

 <p style="text-align: center;">Massachusetts Department of Correction POLICY</p>	Effective Date	Responsible Division Deputy Commissioner, Clinical Services and Reentry
	1/16/2024	
	Annual Review Date	
	1/16/2024	
Policy Name	M.G.L. Reference: MGL c. 124 §1(c)(q); MGL c. 38 §§3, 5, 6; MGL 40 §36A; and MGL c. 127 §117	
103 DOC 621 DO NOT RESUSCITATE (DNR) ORDERS	DOC Policy Reference: 103 DOC 652	
	ACA/PREA Standards:	
	Applicability: Staff	
Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: Department Central Policy File Each Institution's Policy File	
<p>PURPOSE: To establish Department of Correction (“Department”) policy concerning informed end of life decisions and the appropriate use of Do Not Resuscitate Orders for inmates with terminal medical conditions.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Commissioner Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner, Clinical Services Superintendents</p> <p>CANCELLATION: 103 DOC 621 cancels all previous Department policies, statements, bulletins, directives, orders, notices, rules or regulations regarding the Department’s philosophy and goals, which are inconsistent with this policy.</p> <p>SEVERABILITY CLAUSE: If any part of 103 DOC 621 is for any reason held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

TABLE OF CONTENTS

621.01	Policy Statement	3
621.02	Definitions	3
621.03	Establishing a Do Not Resuscitate (DNR) Order for Terminally Ill Inmates	3
621.04	Documentation for a Terminal Case	4
621.05	Duration of a DNR Order	5
621.06	Training Regarding DNR Orders	5
621.07	Security	5

ATTACHMENTS

Attachment #1	Comfort Care/Do Not Resuscitate (“DNR”) Order Verification	7
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621.01

POLICY STATEMENT

The Massachusetts Department of Correction is dedicated to treating inmates humanely and in accordance with community standards of end-of-life care. The Department shall provide resuscitative measures as deemed medically necessary, except when any competent inmate has requested and completed a Do Not Resuscitate (DNR) Order after the diagnosis of a terminal condition and consultation with the treating physician. The DNR Order shall be included in the inmate's medical record. A DNR Order shall be consistent with sound medical practice and shall not in any way be associated with assisting suicide, voluntary euthanasia, or expediting the death of an inmate.

621.02

DEFINITIONS

Do Not Resuscitate (DNR) Order: A written order which authorizes medical personnel to withhold cardiopulmonary resuscitation, including artificial respiration and defibrillation, from a particular inmate in the event of cardiac or respiratory arrest. Such an order does not authorize the withholding of other medical interventions such as intravenous fluids, oxygen, or other therapies deemed necessary to provide appropriate therapeutic or palliative care.

Informed Consent: The agreement by a patient inmate to a treatment, examination or procedure after the patient receives the material facts regarding the nature, consequences, risks, and alternatives concerning the proposed treatment, examination, or procedure.

Terminal Condition: A condition caused by injury, disease, or illness from which, to a reasonable degree of medical probability, there can be no recovery and death is impending or imminent (death can be expected within one (1) year).

Competent Patient: A patient who has capacity, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a medical treatment decision, including the significant benefits and harms of the decision, and the reasonable alternatives to the proposed decision.

621.03

ESTABLISHING A DO NOT RESUSCITATE (DNR) ORDER FOR TERMINALLY ILL INMATES

A DNR Order may be entered by the physician for a competent patient under the following circumstances:

- A. The inmate is suffering from a terminal condition that has been identified and confirmed by two (2) physicians.
- B. The inmate must be provided with written documentation of the terminal nature of the condition.

- C. The inmate and physician shall engage in a thorough discussion about the nature of the inmate's underlying terminal condition/illness, current health status, available treatment options and probable outcomes.
- D. The option of a DNR Order will be discussed, including the foreseeable risks and benefits of CPR, and the consequences of a DNR order. The physician should discuss other medical interventions deemed medically necessary to provide comfort care or to alleviate pain.
- E. The inmate will be able to demonstrate sufficient understanding of the consequences of withholding Cardiopulmonary Resuscitation, as well as reasonable alternatives to such an order.
- F. The terminally ill inmate and the physician will complete and sign the DNR form. The document will be witnessed by two (2) staff persons, over the age of eighteen (18). A currently incarcerated offender may NOT act as a witness. The original DNR form will be maintained in the medical record.

