Massachusetts Department Of Correction **POLICY**	Effective Date 12/1/2021 Annual Review Date 10/7/2026	Responsible Division Deputy Commissioner, Clinical Services and Reentry
Policy Name 103 DOC 630 MEDICAL SERVICES	M.G.L. Reference: MGL c.124, §§1(c), (q); MGL c.127, §16A NCCHC Standards: P-07,P-09,P-17,P-28,P-29 P-31,P-32,P-33, P-34,P-37,P-38,P-39,P-40,P-41,P-44,P-45,P-46,P-52,P-66,P-68,P-70,P-71	
	DOC Policy Reference: 103 DOC 105; 103 DOC 493; 103 DOC 560; 103 DOC 604; 103 DOC 607; 103 DOC 620; 103 DOC 622; 103 DOC 631; 103 DOC 660; 103 DOC 661; 103 DOC 763	
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Attachments Yes ☒ No ☐ / Library Yes ☒ No ☐	Applicability: Public	
Public Access Yes ☒ No ☐	Location: Central Policy File; Institution's Policy Files Health Services Division Policy File	

PURPOSE:
The purpose of this policy is to define levels of medical care provided to inmates in all Department institutions.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner of Clinical Services and Reentry
Assistant Deputy Commissioner of Clinical Services
Superintendents

CANCELLATION:
This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding inmate medical services.

SEVERABILITY CLAUSE:
If any part of this policy is for any reason held to be in excess of the authority of the commissioner, such decision will not affect any other part of this policy.

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630.01 TREATMENT PHILOSOPHY

Each institution shall provide access to medical, dental, and mental health services needed to maintain the basic health of inmates.

1. Access to health care is an inmate's right and not a privilege.

2. All health care services shall be provided in an atmosphere that assures privacy and dignity for both the inmate and the provider.

3. All health care services shall be comparable in quality to that available in the community.

630.02 GENERAL POLICY

1. Each Superintendent shall develop written procedures for providing a system to ensure unimpeded access to health care. The procedures do not need to define levels of care, but they shall describe the manner in which inmates access health care, including how they are informed regarding accessing health care (i.e., via orientation.)

   Levels of health care to be provided are listed below. These levels of care may be provided either on-site, off-site in the community or at another Department institution.

   a. Self Care;
   b. First-aid;
   c. Emergency Care;
   d. Clinic Care;
   e. Infirmary Care;
   f. Hospital.

2. The contractual medical provider shall ensure that continuity of care is maintained by assuring the proper flow of patient health information between the institution and other Department institutions or health care providers.

3. The Department, through the contractual medical provider, shall ensure that the delivery of all health care is to be preceded by an explanation of the nature of such treatment.

   The Department and the contractual medical provider shall comply with all applicable statutes relating to informed consent procedures. The contractual medical provider shall have written guidelines for informed consent procedures.

4. All treatment provided by contractual health care personnel shall be performed in accordance with Massachusetts General Laws, and the regulations of the following organizations/agencies:

a. MA Boards of Registration in Medicine;
b. MA Boards of Registration in Dentistry;
c. MA Boards of Registration in Nursing;
d. MA Boards of Registration in Pharmacy;
e. MA Boards of Registration of Psychologists;
f. MA Boards of Registration in Optometry;
g. MA Boards of Registration of Dispensing Opticians;
h. MA Boards of Registration in Physical Therapy;
i. MA Boards of Registration in Podiatry;
j. MA Boards of Registration of Social Workers;
k. Massachusetts Department of Public Health;
l. Massachusetts Department of Mental Health; and
m. Any other applicable Federal or State Agency.

5. Each institution shall have access to a contractual provider on-call 24 hours a day, seven days per week.

6. The collection of health history information shall be conducted only by health trained or qualified health personnel. The collection of all other health appraisal data shall be performed only by qualified health personnel. This data shall be recorded only on current forms and/or electronic screens approved by the Assistant Deputy Commissioner of Clinical Services or designee and the Program Director of the contractual medical provider, and in accordance with 103 DOC 607, *Medical Records*.

7. Each institution shall have provision for the immediate medical examination of any inmate suspected of having a communicable disease. All diseases covered by Department of Public Health (DPH) regulation 105 CMR 300 are to be reported by physicians to the local board of health in which the institution is located. For further information on communicable diseases, please refer to 103 DOC 631, *Communicable Diseases*.

8. Generally, the contractual medical provider shall not be involved in the collection of forensic information from inmates. Requests for such services should be forwarded to the DOC Health Services Division, which will contract another vendor for these services. Any deviations shall be as governed by 103 DOC 620, *Special Health Care Practices*.

9. All institutions shall post a sign in the intake area instructing inmates on how to access care for immediate health needs.

10. The contractual medical provider shall develop written procedures for processing complaints regarding health care. The procedure shall be communicated orally and in writing to inmates upon arrival in the institution.

630.03 ON-SITE PHYSICAL EXAMINATION BY OUTSIDE PHYSICIAN (NON-DOC, NON-CONTRACTUAL PROVIDER PHYSICIAN)

All requests for a non-contractual provider to examine an inmate must be directly submitted by the requester to the Assistant Deputy Commissioner of Clinical Services. The written request shall include the reason for the examination, the name, address, and professional license number of the physician who will be performing the examination and the exact equipment to be used. Please note that inmates in pre-release status may also request community based health care visits pursuant to 103 DOC 630.13.

The Health Services Division shall:

1. Forward a letter, from the Assistant Deputy Commissioner of Clinical Services, (Attachment A) to the party requesting the examination, or to the physician who is to perform the examination, informing him/her/them of the following specific requirements of the Department:

    a. A waiver of liability (Attachment B) must be signed by the physician and witnessed prior to the examination, releasing both the Massachusetts Department of Correction and the contractual medical provider from any fees or medical liability.
    b. The inmate involved must sign an authorization for the examination and waiver of liability (Attachment C), releasing both the Department and the contractual medical provider from any costs or medical liability involved in or as a result of the examination. The inmate must also sign an authorization to release medical information in order for the outside physician to examine the medical record (103 DOC 607, *Inmate Medical Records*, Attachment's 1 & 2).
    c. The outside physician will be informed that he/she/they may perform only a non intrusive examination; may write recommendations on a consultation form; that neither the Department nor the contractual medical provider is obligated to comply with any consultation recommendations; that consultation reports will be reviewed by the on-site senior physician and that he/she/they may not write any orders or notes in any part of the medical record.

3. The Health Services Division will contact the Board of Registration which governs physicians to confirm the current licensure of the physician to perform the examination and to confirm that there are no restrictions on his/her/their license to practice medicine.

4. Upon completion of steps one through three above, the Health Services Division will approve or deny the request.

5. The Health Services Division will contact the Health Services Administrator at the institution involved to arrange a date for the approved examinations, entry of physician, and notification of institution administration.

630.04 OUTPATIENT HEALTH SERVICES UNITS (OHSU)

1. Each institution HSU shall have a contractual provider who possesses a current, valid, unrestricted license to practice in Massachusetts and shall meet the following requirements:

    a. Is a graduate of a Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) approved medical school in the United States or Canada or an international medical graduate who has completed either a fifth pathway year or a valid Educational Commission of Foreign Medical Graduates (ECFMG) certificate; and
    b. Has completed an Accreditation Council for Graduate Medical Education Approved Residency Program in the United States;
    c. Physicians designated as site medical directors shall be board certified in family practice, internal medicine, preventive medicine, infectious diseases, surgery, or emergency medicine.
    d. Specialty physicians shall be board certified in the respective specialty or board eligible or board certified in the respective subspecialty.

    The contractual agreement with the medical provider details more specific information regarding qualification requirements of contractual medical staff, including per diem (PRN) physicians and exceptions to specific qualification requirements.

2. Each institution HSU shall meet the following additional requirements:

    a. All health care services shall be delivered only by clinically trained medical personnel. All treatment performed by contractual health care personnel other than a physician or mid-level provider shall be performed pursuant to direct orders written and signed by a contractual provider or a mid-level provider.
    b. The HSU shall have examination rooms which meet the requirements of 103 DOC 660, *Medical Supplies and Equipment*, and 105 CMR 205, *Minimum Standards Governing Medical Records and The Conduct of Physical Examinations in Correctional Facilities* (Attachment D).
    c. All contractual health care providers shall have access to a full range of laboratory and diagnostic support services.
    d. A medical record shall be maintained for each inmate in accordance with 103 DOC 607, *Inmate Medical Records*.
    e. Each HSU shall have access to a pharmacy service.

630.05 INPATIENT HEALTH SERVICES UNITS (IHSU)

Inpatient HSUs are to be in compliance with applicable state statutes and local licensing requirements (see 630.02(4)). Inpatient HSUs are of two types: those which offer infirmary care and those which do not. Those IHSUs which offer infirmary care provide skilled nursing care for patients not in need of hospitalization. Those which do not are special medical housing units which offer outpatient level of care but in an inpatient setting. IHSUs shall meet

the minimum requirements listed below in addition to those listed in 103 DOC 630.04 of this policy.

1. A contractual provider shall be available on-site and/or on-call twenty-four (24) hours a day, seven (7) days a week.

2. Nursing and/or paramedical services shall be provided under the direct supervision of a registered nurse and/or physician assistant and/or nurse practitioner.

   Those IHSUs that offer infirmary care shall provide twenty-four (24) hour nursing service, seven (7) days a week.

3. All orders for care are signed or co-signed by a contractual provider

4. Admission and discharge to and from an IHSU that offers Infirmary care shall be initiated only upon the order of a licensed contractual provider.

5. All IHSUs shall have clinically trained health care personnel on site twenty-four (24) hours per day, seven (7) days a week.

6. The contractual medical provider shall establish a manual of nursing care procedures/protocols.

7. A separate and complete medical record shall be generated for each patient admitted to an infirmary IHSU.

8. Physicians shall make daily rounds (including weekends) of all patients in the infirmary.

9. Meals shall be served to patients within the IHSU.

10. All patients in IHSUs that offer infirmary care shall be within sight or sound of a health care staff member at all times.

630.06 MEDICAL ENTRANCE SCREEN

1. Each Superintendent shall develop a procedure to identify all new arrivals at the institution. All inmates shall be medically screened prior to placement in the general population by qualified contractual health care personnel. All findings are to be recorded on a screening form. The Mental Health/Substance Abuse History, Medical Orders, and Restrictions/Special Needs screens shall be completed in IMS. These screens shall subsequently be updated as necessary.

2. The medical history and screening form shall include the following (Attachment D, 105 CMR 205):

a. Inquiry into current illness and health problems, including:
   - communicable diseases;
   - venereal diseases;
   - dental problems;
   - current medications;
   - chronic health problems;
   - mental health issues, including history of treatment, medication, or hospitalization as well as current assessment for suicidality;
   - use of alcohol and other drugs, including types 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 (i.e., convulsions);
   - possibility of pregnancy (females);
   - hearing status;
   - other health problems identified by the contractual program director and the Assistant Deputy Commissioner of Clinical Services.

b. Observation of general behavior, including:
   - state of consciousness;
   - mental status;
   - appearance, including tremor or sweating, body deformities and ease of movement;
   - condition of skin, including trauma, bruises, lesions, jaundice, rashes, infestations, needle marks or other signs of drug abuse.

c. Recommendations for disposition and placement to:
   - immediate medical emergency;
   - admit to infirmary;
   - discharged to general population; and/or
   - general population with referral to health services; Mental Health, Dental, or Medical;

d. Female inmates/detainees/civil commitments are to be tested for pregnancy upon admission.

e. Documented explanation of the procedures for access to health and dental services.

3. When substance use and chemical dependency is suspected, the inmate is to be referred to a physician. If the contractual provider diagnoses the inmate as chemically dependent, the institution shall follow Department policy 103 DOC 620, *Special Health Care Practices*.

4. A medical quarantine for new inmates shall not exceed twenty-four (24) hours unless specifically ordered by a contractual provider or otherwise required due to the health and safety of all staff, inmates, and the general public.

630.07 ECTOPARASITE (SCABIES AND LICE) CONTROL GUIDELINES

Each Superintendent, in conjunction with the Health Service Administrator (HSA), will develop procedures for the examination for lice and for delousing.

1. Inmates will be screened for scabies and lice at the time of admission or transfer to each institution (see medical history and screening form, Attachment F). The procedure should state who is responsible for this screening and how it is documented.

2. Treatment will be carried out as ordered by the physician on an individual basis. The procedure to carry out physician orders should be detailed in site-specific procedure, including correctional staff involvement.

3. Treatment will not be initiated on female inmates until pregnancy is ruled out.

4. Inmates and staff will receive health care education material related to ectoparasite when indicated. Materials should be maintained in contractual medical provider infection control manual. The procedure should specify circumstance that indicates the need for this material to be distributed and how distribution is accomplished.

5. The Institution health and safety officer will be notified when ectoparasite control measures are needed in specific housing units. Procedure should detail the notification process and action to be taken by correctional staff to carry out necessary measures.

6. Personal clothing, bedding, etc., of infested inmates will be placed in appropriately labeled laundry bags and laundered in hot water and machine dried. The procedure should detail direction as to who is responsible for the tasks involved.

630.08 INMATE HEALTH ORIENTATION

Upon the arrival of an inmate at an institution, following commitment, return, or transfer, the institution shall provide the inmate with both verbal and written instructions that explain the procedures for gaining access to health care when needed. In the event that an inmate is unable to read, institution staff will verbally explain the procedures to them. In the event that an inmate has difficulty understanding written or spoken English, institution staff will utilize, as appropriate, auxiliary aids and services, translation services, or the language line so that the inmate understands the procedures for gaining access to health care.

Documentation of orientation shall be via the Orientation Check List screen in IMS.

630.09 INTAKE PHYSICAL EXAMINATION

1. Each Superintendent shall develop a written procedure to identify all new arrivals at the institution (also see 103 DOC 630.06 (1). The following inmates shall receive a complete physical examination within seven (7) days of admission to the institution:

a. new commitments;
b. parole violators;
c. inmates returned from escape;
d. when indicated, inmates returned to higher custody from sites that do not have an HSU;
e. probation violators.

2. When the inmate is accompanied by a medical record that documents a complete physical examination was conducted within ninety (90) days prior to admission, the need for a new examination shall be determined by the institution medical director or his/her/their designee. If a full physical examination is not performed, the inmate shall be seen by a contractual provider, physician assistant, or a nurse practitioner, who shall do the following:

   a. Review and co-sign inmate's record;
   b. Examine the inmate for signs of recent trauma or disease;
   c. Conduct any examination and tests which are medically indicated;
   d. Review the findings with the inmate.

3. The physical examination shall be conducted by a contractual provider, physician assistant or nurse practitioner. The results of an exam conducted by a physician assistant or nurse practitioner shall be reviewed and signed by a physician.

4. Upon completion of the physical examination and all required and ordered laboratory tests, a qualified health care professional shall discuss the examination with the inmate, its implication, and suggestions for further diagnoses and/or treatment.

5. The contents of the physical examination shall be in compliance with the most recent DOC/Vendor contract, Massachusetts DPH regulations 105 CMR 205.200 (Attachment D), ACA, NCCHC, and in the case of BSH, JCAHO Standards.

6. Should an inmate's physical condition warrant special consideration for housing, job assignment or program participation, the contractual provider or his/her/their designee shall complete a Medical Restrictions Form (Attachment H) and forward the form to the institution Deputy Superintendent of Reentry.

   Medical restrictions shall be written on the Physician Order Sheet, and the data entered on the Medical Restrictions/Special Needs screen in IMS.

630.10 SICK CALL

Access to daily sick call is an inmate's right and not a privilege.

1. Each institution shall have written procedures for processing inmate health requests included in its sick call procedure.

