

# EXHIBIT F



## DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS

# Program Manual

OPI: HEALTH  
Number: 6000.1B  
Date: December 15, 2003  
Subject: Medical Management

1. **PURPOSE AND SCOPE.** To establish procedures for oversight and general operational procedures for health care delivery that is appropriate and necessary for inmates housed in the DC Department of Corrections (DOC) and its contract facilities.
2. **POLICY.** It is the policy of the DOC to ensure that inmates have an unimpeded access to continuity of health care services, so that their health care needs, including prevention and health education are met in a timely and efficient manner.
  - a. Intervention shall be intended for treatment and diagnoses for medical necessity that is soundly based on a physician's professional decision that the activity is for a serious medical need.
  - b. Health care services may be denied for the activities that are not considered a serious medical need. Activities undertaken primarily for the convenience of the patient, family, or practitioner are not considered health interventions.
3. **APPLICABILITY.** This policy applies to all DOC employees, all employees of DOC contractors (Center for Correctional Health and Policy Studies, Corrections Corporation of America and ARAMARK) and inmates confined at the CDF, CTF and contract community residential facilities.
4. **REQUIREMENTS**
  - a. The Center For Correctional Health Care and Policy Studies Inc. (CCHPS) is contracted to provide direct medical services to inmates. CCHPS shall ensure that delivery of medical services to inmates at Central Detention Facility (CDF) and Correctional Treatment Facility (CTF) complies with the contractual agreement and correctional health care standards.
  - b. The DOC Office of Contract Services shall provide contract administration and oversight.

### Attachment B

- c. The DOC and CCA/CTF Wardens shall provide correctional security and custody.
- d. DOC shall provide space, equipment, furniture, cleaning and pest control.

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

- a. To establish guidelines and oversight for health care services.
- b. To ensure that DOC inmates receive efficient and effective health care services.
- c. To ensure that health care services complies with federal standards, District laws, ACA standards and contract obligations.

6. **NOTICE OF NON-DISCRIMINATION**

- a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code Section 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, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business. Sexual harassment is a form of sex discrimination which is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.
- b. DOC prohibits discrimination against inmates when making administrative decisions in providing access to programs.

7. **DIRECTIVES AFFECTED**

a. **Directives Rescinded**

- 1) DO 6000.1 "Medical Management" (3/11/93)
- 2) DO 6010.2 "Procedures for Reporting and Receiving Medical Treatment by Employees and Inmates" (7/18/67)

b. **Directives Referenced**

- 1) PS 1280.2B "Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences" (9/15/00)
- 2) DO 1300.1A "District of Columbia Freedom of Information Act (FOIA)" (12/15/03)

- 3) PS 1300.3 "Health Information Privacy" (12/15/03)
- 4) PS 1311.1D "Management Controls Research Activities"  
(12/15/03)
- 5) PS 2920.4 "Environmental Safety and Sanitation Manual"  
(3/12/02)
- 6) PS 2921.3 "Injuries and Illnesses, Work-Related" (4/20/01)
- 7) PS 3800.3 "ADA: Communications for Deaf and Hearing  
Impaired" (9/30/03)
- 8) PS 4352.1 "Inmate/Offender Deaths" (6/6/03)
- 9) PS 4910.1F "Escorted Trips" (2/20/04)
- 10) PS 6014.6B "Psychiatric Evaluation and Hospitalization of  
Department Residents" (3/22/04)
- 11) PS 6050.1A "Tuberculosis Control Program" (12/30/03)
- 12) DO 6080.2B "Suicide Prevention" (9/15/03)

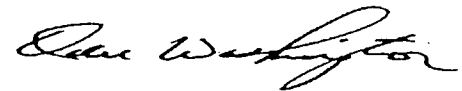
## 8. AUTHORITY

- a. D.C. Code § 24-211.02 Powers; Promulgation of Rules
- b. D.C. Code § 22-101 Criminal Offenses and Penalties.
- c. Title 7, Human Health Care and Safety, Chapter 12 Mental Health Information,  
§7-1201.1 through §7-1202.6.
- d. Title 2, Americans with Disabilities Act (ADA) of 1990, USC §§ 12131-12134  
and 28C.F.R. § 35.104.
- e. Health Insurance Portability and Accountability Act of 1996 (HIPAA) DC  
Privacy Rules.
- f. Women Prisoners of the District Of Columbia, Department of Corrections v.  
District of Columbia CA 93-2052.
- g. Medical and Mental Health Service Contract Number: CO12-AA-FL-0-SC.

9. STANDARDS REFERENCED

- a. American Correctional Association (ACA) 2<sup>nd</sup> Edition, Standard For Administration of Correctional Agencies: 2-CO-1A-22, 2-CO-1F-09, 2-CO-1F-12 and 2-CO-4E-01.
- b. American Correctional Association (ACA) 3<sup>rd</sup> Edition, Standards For Adult Local Detention Facilities: 3-ALDF-1A-17, 3-ALDF 3A-17-1 (2002 Supplement), 3-ALDF 4B-02-1 (2002 Supplement), 3-ALDF-4E-01, 3-ALDF-4E-03, 3-ALDF-4E-05, 3-ALDF-4E-06, 3-ALDF-4E-07, 3-ALDF-4E-08, 3-ALDF-4E-11, 3-ALDF-4E-17, 3-ALDF-4E-19, 3-ALDF-4E-23, 3-ALDF-4E-24, 3-ALDF-4E-26, 3-ALDF-4E-30, 3-ALDF-4E-32 (2002 Supplement), 3-ALDF-4E-33, 3-ALDF-4E-34 (2002 Supplement), 3-ALDF-4E-35, 3-ALDF-4E-39, 3-ALDF-4E-42, 3-ALDF-4E-44, 3-ALDF-4E-45 and 3-ALDF-4E-47.
- c. National Commission on Correctional Health Care, 1997; P-01, P-02, P-04, P-05, P-07, P-09, P-10, P-11, P-12, P-14, P-15, P-16, P-20, P-22, P-25, P-27, P-28, P-31, P-32, P-33, P-34, P-35, P-36, P-37, P-39, P-41, P-42, P-44, P-45, P-46, P-47, P-52, P-53, P-60, P-61, P-62, P-64, P-65, P-66, P-67 and P-70.
- d. American Correctional Association (ACA) 4<sup>th</sup> Edition, Standards for Adult Correctional Institutions,: 4-4344, 4-4346, 4-4347, 4-4349, 4-4351, 4-4354, 4-4358, 4-4360, 4-4361, 4-4362, 4-4363, 4-4365, 4-4368, 4-4373, 4-4376, 4-4378, 4-4379, 4-4380, 4-4381, 4-4384, 4-4385, 4-4388, 4-4394, 4-4395, 4-4396, 4-4397, 4-4400, 4-4402, 4-4403, 4-4404, 4-4405, 4-4411, 4-4413, 4-4414, 4-4415, 4-4425 and 4-4429.
- e. American Correctional Association (ACA), Performance-Based Standards For Correctional Health Care in Adult Correctional Institutions: 1-HC-1A-04, 1-HC-1A-06, 1-HC-1A-08, 1-HC-1A-09, 1-HC-1A-10, 1-HC-1A-11, 1-HC-1A-15, 1-HC-1A-16, 1-HC-1A-17, 1-HC-1A-18, 1-HC-1A-19, 1-HC-1A-22, 1-HC-1A-25, 1-HC-1A-27, 1-HC-1A-30, 1-HC-1A-32, 1-HC-1A-33, 1-HC-1A-35, 1-HC-1A-36, 1-HC-1A-37, 1-HC-2A-01, 1-HC-2A-02, 1-HC-2A-03, 1-HC-2A-05, 1-HC-2A-11, 1-HC-2A-12, 1-HC-2A-13, 1-HC-2A-14, 1-HC-3A-01, 1-HC-3A-02, 1-HC-3A-06, 1-HC-3A-07, 1-HC-3A-09, 1-HC-3A-11, 1-HC-3A-12, 1-HC-3A-13, 1-HC-4A-06, 1-HC-4A-07, 1-HC-4A-08 and 1-HC-7A-05.

- f. American Correctional Association (ACA) 4<sup>th</sup> Edition, Performance-Based Standards for Adult Community Residential Services: 4-ACRS-2D-01, 4-ACRS-4C-01, 4-ACRS-4C-02, 4-ACRS-4C-03, 4-ACRS-4C-04, 4-ACRS-4C-10, 4-ACRS-4C-11, 4-ACRS-4C-12, 4-ACRS-4C-13, 4-ACRS-4C-14, 4-ACRS-4C-15, 4-ACRS-4C-16, 4-ACRS-4C-20, 4-ACRS-4C-21 and 4-ACRS-7D-15.



Odie Washington  
Director

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## CHAPTER 1

### OVERVIEW

#### 1. MEDICAL CARE DELIVERY SYSTEM

- a. In September 2003, DOC extended its contract with CCHPS to include fiscal responsibility for on-site primary health care services and medical supplies for inmates housed at the CDF and CCA/CTF or in contracted Community Correctional Center(s) (CCC).
- b. In collaboration with the DC Department of Health (DOH) Health Care Safety Net Administration, inmates shall be provided specialty clinic services, inpatient care and complex surgical and dental services at Greater Southeast Community Hospital (GSCH).
- c. Through a Memorandum of Understanding (MOU) between DOC and DOH, physicians provide attending physician management for inpatient care when inmates are admitted to the locked-ward unit at GSCH. DOC is responsible for payment of inpatient hospital billed costs per stay for the medical and surgical off-site admission of any CDF, CCA/CTF or CCC inmates.
- d. DOC and CCA/CTF provide custody and security for inmates housed within their respective facilities.
- e. Health care includes medical, dental and mental health services in accordance with community standards, guidelines established by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA).
- f. The CDF has acute mental health housing, safe cells and chronic mental health housing to serve inmates from the DOC and CCA/CTF.
- g. A substance abuse treatment readiness programs is offered at CDF through contract with DOH Health Care Safety Net Administration.
- h. Grant funding from DOH through the Family and Medical Counseling Services provides:
  - 1) Case management and discharge planning serves to DOC inmates identified with HIV/AIDS upon release to ensure continuity of care.
  - 2) Education and information sessions on infectious disease and health precautions to DOC employees.

2. **DEFINITIONS.** For the purpose of this Program Statement, the following definitions shall apply:
  - a. **Medical necessity.** The intervention should be intended for treatment or diagnosis of a serious medical condition.
  - b. **Serious medical need.** Serious medical need is defined as a valid health condition that, without timely medical intervention, will cause (1) unnecessary pain, or (2) deterioration in function (including organ function), or (3) death, or (4) substantial risk to the public health.
  - c. **Protected Health Information (PHI).** Information regarding a person's past, present, or future physical or mental condition, provision of health care or payment for health care. Health Insurance Portability and Accountability Act (HIPAA) regulations seek to protect the health information of individuals; and give individuals certain rights regarding their health information while also seeking to meet the needs of the health care industry to more efficiently process health-care claims and certain other related transactions.
  
3. **ACCESS TO CARE**
  - a. Upon arrival at CDF, all inmates shall be informed about how to access health services and the grievance system.
  - b. No member of the correctional staff shall approve or disapprove an inmate's request for health care services.
  - c. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by the inmate. Interpretations services shall be available to inmates that have limitations in communicating to health care providers.
  - d. Sign language interpreter services shall be made available to deaf and hearing-impaired individuals.
  - e. Language Line Services shall be available to individuals with limited understanding or speaking of English.

## CHAPTER 2

### DC DEPARTMENT OF CORRECTIONS (DOC) ADMINISTRATIVE RESPONSIBILITIES

#### 1. CONTRACT ADMINISTRATION

Under the auspices of the DOC Office of Contract Services, the Health Services Administrator has oversight to ensure that medical, dental and mental health services are provided at the CDF, CTF and community residential facilities in accordance with federal law, local regulations, contractual agreement and applicable policies and programs of each entity.

- a. **Contract Monitoring.** The Office of Contracts shall ensure there is day-to-day contract monitoring of the health services program.
- b. **Annual Administrative Audits.** The Health Services Administrator shall be the Contract Administrator for health care services and shall conduct annual audits of the health care provider to determine if the provider is in compliance with the delivery of health care services pursuant to the contractual agreement and this directive. The Office of Contracts, Health Services Administration and the Expert Medical Consultant shall conduct periodic fiscal reviews of payments made for health care delivery and evaluate compliance of the contractual agreement and this directive on an annual basis.
- c. **Clinical Audits.** The Expert Medical Consultant shall conduct quarterly administrative and clinical inspections of health care services to identify deficiencies, suggest improvements in service delivery and avoid contract noncompliance.
- d. **Grievances.** DOC shall maintain a system for resolving inmate grievances relating to health care and monitoring complaints as a measurement of the contractors performance.
- e. **Meetings.** The health care provider and DOC and CCA/CTF officials shall periodically meet to address the effectiveness of the health care system, factors that require improvement and all other findings and recommendations for corrective action.
- f. **Contract Non-compliance.** Should the health services provider fail to maintain required staffing; refuse or neglect to supply adequate and competent supervision or 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 shall impose appropriate sanctions.

2. **WARDENS.** The Wardens, Central Detention Facility (CDF) and Correctional Treatment Facility (CTF), shall ensure that correctional supervision is provided in accordance with this directive.
3. **EMPLOYEES.** Employees shall ensure that inmates have unimpeded access to medical services in accordance with this directive.
4. **SECURITY.** DOC and CCA/CTF correctional staff shall provide secure custody and supervision of all inmates while they are engaged in health care to include:
  - a. Uniform correctional officers shall ensure that health care professionals are not impeded from carrying out their health care responsibility.
  - b. Uniform correctional officers shall provide security supervision or escort for inmates as they travel to or from the medical unit.
  - c. Transporting inmates outside of the security perimeter of the CDF/CTF shall be handled in accordance with guidelines set forth in DOC Program Statement PS 4910.1F "Escorted Trips".
  - d. DOC shall provide the security personnel, whether inmates are admitted to the Locked-Ward Unit or to an "outpost" location for inpatient management.
  - e. DOC shall provide specialized restraint equipment and required correctional supervision for inmates who are under close observation or intensive monitoring.
5. **PHYSICAL SPACE.** DOC and CCA/CTF shall provide adequate space for administrative, direct care, professional and clerical staff.
6. **SUPPORT SERVICES.** DOC and CCA/CTF shall provide equipment pursuant to the contractual agreement.
7. **INMATE HYGIENE.** DOC and CCA/CTF shall ensure that facilities comply with all applicable environmental health, safety and sanitation and fire safety codes and regulations of the District. In addition, DOC and CCA/CTF shall provide:
  - a. Support for general cleaning to support environmental safety and sanitation through use of inmate labor and equipment.
  - b. Clean up of infectious spills in accordance with PM 2920.4 "Environmental Safety and Sanitation Manual".

- c. To provide environmental services for pest control.
8. **DOC PRIVACY OFFICER.** Under the auspices of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the DOC Privacy Officer has oversight and managerial responsibility for the use and disclosure of protected health information that is maintained by the health care provider and other contract business associates.
  9. **MEDICAL RESEARCH.** All medical research requests shall follow guidelines set forth in DOC Program Statement PS 1311.1D "Management Controls Research Activities" (12/15/03). The request to conduct medical research shall require:
    - a. DOC, contract employees and non-employees shall not use data that is created or maintained by DOC or conduct any form of research that DOC has not authorized in advance nor shall any person use DOC data or conduct research contrary to the stipulations in this directive.
    - b. All outside research proposals/requests shall be submitted for approval to the D.C. Department of Corrections, Office of the Director, 1923 Vermont Avenue, N.W., Washington, D.C. 20001.
    - c. Requests to conduct research about inmates (current/former) that includes the use of PHI shall be submitted to the Office of Internal Controls, Compliance and Accreditation (OICCA) and the DOC Privacy Officer in accordance with PS 1311.1D "Management Controls-Research Activity".
  10. **TRAINING PROVIDED BY DOC**
    - a. The DOC Training Administrator shall ensure that all correctional employees receive annual training in inmate referrals for medical, dental and mental health services, suicide prevention, First AID, CPR and emergency procedures. This training shall be documented for each employee.
    - b. The DOC Training Administrator shall ensure that medical contract employees receive pre-service and annual refresher training in Health Information privacy under the Health Information Portability and Accountability Act (HIPAA), Sexual Harassment Against Employees, Sexual Misconduct Against Inmates, Suicide Prevention, appropriate employee attire, fire safety, environmental safety and sanitation, professional inmate-employee relationships, inmate con games, key control, tool control, and inmate accountability.
    - c. DOC provides training with documentation for inmates, who are assigned to the environmental squad, in safety precautions and methods for the clean up of infectious waste spills and proper disposal of biohazardous materials.

11. **WORKFORCE SANCTIONS.** Employees who violate the Department's Privacy Policies and Procedures, the Privacy Rules or other applicable federal or state privacy law would subject the employee to discipline in accordance with Chapter 16 of the District Personnel Manual. These disciplinary actions may range from a letter of admonition to the loss of employment.

## CHAPTER 3

### HEALTH CARE PROVIDER ADMINISTRATIVE RESPONSIBILITIES CENTER FOR CORRECTIONAL HEALTH CARE POLICY STUDIES (CCHPS)

1. **MEDICAL DIRECTOR.** The CCHPS Medical Director shall ensure that health care is administered, managed and provided to inmates pursuant to federal and local law(s), the contractual agreement, CCHPS policies and procedures and this directive.
2. **QUALITY ASSURANCE.** The CCHPS Medical Director shall implement a system of documented internal reviews to evaluate the quality of care and performance, investigate complaints and monitor corrective action plans.
3. **ACCREDITATION.** CCHPS shall maintain accreditation status pursuant to the contractual agreement.
4. **MEDICAL AND OFFICE EQUIPMENT.** The health care provider is responsible for (1) purchase and control of medical and dental instruments and supplies; (2) telephone services; telephone maintenance costs and pager services for medical staff; (3) information technology equipment and software; maintenance, repairs and/or replacement of medical, dental and mental health equipment, including but not limited to maintenance of required service contracts.
5. **PROVISION OF TREATMENT.** Clinical decisions are the sole province of the responsible clinician and are not countermanded by non-clinicians.
6. **PERSONNEL.** The Medical Director shall ensure that health services is staffed in accordance with the contractual agreement and scope of services and that all personnel are:
  - a. **Qualified.** Health care services are 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 the Health Service Administrator.
  - b. **Credentials.** All professional staff comply with applicable federal and local licensures, certification or registration requirements. Verification of current credentials and job descriptions are on file in the facility.
  - c. **Security.** The contractor and its personnel are subject to and must comply with all security regulations of DOC and/or CCA/CTF correctional procedures.



Violation of these regulations may result in the employee being denied access to the facilities. In this event, CCHPS shall provide correspondingly alternate personnel to supply contracted services.

- d. **Discipline.** The health care business associates may impose discipline in accordance with their personnel rules and any contractual rules for discipline.

7. **TRAINING PROVIDED BY CCHPS**

- a. CCHPS shall provide training for its personnel in accordance with the contractual agreement and its personnel manual.
- b. CCHPS shall provide the following training for DOC employees:
  - 1) Suicide Prevention Training (8 hours) for uniform correctional personnel assigned to the CCA/CTF Infirmary and the CDF Mental Health Units.
  - 2) Annual mental health training (40 hours) for uniform correctional personnel assigned to the CCA/CTF Infirmary and the CDF Mental Health Units.

8. **BIOHAZARDOUS WASTE COLLECTION AND DISPOSAL.** The health care provider 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. **INTAKE MEDICAL ASSESSMENT.** Medical, dental and mental health screening shall be performed and documented by licensed and credentialed health care personnel within 24 hours after the inmate's arrival at the facility. The intake medical screening shall include test for communicable diseases, mental health appraisal and medical evaluation prior to an inmate's placement into the general population or special housing unit.
2. **MEDICAL CLEARANCE.** The health care provider shall ensure that all necessary forms and required documentation for intra and inter-institutional transfers are completed on all patients in a timely fashion.
3. **COMPREHENSIVE HEALTH APPRAISAL.** The health care provider shall ensure that each new inmate and transferred inmate placed in CDF and/or CTF has, within 14 days, a completed and documented health appraisal in the medical record.
4. **SICK CALL (GENERAL POPULATION/NON-EMERGENCY CASES).** Any inmate patient who requests to be seen by clinical staff for non-emergency medical care shall be scheduled for sick call within 24 hours of the written request.
  - a. Nursing staff shall conduct sick call five days per week in the general population units and three days per week in the segregated housing units where inmates are locked down (excluding weekends and holidays).
  - b. Correctional officers shall document in the housing unit logbook the start and completion times of sick call in the housing unit.
5. **CHRONIC CARE.** The medical care provider shall ensure inmates with chronic illnesses receive continuous and appropriate medical services to prevent or reduce complications of chronic illnesses and promote health maintenance.
6. **SPECIALTY SERVICES.** The medical care provider shall manage and/or refer inmates to medically necessary secondary services (i.e., specialty consultations/clinics, and all outside diagnostic services and procedures).
7. **DETOXIFICATION.** The health care provider shall ensure that the detoxification of inmates is done under medical supervision in accordance with federal and local law(s) at a DOC facility, the DC Detoxification Center or an off-site inpatient service facility.

8. **DENTAL SERVICES.** The health care provider is responsible for:
  - a. Dental screening conducted within seven days of admission, unless completed within the last six months.
  - b. Inmate patients shall receive routine dental care for chronic dental and oral pathosis (disease state).
  - c. Dental instruments and supplies (including prosthetics).
  - d. Maintenance or replacement of dental equipment.
  - e. Treatment beyond the scope of services provided at the CDF and CTF Dental Clinic shall be referred to Greater Southeast Hospital or another Oral Surgery Clinic contracted to provide services to the DOC inmate population.
  
9. **INFIRMARY (CDF/CTF).** At a minimum the operation of the infirmary shall include:
  - a. A physician on call 24 hours a day. A physician's progress note entered in the charts at least every 24 hours for all patients admitted.
  - b. Daily on-site supervision of the infirmary by a registered nurse. If intravenous medications are being administered, a registered nurse must be physically present in the infirmary at all times.
  - c. Sufficient and appropriate nursing staff on duty within sight and sound of inmate-patients 24 hours a day.
  - d. Provision of a manual of nursing care procedures for infirmary care.
  - e. A complete inpatient record for each patient admitted to the infirmary, including an admission work-up and discharge plan.
  
10. **EMERGENCY/URGENT MEDICAL CARE FOR INMATES.** Urgent/Emergency care is the responsibility of the health care provider. The health care provider shall have unimpeded access to providing care and making decisions about the medical care of an inmate(s) whose condition may result in death, organ failure or severe life altering situation without medical intervention. Actions taken for an emergency situation shall include, but not limited to:
  - a. Any employee who determines that a medical emergency exists shall immediately call the Nurses Station on the Medical Unit.
  - b. The employee placing the emergency call will provide all necessary information to the nurse in the Nurses Station, i.e., location of injured or ill person, type of injury or illness, and whether the injured person is conscious.

A physician shall speak with the employee who is reporting the incident when a nurse is unavailable.

- c. The nurse receiving the call from the cellblock 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.
- d. 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.
- e. All employees shall assist the MERT as directed by the MERT team leader.
- f. All employees shall assist Fire and Emergency Medical Services (FEMS) responders to gain unimpeded access to providing medical care for an individual in need of emergency care.
- g. The 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 security and escort requirements.

**11. EMERGENCY TRANSPORTATION TO AN OUTSIDE HOSPITAL**

- a. If the medical officer who is responsible for the emergency care determines that the patient requires urgent transportation to an outside hospital, the physician will direct a nurse to call 911 to arrange for an ambulance and the nurse shall notify the Command Center of the ambulance's expected arrival.
- b. Emergency medical escorts shall be handled in accordance with guidelines set forth in DOC Program Statement PS 4910.1F "Escorted Trips".

**12. OFF SITE-INPATIENT SERVICES.** The medical services to off-site inpatient care shall include, but not limited to:

- a. **Off-Site Inpatient Admissions.** The health care provider shall make arrangements and prepare medical documents for inmates to receive specialty care at other institutions i.e., Greater Southeast Hospital, Howard University Hospital, DC General, etc.
- b. **Mental Health Off-Site Inpatient Admissions.** The health care provider shall be responsible for the management of Mental Health Inpatient Admissions as part of their Off-Site Inpatient Comparison and/or Alternate Proposals.

13. **MENTAL HEALTH SERVICES.** The health care provider shall be responsible for all aspects of On-Site inpatient or outpatient mental health care. Mental health services shall include, but not limited to:
  - a. A health care provider shall conduct a comprehensive mental health intake screening assessment on all inmates admitted to CDF.
  - b. Management of inmates transferred from other DOC facilities to the CDF for inpatient mental health services.
  - c. Mental health sick call.
  - d. Suicide intervention and treatment.
  - e. Management and care of inmates with the most severe forms of mental illness.
  - f. Managing the use of medical restraints for mentally ill inmates displaying disruptive, aggressive and self-destructive behaviors.
  - g. Provision of basic mental health support services to all inmates housed in the general population at CDF and CCA/CTF.
14. **SUICIDE AND SUICIDE PREVENTION.** The health care provider shall provide assistance, guidance and treatment planning for any inmate determined by a mental health professional to be in imminent danger of committing suicide because of a recent suicide attempt, verbalized threat to commit suicide or reveals other suicide risk indicators.
  - a. Suicide prevention and intervention shall be governed by the guidelines set forth by DOC Program Statement PS 6080.2B "Suicide Prevention".
  - b. Medical Restraints. Only after a doctor's assessment and order, shall medical restraints be used if it is determined that, as a result of a mental or behavioral disorder, an inmate is an imminent danger to themselves or others.
15. **INVOLUNTARY ADMINISTRATION OF PSYCHOTROPIC MEDICATION.** District of Columbia law(s) and applicable regulations shall govern the involuntary administration of psychotropic medication(s) to an inmate.
16. **MENTAL HEALTH EMERGENCY TRANSFER.** Inmates whose acute psychiatric symptoms fail to remit due to medication non-compliance, who are assessed to be a danger to themselves, or others due to mental illness shall be transferred to the John Howard Pavilion/St. Elizabeths Hospital.
  - a. All mental health emergency transfers require a face-to-face evaluation by a psychiatrist.

- b. Health care staff shall be responsible for completion of 9-J certification and preparation of medical documentations required for an inmate emergency transfer to the John Howard Pavilion/St. Elizabeths Hospital.
- c. DOC shall be responsible for forwarding a completed packet to the John Howard Pavilion /St. Elizabeths Hospital within twenty-four hours in accordance with DO 6014.6A "Psychiatric Evaluation and Hospitalization of Department Residents".

**17. PREGNANCY MANAGEMENT**

- a. Pregnant inmates shall be provided confidential and comprehensive ongoing prenatal medical services.
  - b. Female inmates who suspect pregnancy shall be referred to in-house OB clinic to receive Pregnancy testing and counseling for routine and high-risk prenatal care.
  - c. In accordance with Women Offenders v. DC CA 93-2052, DOC shall place no restraints on any woman in labor, during delivery, or in recovery immediately after delivery; and during the last trimester of pregnancy up until labor, the Defendants shall use no restraints when transporting a pregnant woman prisoner unless the woman has demonstrated a history of assaultive behavior or has escaped from a correctional facility, in which case, only handcuffs shall be used.
- 18. ABORTION.** No DOC employee, contract employee or volunteer shall in any manner compel, encourage, discourage, or coerce an inmate to either have or not have an abortion. The counseling and assistance to pregnant inmates shall be provided in accordance with District Law (DC Code §22-101).
- 19. ANCILLARY SERVICES.** The health care provider is responsible for the provision of all radiology, laboratory, pharmacy and other ancillary services.
- 20. PHARMACEUTICALS.** The health care provider shall be accountable for all aspects of Pharmacy Services, including but not limited to procurement, inventory control, dispensing and disposal of all pharmaceuticals.
- 21. PROSTHESES AND ORTHODONTIC DEVICES.** The health care provider is responsible for assessment of inmates 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 responsible physician or dentist.
- 22. 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. Licensed Independent Practitioner (MD, DO, NP, DDS, DMD, etc.) shall order therapeutic diets as defined by law, rules and regulations of District of Columbia.
  - b. The Licensed Independent Practitioner (LIP) may also order nutritional supplements such as vitamin and mineral preparations when necessary.
23. **COMMUNICABLE DISEASE AND INFECTION CONTROL PROGRAM.** Under the direction of the Medical Director, the Infection Control Coordinator 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 the sterilization and disinfectant practices within all operative locations, and those associated with the storage of sterile supplies and the recall of the same.
  - c. The reporting of communicable and infectious diseases shall be in accordance with federal and local law(s).
24. **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 PS 6050.1A "Tuberculosis Control Program" and procedures for management among inmates are provided as a routine component of inmate health care.
25. **HEPATITIS A, B, C.** Under the direction of the Medical Director, there is a plan to identify infected inmates, provide treatment (when indicated), follow-up, and isolation (when indicated).
26. **HIV/AIDS MANAGEMENT.** Under the direction of the Medical Director, the health care provider shall identify, provide surveillance, immunization (when applicable), treatment, follow-up, and isolation (when indicated).
27. **HEALTH EDUCATION.** The health care provider shall offer ongoing health education and wellness program for inmates that are either self-referred or referred through Sick Call. Topics in the Health Education Program will include, but 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
  - h. Violence Prevention
4. **CONTINUITY OF CARE.** Continuity of care is provided from admission to transfer or discharge from the DOC facilities, including referral to community-based providers, when indicated.
- a. The health care provider shall ensure that all necessary forms required for an inter-institutional transfer are completed on all patients transferred to other DOC facilities.
  - b. The Mental Health Liaison from the DC Department of Mental Health assigned to CDF evaluates patients with mental health problems who are due to be released into the community. This person arranges for further evaluations by a Psychiatrist from the Department of Mental Health while the patient is still incarcerated.
  - c. CCHPS shall provide a full-time Nurse Practitioner and a 30 days supply of all prescription drugs with exception of over the counter drugs to DOC inmates housed in Contract Community Correctional Centers.
28. **INMATE DEATH.** Inmates who expired in transit to or in the Disaster Treatment Area shall be placed in the infirmary cells. Deaths at the site of significant incident or a major disaster shall be covered with a blanket and not moved until all treatable victims are triaged, treated, and/or transported.
- a. The procedure for the identification, verification, reporting and documentation of an inmate death shall be governed by guidelines set forth in DOC Program Statement PS 4352.1 "Inmate/Offender Deaths" (6/6/03).
  - b. Notification about the death of an inmate shall be governed by guidelines set forth by DOC Program Statement PS 1280.2B "Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences" (9/15/00).