621.04

DOCUMENTATION FOR A TERMINAL CASE

- A. A DNR Order shall be entered in writing in the inmate's medical record by the responsible physician who participates in the DNR decision making process. In addition, the physician must write a progress note to the effect that cardiopulmonary resuscitation will not be initiated. The entry in the progress note shall state:
 - 1. Diagnosis; nature of inmate's illness; and identification of two (2) confirming physicians.
 - 2. Prognosis; risks and benefits of the proposed treatment plan and alternatives.
 - 3. Explanation of the circumstances and basis for the DNR decision including a clinical evaluation of the patient's capacity to make informed decisions about end-of-life care.
 - 4. Consensual decisions and recommendations of the medical staff and consultants.
- B. The original, validly executed DNR form will be placed in the incarcerated individual's medical record. Additionally, the responsible physician and inmate shall complete Massachusetts Department of Public Health Office of Emergency Services Comfort Care/Do Not Resuscitate (DNR) Order Verification form (Attachment #1). This form will be placed

in the inmate's medical record in an easily identifiable manner so that all healthcare staff are aware of the inmate's decision.

- C. Should a terminally ill inmate be transferred to another correctional institution, the original DNR Order should be forwarded in the medical record. In the case of a transfer to an outside medical facility, the DNR Order should be placed in an envelope and sent with the Mittimus, and a copy should accompany the inmate so that the attending physician is aware of the patient's order.

621.05 **DURATION OF A DNR ORDER**

DNR Orders will be discussed and reviewed with the inmate periodically and renewed or changed to reflect the decision of the inmate. If there are any changes requested, a new DNR form will be executed.

DNR Orders may be revoked by the inmate at any time. The inmate may verbally request CPR or other resuscitation measures and void their signed DNR Order. At the time of withdrawal of the order, the original order will be immediately removed from the medical record, and medical staff will be informed of the change. A progress note citing the revocation will also be included in the medical record.

A DNR Order completed in an emergency situation outside of a Department of Correction institution shall not be honored once the emergency situation resolves, and the inmate returns to a Department of Correction institution. If a DNR Order is deemed medically appropriate at that time, establishing a DNR Order per 103 DOC 621, *Do Not Resuscitate (DNR) Orders*, section 621.03 will commence.

621.06 **TRAINING REGARDING DNR ORDERS**

The contracted medical provider will provide an educational program to all members of the medical and nursing staff outlining the rights of terminally ill inmates to refuse resuscitation in the case of cardiac or respiratory arrest. The training should include the policy of initiation and continuation of a DNR order, as well as the ability to revoke said order at any time. Training specific to the documentation of a DNR order should be provided to primary care providers with whom inmates will make such a determination.

621.07 **SECURITY**

Each Superintendent shall be made aware of the inmate's completed and valid DNR Order. Superintendents may request a DOC Health Services Division review of the DNR Order if they believe that it will jeopardize institutional security.

Department of Correction personnel and contracted medical providers who comply with a DNR Order are not subject to any criminal or civil liability for actions taken reasonably and in good faith in conjunction with compliance. Conversely, Department of Correctional personnel who determine for security reasons in a code response to utilize CPR due to safety concerns and/or institutional climate may disregard the order due to objections of others at the scene that make physical confrontation likely.



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

COMFORT CARE / DO NOT RESUSCITATE
("DNR") ORDER VERIFICATION

PATIENT'S LAST NAME			PATIENT'S MIDDLE NAME OR INITIAL
PATIENT'S FIRST NAME			
DATE OF BIRTH (MM/DD/YYYY)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	

STREET OR RESIDENTIAL ADDRESS		
CITY	STATE	ZIP CODE (5 or 9 digits) -

LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (If applicable)		MIDDLE NAME OR INITIAL
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT		

PATIENT/GUARDIAN/HEALTH CARE AGENT STATEMENT (SIGNATURE AND DATE REQUIRED)	
<p>I _____ (<input type="checkbox"/> patient <input type="checkbox"/> guardian <input type="checkbox"/> health care agent) verify that the above named patient has a current and valid Do Not Resuscitate order ("DNR order"). I understand that by signing this form, the DNR order, if current and valid, will be recognized in out-of-hospital settings and the COMFORT CARE / Do Not Resuscitate Order Verification Protocol will be followed by emergency medical services personnel.</p>	
Signature of Patient/Guardian/Health Care Agent	Date

PHYSICIAN / NURSE PRACTICIONER (NP) / PHYSICIAN ASSISTANT (PA) VERIFICATION (PHYSICIAN / NP / PA SIGNATURE AND DATES ALWAYS REQUIRED)		
I am an attending physician / NP / PA for the above named patient. I verify that the above named patient has a current and valid Do Not Resuscitate order, issued on _____		
This DNR order <input type="checkbox"/> does <input type="checkbox"/> does not have an expiration date. If there is an expiration date, it is indicated below, and this verification form also expires on that date.		
I hereby direct that all emergency medical services personnel comply with the Massachusetts Department of Public Health, Office of Emergency Medical Services' COMFORT CARE / Do Not Resuscitate Order Verification Protocol with regard to the above named patient.		
Signature of Physician / NP / PA		
Print Name of Physician / NP / PA	Effective Date of CC / DNR Order Verification	Expiration Date (if any) of DNR Order and CC/DNR Order Verification
Address of Physician / NP / PA		
Telephone Number of Physician / NP / PA		