2. Each Superintendent, in conjunction with the HSA, shall have written procedures for sick call conducted by a contractual provider or other qualified health personnel. The sick call procedure shall include how often and during what hours sick call is held at that institution. As applicable, the written procedures shall also specify how sick call is to be conducted in Restrictive Housing Units (RHU), the Department Disciplinary Unit (DDU) and/or any specialized units in the institution if the sick process in such units differs from the process in the general population units. Sick call may be conducted on-site, off-site at another institution, or off-site at an outside health care facility.

3. Sick call shall be available to each inmate five (5) days per week. A physician shall be on site seeing patients/inmates a minimum of three and one half (3 ½) hours per week per one hundred (100) inmates. Actual physician coverage for sick call at each site shall be determined by written agreement between the Department and the contractual medical provider (staffing matrix). Nurse practitioners or physician assistants under the supervision of a physician can substitute for a portion of the physician's time seeing patients, with the approval of the Assistant Deputy Commissioner of Clinical Services.

4. All requests must be processed and triaged by a qualified healthcare professional within twenty-four (24) hours. All inmates who submit a sick call request shall be seen by a qualified healthcare professional on a priority basis that will not exceed seven (7) calendar days from the day of submission of the request. All sick call slips will be placed in the medical record.

   Sick call/physician clinic services shall be available to all inmates within all institutions. The sick call schedule shall be entered on the IMS Inmate Schedule screen by contractual health care personnel.

5. During non-business hours and weekends, medical problems which cannot be deferred until the next regularly scheduled sick call shall be handled in accordance with Department Policy 103 DOC 604, *Outside Hospital Relations*.

630.11 PERIODIC PHYSICAL EXAMINATIONS

The goal of the HSD is to provide periodic physical examinations to all inmates. Complete periodic physical examinations shall be performed on the following time schedule determined by inmate age:

Age Group	Schedule of Complete Physical Exams
Inmates 20-49 years	Every three years
Inmates 50+ years	Annually, including EKG, rectal exam and stool for occult blood

It is required that all female inmates have annual pelvic and breast examinations. Women between ages 40-49 will receive a mammogram every two years, and after age 50 annually.

1. The HSA for the contractual medical provider will forward, on a quarterly basis, a report to the Superintendent, indicating the following:

   a. Number of physical examinations due and conducted for each month;

   b. The number of physical examinations that are past due and why they are past due; and

   c. An action plan to complete all past due physical examinations.

   The Superintendent shall report to the HSD, Regional Administrator any issues relative to the completion of the past due physical exams.

2. A qualified health professional shall review medical records of inmates who are in age groups not requiring the periodic physical examinations on an annual basis. The review shall ensure that all inmates receive annual blood pressure checks and TB screening. At the discretion of the contractual health professional, the inmate shall be scheduled for a complete physical examination as deemed medically necessary.

3. Upon completion of the physical examination, and all required/ordered laboratory tests, a qualified health professional shall discuss with the inmate results of the examination, its implications, and suggestions for further diagnosis and/or treatment.

4. The content of all physical examinations shall be in compliance with the most recent DOC/Vendor contract, Massachusetts DPH Regulations 103 CMR 205, Section 205.200 (Attachment D), ACA, NCCHC, and in the case of BSH, JCAHO Standards.

630.12 SPECIALTY CONSULTATIONS

Specialty consultations shall be available to each institution through on-site clinics, specialty clinics at the Lemuel Shattuck Hospital (LSH), other Department HSUs, or outside consultants. The specialty clinics shall include, but not be limited to, Orthopedic, General Surgery, ENT, Endocrinology, Dermatology, Optometry, Ophthalmology, Cardiology, Physical Therapy, OB-GYN, Podiatry, Radiology, Infectious Disease, and Mammography.

All consultation services shall be performed only at the request of a contractual provider and only after a consultation request has been prepared in writing and signed by the responsible contractual provider. A consultation summary will be expected from all specialists.

1. On-site specialty clinics shall be scheduled at facilities as deemed necessary to meet the needs of the population by the HSA. The schedule of on-site specialty clinics will be approved by the Assistant Deputy Commissioner of Clinical Services.

2. With the exception of on-site specialty clinics, LSH outpatient clinics will be the designated source of specialty consultations. All consultations shall be scheduled and institution transportation forms will be required. Transportation between the institution and LSH shall be the responsibility of the Superintendent or designee, unless a contractual provider determines that transportation by ambulance is necessary.

   At institutions shall document in IMS, consultation schedules shall be entered on the Inmate Schedule screen detailing on-site medical visit (internal) versus off-site hospital/medical trip (external) by contractual health care personnel. Additionally, the Medical Restrictions/Special Needs screen shall be updated and printed instead of the institution transportation forms.

3. Consultations may be arranged with outside non-LSH specialists only when it is determined that required services are not available at the institution or at LSH, and the services are recommended by the contractual provider. Locations of such consultations shall be subject to approval by the contractual Program Director or designee, with the exception of medical emergencies.

4. Patients referred to consultants by contractual providers for diagnostic evaluation and continuing treatment, and who are accepted by the consultant as a patient for continuing treatment will remain the responsibility of the contractual attending physician. The contractual provider shall record in the progress notes of the inmate's medical record all consultant recommendations being followed. All consultant recommendations not being followed shall also be recorded by the contractual provider in the progress notes with specific reasons written as to why those recommendations are not being followed.

   All changes in physician's orders will be written on the physician order sheet in the inmate's medical record and signed, timed, and dated by the contractual provider.

630.13 AUTHORIZED/UNAUTHORIZED HEALTH CARE FOR INMATES IN/ON PRE-RELEASE, RELEASE PROGRAMS

1. When an inmate is approved for work release, furloughs, or other release programs, the inmate shall be advised by the institution staff, both verbally and in writing, that the Department will not be responsible for the payment of unauthorized health care services.

2. All health care services for inmates (except for those provided on-site at the institution, at LSH or at another Department institution) must be approved in advance by the Assistant Deputy Commissioner of Clinical Services or designee. Inmates suffering injuries or requiring emergency care while on work-release are not generally eligible for Worker's' Compensation benefits. All medical charges related to treatment at or by an outside hospital, outside medical facility, or outside provider, due to emergencies while an inmate is on work-release, furlough, or other release program, shall not constitute an exception to these provisions.

630.14 INMATE CO-PAYMENT OF MEDICAL SERVICES

A Medical Co-payment policy exists which details the specific protocol for adhering to the policy in its entirety. Please refer to 103 DOC 763, *Inmate Medical Co-Payments*.

630.15 EMERGENCY SERVICES

1. Each institution will be provided with emergency medical and dental care twenty-four (24) hours a day, seven (7) days a week via an on-call physician service and/or on-site health care staff. The provision of these services shall be outlined in procedures written by the contractual medical provider that meet the specifications of Department policies 103 DOC 604, *Outside Hospital Relations*, and 103 DOC 105, *Officer of the Day and Department Duty Station*.

2. Each institution shall use the designation "Code 99" whenever a life-threatening emergency exists. Each institution shall have a written Code 99 Procedure applicable to its institution as required by 103 DOC 622, *Death Procedures*. An emergency "Code 99" or "red bag" will be available in HSUs for all emergency responses. (See Attachment E for required contents of the Red Bag.)

3. The Department's Medical Disaster Plan (see 103 DOC 560.13(C) and 103 DOC 604.09) shall be implemented upon the authority of the Assistant Deputy Commissioner of Clinical Services, when he/she/they is notified by the Commissioner that a state of emergency has been declared.

    a. Site specific Medical Disaster Plans, developed jointly by the institution's security staff and the contractual medical provider, must be approved by the Assistant Deputy Commissioner of Clinical Services, as required in 103 DOC 604, *Outside Hospital Relations*, and 103 DOC 560, *Disorder Management*. The Director of Operations and Security must also approve each site specific Medical Disaster Plan.

    b. Each institution is responsible to have a disaster box readily available should a medical disaster occur. The disaster box must be built for easy transport to any area of the institution. It will be sealed and located in a secure, strategic and easily accessible area outside the medical unit. This box is to be opened only for disasters, drills and restocking contents.

        The contractual medical provider will maintain the disaster box. A list of contents will be determined by the contractual medical director. The content list, with expiration dates, will be affixed to the outside of the disaster box. Medical staff, accompanied by security staff, will check the seal and expiration dates on a quarterly basis, replacing expired supplies as needed. (See Attachment F for minimum contents requirements.)

630.16 INTRA-SYSTEM TRANSFERS

The contractual medical provider shall ensure that the continuity and availability of health care is maintained when inmates are transferred between institutions.

1. The Department's classification process shall include consideration of inmates' medical and mental health status.

   a. Names of inmates scheduled for initial classification, reclassification and/or any classification hearing that may result in a transfer will be submitted to the HSU at the institution by classification staff two weeks prior to a scheduled classification board appearance dates.

   b. Upon receipt of notification, contractual health and contractual mental health staff will initiate a Classification Health Status Report (Attachment I) by reviewing the medical record.

      The Medical Restrictions/Special Needs screen in IMS shall be updated instead, including the minimum health care coverage necessary.

   c. If medically indicated, the inmate will be examined by a psychiatrist or mental health clinician, and/or physician, physician assistant or nurse practitioner. Current medical data will be obtained and reviewed.

   d. When all pertinent medical and mental health information is gathered, the Classification Health Status Report form (Attachment I) will be completed and sent to the institution classification supervisor prior to the scheduled appearance date.

2. Whenever feasible the designated contractual health service personnel shall be notified at least three days prior to the transfer of an inmate.

   Notification via IMS is made by use of the Notification screen and/or Institution Schedule Query screen under Inter Institution Transfer.

3. At the time of transfer, each inmate will be accompanied by his/her/their medical record, as set forth 103 DOC 607, *Inmate Medical Records*. Also, the sending institution's health service staff will make every effort to complete an Intra-system Transfer form (Attachment J) prior to transfer to send with the medical record.

4. If an inmate arrives at the receiving institution without the appropriate records and/or medications, the sending institution's health service staff shall immediately be notified.

5. All intra-system transfers shall be screened by health trained or qualified health care personnel immediately upon arrival. An inquiry of whether the inmate is being treated for a medical, dental or a mental health problem shall be made. There shall also be an inquiry as to whether the inmate is presently on medication or whether the inmate has any current medical, dental or mental health complaints. Observation and listing of findings of general behavior, physical deformities or any signs of trauma shall be documented on the Medical Entrance Inquiry form (Attachment K) or Intra-system Transfer form (Attachment J). A recommended disposition based on observations, inquiry and findings must also be included (i.e., place in general population, place in general population with appropriate referral to routine or emergency health care services).

   Disposition shall be updated via the Medical Orders screen in IMS. Additionally, the Mental Health/Substance Abuse History, Medical Orders, and Medical Restrictions/Special Needs screens shall be updated if necessary.

630.17 INMATES IN RESTRICTIVE HOUSING

Each institution that maintains inmates in restrictive housing in accordance with 103 CMR 423, *Restrictive Housing*, or 103 CMR 430, *Inmate Discipline*, shall develop written procedures that require any inmate in restrictive housing to have access to health care services which are equal to that of the general population.

1. Inmates who are removed from the general population are to be medically screened by qualified health care personnel prior to or immediately upon placement in restrictive housing.

   In IMS, medical staff will enter onto the RHU or DDU Inmate Information screen the name of the staff person conducting the physical screening and check the applicable button. The date of the screening shall be entered into the comment box by entering, "physical screening on" and the date. The screening shall also be documented in the inmate's medical record.

2. If security status precludes the inmate's attendance at sick call at the institution HSU, provisions shall be made, in accordance with the institution's procedures, for the inmate to be seen by a qualified health care professional in the unit in which the inmate has been placed in restrictive housing.

3. In addition, a qualified health care professional shall visit any institution RHU, or DDU, on a daily basis to determine if there are any unattended medical complaints. These visits shall be recorded in the appropriate medical logbook by medical staff.

   In IMS, the daily visits will be entered on the RHU or DDU Daily Log screen by security staff.

4. Periodic physical examinations shall be performed for inmates in an RHU or DDU in accordance with section 630.11 of this policy.

5. All inmates in restrictive housing shall have access to mental health services pursuant to 103 DOC 650, *Mental Health Services*.

6. If qualified health care personnel determine that a medical condition exists which is a contra-indication to admission or continued placement in restrictive housing, , this information must be documented in the medical record and immediately communicated to the Superintendent or designee or Shift Commander during non-business hours, for appropriate action, and to the Health Services Director.

630.18 USE OF MENTAL HEALTH RESTRAINTS

Medical personnel shall utilize restraints pursuant to 103 DOC 650, *Mental Health Services* and only as a last resort for patients who are determined to be of danger to self or others. Under no circumstances shall mental health restraints be used as a disciplinary measure or as a convenience for institution medical staff.

630.19 REFUSAL OF TREATMENT AT A DEPARTMENT INSTITUTION

Each institution shall have written procedures for circumstances in which an inmate decides not to follow the advice of a health care professional.

1. The following actions constitute examples of refusal of treatment by an inmate, but are not limited to these examples:

    a. Refusal to take medication prescribed by a contractual provider.
    b. Refusal to keep a medical, dental, or psychiatric appointment recommended by a qualified health professional.

2. Whenever an inmate refuses treatment as defined above, he/she/they will sign a "release of responsibility" form (Attachment L). A qualified health care professional shall witness the inmate's signature. In the event that the inmate refuses to sign the form, two staff members shall sign the form as witnesses; at least one of whom must be a medical professional.

3. The completed refusal of treatment form shall be included in the inmate's medical record. In all cases of refusal, documentation shall be written in the progress notes and on the release of responsibility form that the inmate was informed of the medical risks and possible consequences of his/her/their refusal.

4. In any refusal situation medical, mental health and institution staff should attempt to persuade the inmate to consent to necessary treatment and clearly outline the risks of continued refusals. In most cases, the inmate can be persuaded to consent to treatment.

The Department and contractual medical provider shall comply with all applicable statutes relating to informed consent procedures. The Department, through the contractual medical provider, shall ensure that the delivery of all health care is to be preceded by an explanation of the nature of such treatment.

In such cases where the inmate continues to refuse treatment and a life threatening emergency does exist, the Assistant Deputy Commissioner of Clinical Services, or designee, will contact the DOC Legal Division to seek a court order for forced treatment.

5. When it is deemed by a qualified health care professional that refusal of treatment will result in an immediately life threatening situation, the institution shall notify the contractual provider on call where applicable, and the Assistant Deputy Commissioner of Clinical Services or his/her/their designee. During non-business hours, the institution shall notify the contractual provider on call and the Health Services Duty Officer in accordance with 103 DOC 105, *Officer of the Day and Department Duty Station*. The Health Services Duty Officer will notify the Assistant Deputy Commissioner of Clinical Services.

6. Discharges from an IHSU cannot occur as a result of a "refusal of treatment" by an inmate. A contractual provider must deem that close observation/monitoring of the medical condition is no longer necessary.

630.20 REFUSAL OF TREATMENT AT AN OUTSIDE HOSPITAL OR OUTSIDE CLINIC

The contractual medical provider is responsible for scheduling and arranging for outside hospital specialty appointments and/or clinic treatment visits for inmates based on a medical order.

1. In general, if an inmate wishes to refuse an outside medical appointment he/she/they may do so only at the outside hospital or clinic (point of service).

2. Whenever an inmate refuses treatment at an outside hospital, he/she/they will sign a hospital "release of responsibility" form as per hospital policy.

3. The completed refusal of treatment form shall be included in the inmate's hospital medical record and a copy sent to the HSU at the receiving prison institution.

4. In any refusal situation hospital/clinic medical and mental health staff should attempt to persuade the inmate to consent to necessary treatment and clearly outline the risks of continued refusals.

5. In cases where the inmate continues to refuse treatment at an outside hospital, the attending or consulting physician shall contact the contractual medical provider to determine an appropriate course of action.

6. Each DOC institution shall have a written policy for circumstances in which an inmate attempts to refuse an outside hospital/clinic appointment prior to being transported to the hospital or clinic. The policy shall address the following:

   a. Procedures for notification of on-site institution health staff by security staff that an inmate is attempting to refuse a scheduled outside appointment prior to transport.

   b. Procedures for notification of the responsible medical director or designee by on-site institution health staff that an inmate is attempting to refuse an outside appointment.

630.21 RELEASE PROCEDURES

Whenever an inmate is released from a maximum or medium security institution, the inmate shall, whenever possible, be given a physical examination prior to discharge. At a minimum security institution, the inmate's medical record will be reviewed and a health status report completed.

1. When an inmate is discharged from an institution with on-site medical staff, a health status report shall be completed by qualified health care staff, who shall explain it fully to the inmate being discharged; a copy of the health status report shall be provided to him/her/them. The original health status report shall be placed in the inmate's medical record. If, after completing the health status report, it is felt that a referral to an outside provider is necessary to continue medical care this shall be discussed with the inmate.

2. When an inmate is being referred to an outside designated health care provider, the inmate shall sign an authorization for release of medical records (see 103 DOC 607, *Inmate Medical Records*, Attachment's 1 & 2) and a copy of the inmate's medical record shall be sent to the provider.

   Referral information shall be documented on the Release/Aftercare Plan screen in IMS.

3. Medications for released inmates shall be governed by 103 DOC 661, *Pharmacy and Medication*.

4. Additional information relative to an inmate's release may be found in 103 DOC 493, *Reentry Policy*.

SAMPLE LETTER FROM ADC OF CLINICAL SERVICES
HEALTH SERVICE DIVISION RESPONSE

Date

Dear

Enclosed are release forms which are necessary to request consideration for an on site medical examination by an outside physician in a Massachusetts Department of Correction institution. Along with these releases it will be necessary for you to return to the Director Health Services, a written request for the on site examination stating specifically the nature of the examination you are requesting. Your request should include the name of the physician as well as his/her/their/their Massachusetts certification number.

This is also to advise you that only the Department's contractual medical staff determine when outside examinations or testing are medically necessary. However, in accordance with established Health Services procedures, a medical examination on site at an institution by an outside physician may be arranged with the permission of the Assistant Deputy Commissioner of Clinical Services. If approved, the outside physician will be allowed to perform a non-intrusive examination of your client and review his Department of correction medical record, provided your client signs the necessary release of liability and costs. Please note that if approved, the cost of such examinations is to be borne by the inmate, not the Department of Correction or its contractual medical provider.

Further, any outside physician must also sign a waiver of liability and costs. Any outside medical consultation reports would be reviewed by the on site medical director. Outside physicians may write their medical recommendations for treatment on consultation forms, but they may not write any medical orders or notes in any part of the medical record. Further, neither the Department of Correction nor its contractual medical provider is required to comply with any consultation recommendations made by an outside physician.

By copy of this letter, the medical director will be made aware of your request for an outside physician examination. If you have any questions regarding the process, please feel free to contact this office.

Sincerely,

Assistant Deputy Commissioner of Clinical Services

cc: Medical Director, (contractual medical provider)
HSA, (appropriate institution)
Counsel, DOC Legal Division

Attachment B

MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION
RELEASE (Physician)
Outside Medical Services

I, _____, agree to perform or cause to perform the medical services listed below on_____ an inmate in the custody of the Massachusetts Department of Correction. In so doing, I understand that neither the Commonwealth of Massachusetts, nor the Massachusetts Department of Correction, nor any of their agents, officials, or employees, nor the medical provider for the Department of Correction, will incur any financial obligation for said services. Further, I for myself and my agents heirs, employees, successors, and assigns agree to release and forever discharge the Department of Correction and all its agents, officials, and employees, and the medical provider for the Department of Correction from any and all liability, causes of action, claims, suits, damages, obligations, agreements, debts, judgments, or any other matter arising out of or in any way connected directly or indirectly, with said medical services except as otherwise provided by state law.

Name and Address of Provider (Type or print clearly):

_____

_____

_____

Nature of Services (Please type or print clearly): _____

_____

Signed:_____
(Physician's Signature)

Certification Number:_____

Date:_____

Witness: _____

Title: _____

Date: _____

Attachment C

MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION
RELEASE (Inmate)
(OUTSIDE MEDICAL SERVICES)

I, _____, wish to obtain the medical services listed below. I agree to assume full responsibility for payment for said services. In so doing, I understand that neither the Commonwealth of Massachusetts Department of Correction, nor any of its agents, officials, employees, nor the medical provider for the Department of Correction, will incur any financial obligations for said services. Further, I, for myself and my agents, heirs, employees, successors, and assigns, agree to release and forever discharge the Department Of Correction and all its agents, officials, employees, and the medical provider for the Department of Correction, from any and all liability, causes of action, claims, suits, damages, obligations, agreements, debts, judgments, or any other matter arising out of or in any way connected directly or indirectly, with said medical services except as otherwise provided by state law.

