of DOC in the reporting period

   b) The number of pregnant women on whom restraints that were not the least restrictive means were used;

   c) The number of times restraints were used on each pregnant woman;

   d) For each use of restraints on a pregnant woman, the duration of time that restraints were used; and

   e) For each use of restraints on a pregnant woman, whether restraints were used because of:

      1) Risk of flight;

      2) Risk of injury to the pregnant woman; or

      3) Risk of injury to other persons

3. **MPD MEDICAL TAKEOVER.** Prior to DOC assuming responsibility for a hospitalized arrestee, MPD shall make notification to the CCB OIC.

a. The CCB OIC shall obtain the following information which is to be recorded on the MPD Central Cell Block log (Attachment 7, Central Cell Block MPD Takeover log) which includes, but is not limited to:

   1) Name and District of the Watch Commander requesting the medical detail.

   2) Arrestee's name, Arrestee number, and location of the local hospital.

   3) Call In Time.

   4) Escort Officer.

b. The CCB Officer shall fingerprint and identify all arrestees hospitalized.

c. CCB Officer's assigned to the hospital to fingerprint a MPD medical takeover, shall immediately notify the CCB OIC of any extraordinary incidents and complete the DCDC 1, in accordance with PS 1280.2, Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences.