

103 CMR: DEPARTMENT OF CORRECTION

103 CMR 932.00: COUNTY CORRECTIONAL FACILITIES – HEALTH CARE SERVICES

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932.01: Health Policy and Authority

- (1) Written policy and procedure shall provide for the delivery of health care services, including medical, dental and mental health services, under the control of a designated health authority. The health authority may be a physician, health administrator, or health agency whose responsibility is pursuant to a written agreement, contract, or job description. When the authority is other than a physician, the final medical judgement shall rest solely on a physician licensed by the Commonwealth.
- (2) If a health care specialist is required, such arrangements shall be made in advance of any need, whenever possible.
- (3) The county correctional facility shall require that the health authority meet with the Sheriff/facility administrator or designee at least quarterly and submit the following:
 - (a) quarterly reports on the health care delivery system and health environment; and
 - (b) annual statistical summaries.
- (4) The county correctional facility shall maintain a manual of health care policies and procedures specifically developed for the facility and approved by the health authority.

932.02: Space and Health Supplies

The county correctional facility shall provide adequate space, equipment, supplies and materials for health care delivery by the facility as determined by the health authority and in accordance with 105 CMR 205.000: *Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities*, and shall include:

- (1) First-aid kits in designated areas of the facility based on need;
- (2) Space and equipment for medical staff to conduct health examinations in a room which is used solely for the purpose of providing health care and provides a means of privacy;
- (3) When seriously ill, mentally disordered, injured or non-ambulatory inmates are held in the facility, there is at least one single-occupancy cell or room for them which provides continuing staff observation; and,
- (4) Adequate equipment and space for the storage of active and inactive medical records, including safety from fire and water damage and from unauthorized use.

932.03: Health Care Personnel

- (1) The county correctional facility shall provide qualified health care personnel by ensuring the following:
 - (a) that the Commonwealth's and federal licensure, certification or registration requirements and restrictions apply to personnel who provide health care services to inmates and that such credentials are verified and on file; and,
 - (b) that the duties and responsibilities of health care personnel are governed by written job descriptions approved by the health authority and the Sheriff/facility administrator.
- (2) The county correctional facility shall provide that the health authority systematically determines health care personnel requirements in order to provide inmate access to health care staff and services.
- (3) In county correctional facilities without full-time, qualified health personnel, a health trained employee shall coordinate the health care delivery in the facility under the joint supervision of the responsible health authority and Sheriff or facility administrator.

932.04: Health Care Treatment (Required)

Written policy and procedure shall provide for health care treatment, and shall include, but not be limited to, the following:

- (1) Treatment by health care personnel other than a physician, dentist, psychologist or independent provider shall be performed pursuant to written standing or direct orders of such person authorized by law to give such orders;
- (2) Nurse practitioners and physician assistants shall provide services under the clinical supervision of a licensed physician;
- (3) If students or interns are used to supplement health care personnel, that their work shall be performed under direct staff supervision;
- (4) Inmates shall not be used for the following duties:
 - (a) performing direct patient care services;
 - (b) scheduling health care appointments;
 - (c) determining access of other inmates to health care services;
 - (d) handling or having access to: surgical instruments, dental instruments, syringes, medications, health records; and
 - (e) operating equipment for which they are not trained.
- (5) Medical, dental and mental health matters including clinical judgments shall be the sole province of the responsible physician, dentist, qualified psychologist, or psychiatrist. Security regulations applicable to county correctional facility personnel shall apply to health personnel.

932.05: Health Care Training (Required)

- (1) Written policy and procedure shall provide for the training of other personnel to respond to health-related situations. This shall include the establishment of a training program by the responsible health authority in cooperation with the facility administrator, which includes instruction in the following areas:
 - (a) the ability to respond to health-related situations within four minutes;
 - (b) recognition of signs and symptoms, and knowledge of action required in potential emergency health care;
 - (c) administration of first aid and cardiopulmonary resuscitation (CPR) (to be documented by a copy of the current certification placed in individual training records);
 - (d) methods of obtaining assistance;
 - (e) recognition of signs and symptoms of mental illness, retardation, emotional disturbance and chemical dependency; and,
 - (f) procedures for inmate transfers to appropriate medical facilities or health care providers.

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(2) Each county correctional facility shall develop a written suicide prevention and intervention program that shall be reviewed and approved by qualified medical or mental health personnel. The facility shall require that all staff with responsibility for inmate supervision be trained in the implementation of this program.

932.06: Admission Medical Screening (Required)

(1) Written policy and procedure shall provide for an admission medical screening to be performed by health trained personnel or qualified health care personnel for each inmate upon arrival at the county correctional facility. The findings of the screening shall be recorded on a printed form approved by the health authority.

(2) The screening procedure shall include, but not be limited to, the following:

(a) inquiry into:

1. current illness and health problems including dental problems, communicable diseases and other infectious diseases;
2. medications taken and special health requirements;
3. use of alcohol and other drugs which includes types of drugs used, mode of use, date or time of last use, and a history of problems which may have occurred after ceasing use (*e.g.*, convulsions);
4. past and present treatment or hospitalization for mental disturbance or suicide; and,
5. other health problems designated by a responsible physician.

(b) observations of:

1. behavior, which indicates state of consciousness, mental status, appearance, conduct, tremor, and sweating;
2. body deformities, ease of movement; and,
3. condition of skin, including trauma markings, rashes, bruises, lesions, jaundice, infestations, or needle marks or other indications of drug use.

(c) disposition of inmate to:

1. general population;
2. general population and prompt referral to appropriate health care service; and,
3. referral to appropriate health care service on an emergency basis.

932.07: Health Appraisal/Physical Examination

Written policy and procedure shall govern health appraisals and physical examinations for inmates which include the following requirements for new admissions:

(1) Pursuant to M.G.L. c. 127, § 16, each inmate committed to the facility for 30 days or more shall receive a thorough physical examination. Said examination shall take place no later than seven days after admission. This time frame may be extended to within 14 days of admission for cases in which the admission screening was completed by a physician, physician's assistant or registered nurse.

(2) If a newly admitted inmate is accompanied by a medical record containing documentation of a record of a complete physical examination within the last 90 days, a complete new physical examination is not necessary, except as determined by the designated health authority. However, qualified medical staff shall:

- (a) review the inmate's medical record;
- (b) examine the inmate for any signs of trauma or disease which may have been incurred since the last examination;
- (c) conduct any tests or examinations which are medically indicated; and,
- (d) review findings and any required follow-up services with the inmate.

(3) Health examinations shall include the following:

- (a) a review of the earlier receiving screening;
- (b) collection of additional data to complete the medical, dental, psychiatric and immunization histories;
- (c) administering of laboratory or diagnostic tests to detect communicable diseases and tuberculosis;

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- (d) recording of height, weight, pulse, blood pressure, temperature, and respiration;
- (e) administering of other tests and examinations as appropriate;
- (f) completion of a physical examination with comments about mental health and dental status;
- (g) review of the results of the medical examination, tests and identification of problems by a physician or by any other qualified health care personnel;
- (h) initiation of treatment when appropriate; and,
- (i) recommendations concerning housing, job assignment, or program participation, when appropriate.

932.08: Unimpeded Access to Health Care (Required)

Written policy and procedure shall provide for unimpeded access to health care and shall include the following:

- (1) A system for processing health care complaints;
- (2) Procedures for access, which shall be communicated orally and in writing to inmates upon admission; and,
- (3) The daily processing and acting upon inmates' health complaints by health-trained correctional personnel, and shall be followed by appropriate triage and treatment by qualified health personnel.

932.09: Sick Call

- (1) Written policy and procedure shall provide for continuous response to health care requests and that sick call, conducted by a physician or other qualified health personnel, is available to each inmate as follows:
 - (a) in county correctional facilities with less than 200 inmates, sick call shall be held a minimum of three days per week; and
 - (b) in county correctional facilities with over 200 inmates, sick call shall be held a minimum of five days per week.
- (2) If an inmate's custody status precludes attendance at sick call, arrangements shall be made to provide sick call services in the place of the inmate's detention.

932.10: General Health Care Services

- (1) The county correctional facility shall have a written agreement with an adequately equipped medical facility which meets the legal requirements for a licensed general hospital and will permit admission of inmates in an emergency or upon recommendation of the facility health authority or Sheriff/facility administrator.
- (2) Written policy and procedure shall provide, at a minimum, the following special medical programs:
 - (a) chronic care - medical services rendered to a patient over a long period of time;
 - (b) convalescent care - medical services rendered to a patient to assist in the recovery from illness or injury;
 - (c) for county correctional facilities housing female inmates, proper medical services appropriate to the special needs of the female population;
 - (d) medical preventive maintenance including health education and medical services provided to take advance measures against disease, such as inoculation and immunizations;
 - (e) management and care of inmates with communicable or infectious disease, including provisions for isolation if medically indicated;
 - (f) detoxification from alcohol and other drugs under medical supervision;
 - (g) as determined by the responsible physician, the provision of a medical prosthesis or elective surgery, when the health of the inmate would otherwise be adversely affected; and

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(h) the use of restraints for medical and psychiatric purposes, in conformance with M.G.L. c. 123, § 21.

The above policy and procedure shall be updated as new information becomes available.

(3) Written policy and procedure shall be developed regarding informed consent that provides for the following:

(a) all examinations, treatments and procedures affected by informed consent standards in the community, shall be observed for inmate care;

(b) that health care is rendered against an inmate's will only in accordance with law; and,

(c) in the case of minors, the informed consent of parent, guardian or legal custodian applies when required by law.

(4) If a medical co-payment program is used, written policy and procedure shall be developed and shall address the following:

(a) a co-payment fee may be required of all inmates for self-initiated sick call visits pursuant to M.G.L. c 127, § 16A and c. 124, §§ 1(c) and 1(s);

(b) each county correctional facility participating in an inmate co-payment plan shall develop written procedures pertaining to the collection of fees, including the eligibility criteria of the co-payment plan.

(5) Written policy and procedure shall be developed to provide a means to ascertain whether an inmate has insurance, and if so, to ensure appropriate billing for any services provided, pursuant to M.G.L. c. 124, § 1(t).

932.11: Emergency Health Care (Required)

Written policy and procedure shall provide 24 hour emergency medical and dental care ability as outlined in a written plan. This written plan shall include, but not be limited to, the following:

(1) On site emergency first aid by health trained staff or health care personnel;

(2) Emergency evacuation of the inmate from within the facility;

(3) Use of an emergency medical vehicle;

(4) Use of one or more designated hospital emergency rooms or other appropriate health facilities;

(5) Emergency on-call physician and dental services when the emergency health facility is not located in a nearby community; and,

(6) Security procedures that provide for immediate transfer of inmates when appropriate.

932.12: Dental Care Services

Written policy and procedure shall require the provision of dental care, under the direction and supervision of a dentist licensed in the Commonwealth, to all inmates incarcerated for 30 days or more as follows:

(1) Dental treatment, not limited to extractions, when the health of the inmate would otherwise be adversely affected; and,

(2) Dental screening and examination as required.

932.13: Mental Health Services

- (1) Written policy and procedure shall require post admission screening and referral for care of mentally ill or retarded inmates whose adaptation to the correctional environment is significantly impaired. This procedure shall provide for referring inmates, who are severely disturbed and/or mentally retarded, for placement in either appropriate non-correctional facilities or in specially designated units for handling the individual.
- (2) Written policy shall require consultation between the Sheriff/facility administrator and the responsible physician or their designees prior to the following actions being taken regarding inmates who are diagnosed as having a psychiatric illness:
 - (a) housing assignment;
 - (b) program assignments;
 - (c) disciplinary measures; and,
 - (d) transfers in and out of the facility.

932.14: Inmate Transfers

- (1) Written policy and procedure shall require inmates in need of health care beyond facility resources, as determined by the responsible physician, to be transferred under appropriate security provisions to a facility where such care is available.
- (2) Written policy and procedure shall provide for health care personnel to evaluate either the inmate or his records, prior to transfer to another facility or other substantial travel, to assess suitability and special needs for travel. When travel is approved, health care personnel shall provide to the appropriate staff, the following:
 - (a) medication needs and specific written instructions for administration of such medication; and
 - (b) other special medical requirements for observation and management during travel.

932.15: Proper Management of Pharmaceuticals (Required)

Written policy and procedure shall provide for the proper management of pharmaceuticals, in accordance with the rules and regulations of the Board of Registration in Pharmacy, the Department of Public Health and the United States Drug Enforcement Agency, and shall address the following:

- (1) A formulary specifically developed for the county correctional facility;
- (2) Prescription practices which require that:
 - (a) psychotropic medications are prescribed only when clinically indicated as one facet of a program of therapy;
 - (b) "stop orders" time periods are required for all medications; and
 - (c) the prescribing provider re-evaluates a prescription prior to its renewal.
- (3) Procedures for medication receipt, storage, dispensing and distribution;
- (4) Maximum security storage and perpetual inventory of all controlled substances, syringes and needles;
- (5) Dispensing of medication by properly licensed personnel in conformance with current federal and state laws;
- (6) Distribution of medication by persons properly trained; and,
- (7) Accountability for distributing medications in a timely manner, according to physician orders.

932.16: Distributing Medications

Persons distributing medications:

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- (1) Shall do so under the supervision of the responsible physician;
- (2) Shall have received training appropriate to their assignments; and
- (3) Shall be accountable for the following:
 - (a) distributing medications according to orders;
 - (b) recording the distribution of medications in a manner and on a form approved by the responsible physician; and,
 - (c) reporting refusals of medication according to a procedure approved by the responsible physician.

932.17: Guidelines for Serious Illness, Injury, or Death

- (1) Written policy and procedure shall govern the process for notification in cases of serious illness or injury, which shall specify the following:
 - (a) the process by which those individuals so designated by the inmate are notified in case of serious illness or injury; and,
 - (b) procedures for obtaining permission for notification from the inmate prior to need, when possible.
- (2) Written policy and procedure shall establish guidelines in the event of death of an inmate or employee of the facility to include, but not be limited to the following:
 - (a) internal notification to include medical and administrative staff;
 - (b) procedures when discovering body;
 - (c) disposition of the body;
 - (d) notification of next of kin;
 - (e) notification of CORI certified individuals as soon as practicable;
 - (f) investigation of causes;
 - (g) reporting and documentation procedures;
 - (h) procedure for review of incident by appropriate designated staff with a final report submitted to all appropriate parties.

932.18: Medical Records

- (1) The county correctional facility shall develop a complete system for maintaining medical, dental, and mental health records of inmates. This shall include the maintenance of a separate medical record for each inmate committed or detained for more than 48 hours. All records shall be maintained in accordance with 105 CMR 205.000: *Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities*.
- (2) The medical record file shall contain, but not be limited to, the following items:
 - (a) the completed admission screening form;
 - (b) health appraisal data collection forms;
 - (c) prescribed medications and their administration;
 - (d) laboratory, x-ray and diagnostic studies;
 - (e) signature and title on each document;
 - (f) consent and refusal forms;
 - (g) release of information forms;
 - (h) place, date and time of health encounters;
 - (i) discharge summary of hospitalizations;
 - (j) health service reports (*e.g.*, dental, psychiatric and other consultations); and,
 - (k) all findings, diagnoses, treatments, dispositions. (M.G.L. c. 127, § 17).
- (3) The county correctional facility shall ensure that the method of recording entries in the medical record, and the form and format of the record, are approved by the health authority.
- (4) Written policy and procedure shall govern the confidentiality of the medical record and require that, at a minimum:

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- (a) the active health record is maintained separately from the confinement record;
 - (b) access to the health record is controlled by the health authority, and that only those persons who need access to the record in order to provide medical services to the inmate or fulfill statutory obligations, and those persons specifically authorized by the inmate to see the record shall have access to the information in them; and,
 - (c) the health authority shall share with the Sheriff/facility administrator information regarding an inmate's medical management, security, and ability to participate in programs; and
 - (d) Human immunodeficiency virus (HIV) test information shall be released only with the inmate's written consent, or as otherwise provided under Massachusetts General Laws.
- (5) The county correctional facility shall provide for the inspection of a medical record by the subject inmate, by his attorney or by any other person upon written authorization from the inmate. In accordance with 105 CMR 205.505, the inmate's signature on the written authorization shall be witnessed by a county correctional facility staff person.
- (6) Written policy and procedure shall govern the transfer of health records and information, and shall include the following requirements:
- (a) a copy of the medical record or a summary sheet shall be forwarded with the inmate upon transfer to another correctional or health care facility. Any portion of the record, which is not reasonably completed at the time of transfer, shall be completed and a copy delivered to such facility within 72 hours of the transfer; and,
 - (b) medical record information shall also be transmitted to specific and designated physicians or medical facilities in the community upon the written authorization of the inmate.
- (7) The facility shall provide for the maintenance of inactive medical records, in accordance with jurisdictional authority.

932.19: Medical Experimentation and Research (Required)

Written policy shall prohibit the use of an inmate(s) for medical, pharmaceutical, or cosmetic experiments. 103 CMR 932.19 shall not preclude individual treatment of an inmate based on his need for a specific medical procedure which is not generally available.

REGULATORY AUTHORITY

103 CMR 932.00: M.G.L. c. 124, § (1), (c), (d) and (q); c. 127, §§ 1A and 1B.