## CHAPTER 5

### INMATE TREATMENT

1. DOC, CCA/CTF and CCHPS shall ensure that inmates are treated humanely, fairly and in accordance with applicable laws.
2. **NOTIFICATION.** It is DOC policy to notify an individual that the inmate designates in case of serious illness, serious injury or death, unless security restrictions dictate otherwise.
3. **PRIVACY.** The health care provider shall ensure that medical and mental health interviews, examinations and procedures are conducted in a setting that respects the inmate's privacy.
4. **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 set forth by DOC Program Statement PS 1300.3 "Health Information Privacy" (12/15/03).
5. **INFORMED CONSENT.** Health Care services shall be rendered according to federal standards and District law(s) in a language understood by inmate. The rights of inmates shall be taken into consideration when providing health care services.
  - a. When health care is rendered against the inmate's will, it is in accordance with federal and local laws and regulations.
  - b. Any inmate may refuse (in writing) medical, dental and mental health care.

## CHAPTER 6

### MEDICAL RECORDS

#### 1. INMATE MEDICAL RECORD

- a. The health care provider shall establish a medical record for each inmate committed to the DOC.
- b. Medical records shall be readily accessible to health care professionals, promptly retrievable, and securely stored.
- c. If the inmate is being transferred to another facility, the health care provider shall secure the medical record in a sealed plastic envelope and deliver it to DOC or CCA/CTF correctional personnel for transfer, along with the inmate, to the receiving facility.
- d. Only an authorized health care employee shall open the sealed envelope.

#### 2. CONFIDENTIALITY OF MEDICAL RECORDS

- a. The health care provider 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 control of the medical practitioner's span of control, except for the following:
  - 1) Patient transfer outside of CDF and CTF;
  - 2) Corporation Counsel's request for litigation purposes, after a receipt has been secured; and
  - 3) Review by law enforcement authorities or Court order/Subpoena in accordance with HIPAA standards.
- c. Inmate workers assigned to the Medical Unit shall not have access to patient information, medical records, determine or perform any type of health care procedure.

3. **RECORDS RETENTION AND DISPOSAL**

- a. Inmate records are the sole property of DOC.
- b. The health care provider shall be responsible for maintenance, retention and timely transfer of a complete, standardized problem oriented medical record for all inmates in accordance with prevailing federal law(s), local law(s), medical regulations and ACA standards.
- c. The health care provider shall maintain inmate medical records in an electronic medical record system and a parallel paper record system.
- d. The health care provider shall be responsible for the storage and retrieval of archival paper medical records off-site.
- e. The health care provider shall retain inactive medical records for six (6) years and in compliance with HIPAA standards.

## CHAPTER 7

### EMERGENCY MEDICAL TREATMENT FOR EMPLOYEES

1. **REQUIREMENT.** An injured or ill employee shall have unimpeded access to immediate medical attention from the health care provider.
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 to 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 not 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 health care provider directly following notification to their supervisor and relief from their duty station.
  - b. **Medical Response**
    - 1) The health care provider 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 health care provider, and there is proper medical documentation of an injury or illness to an employee.
  - c. **Medical Referral**
    - 1) CCHPS shall not be responsible for the ongoing patient management of an employee.

- 2) The health care provider shall arrange for DC Fire and Emergency Medical Services (DCFEMS) to transfer a seriously injured/ill employee by ambulance to the nearest hospital as soon as reasonably possible.
  - 3) The health care provider shall document an employee's complaint of an injury or illness.
- d. **Crime Scene.** 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 injury or illness to an employee shall be handled in accordance to DOC Program Statement PS 2921.3 "Injuries and Illnesses, Work-Related".