Name and Address of Provider _____

_____

_____

Nature of Services: _____

Signed: _____
(Inmate's Signature)

Date: _____

Witness: _____

Title: _____

Date: _____

105 CMR: DEPARTMENT OF PUBLIC HEALTH 105 CMR 205.000: MINIMUM STANDARDS GOVERNING MEDICAL RECORDS AND THE CONDUCT OF PHYSICAL EXAMINATIONS IN CORRECTIONAL FACILITIES

Section

205.001: Purpose
205.010: Scope
205.020: Definitions
205.100: Inmates to be Screened
205.101: Inmates to Have Physical Examination
205.102: Examinations to be Conducted by Licensed Personnel
205.103: Examinations to be Conducted in Privacy
205.104: Results of Examination to be Discussed with Inmate
205.105: Equipment Necessary for Physical Examination
205.200: Content of Physical Examination
205.500: Medical Record to be Maintained
205.501: Record to be Accurate
205.502: Responsibility of Health Services Staff
205.503: Record to be Transferred with Inmates
205.504: Confidentiality
205.505: Inspection of Records
205.600: Contents of Medical Record
205.602: All Visits to be Recorded
205.603: Identification and Filing
205.604: Storage Space
205.700: Severability

205.001: Purpose

The purpose of 105 CMR 205.000 is to establish minimum standards relative to the conduct of the initial admission physical examinations within correctional facilities and to prescribe the medical record utilized therein.

205.010: Scope

105 CMR 205.000 shall apply to all correctional facilities, institutions, jails and houses of correction, as defined by M.G.L. c. 125, § 1, operated by the Commonwealth or any subdivision thereof.

205.020: Definitions

As used in 105 CMR 205.000, the following words shall have the following meanings, unless the context requires otherwise:

Correctional Facility. Any correctional facility or correctional institution as defined by M.G.L. c. 125, § 1, operated by the Commonwealth or any subdivision thereof, including jails and houses of detention.

Health Services Staff. The staff providing medical care or treatment to inmates within the correctional facility according to recommendations of U.S. Preventive Services Task Force (USPSTF), the Massachusetts Health Quality Partners (MHQP) or other generally recognized evidence-based, consensus practice recommendations.

Inmate. A committed offender or other such person placed in a correctional facility as defined in M.G.L. c. 125, § 1.

Medical Care. All services which are provided for the purpose of securing the prevention, diagnosis and treatment of illness or disability.

205.100: Inmates to be Screened

Immediately upon admission to the correctional facility, and prior to being placed in the general inmate population, all inmates shall receive an admission health screening conducted by persons trained in the completion of such a screening. The results of such screening shall be recorded in accordance with 105 CMR 205.600. Whenever possible such person shall be a member of the health services staff.

205.101: Inmates to Have Physical Examination

Each inmate committed to a correctional facility for a term of 30 days or more shall receive a physical examination no later than 14 days after admission to said facility. However, an inmate entering a correctional facility who is accompanied by a medical record containing a record of a complete physical examination conducted less than 90 days prior to his or her admission need not be given a complete physical examination. Each such inmate not receiving a complete physical examination shall, however, be seen by a physician, or a physician's assistant or nurse practitioner under the supervision of a physician who shall:

(A) Review the inmate's medical record;

(B) Examine the inmate for any signs of trauma or disease which may have been incurred by the inmate after his most recent physical examination;

(C) Conduct any examinations and tests which are medically indicated;

(D) Review the findings and any required follow-up services with the inmate.

205.102: Examinations to be Conducted by Licensed Personnel

All physical examinations shall be conducted by a physician licensed to practice medicine in the Commonwealth of Massachusetts or by a properly licensed nurse practitioner or physician assistant under the supervision of said physician.

205.103: Examinations to be Conducted in Privacy

Inmates shall be examined in a room which provides for privacy and dignity to the inmate and examiner. When necessary for security reasons, a correctional officer may be present.

(A) In existing facilities, physical examinations shall be conducted in a room used solely for the purpose of providing medical care. This examination room shall contain a handwash sink with hot and cold running water. The handwash sink shall be equipped with nonhand operated controls such as elbow, knee or foot controls. If, in an existing facility, the required handwash sink cannot be located in the examination room because of preexisting structural obstructions, the sink shall be located in close proximity to the examination room.

(B) In new or renovated facilities, physical examinations shall be conducted in a room used solely for the purpose of providing medical care. This examination room shall contain a handwash sink with hot and cold running water. The handwash sink shall be equipped with nonhand operated controls such as elbow, knee or foot controls.

205.104: Results of Examination to be Discussed with Inmate

Upon completion of the physical examination and all required and ordered laboratory tests a qualified health services staff shall discuss with the inmate the results of said examination, its implication, and suggestions for further diagnosis and/or treatment.

205.105: Equipment Necessary for Physical Examination

The physical examination required by 105 CMR 205.000 shall be conducted with all appropriate and standard equipment necessary to conduct the examination in its entirety, including an examining table with a disposable covering which shall be replaced after each use, and consistent with standards in 105 CMR 140.210 through 105 CMR 140.211. 105 CMR: DEPARTMENT OF PUBLIC HEALTH

205.200: Content of Physical Examination

(A) The physical examination shall include inquiry concerning:
(1) signs and symptoms of disease or injury;
(2) chronic health problems;
(3) use of prescribed or non-prescribed medicines or drugs, including alcohol;
(4) allergies;
(5) prior significant illness and hospitalization;
(6) family history; and
(7) immunization status.
(B) The physical examination shall also include observation concerning:
(1) Behavior, which includes state of consciousness, with screening for mental status and active mental health issues, as well as appearance, conduct, tremor and sweating;
(2) Signs of trauma and communicable disease;
(3) Dental decay, filled and missing teeth.
(C) The physical inspection and examination shall be consistent with community standards, with targeted attention to risk factors common among incarcerated individuals, and include prompts for reporting such risk factors, including administration of a substance use disorder and mental health screening tool, such as the U.S. Substance Abuse and Mental Health Services Administration Screening, Brief Intervention, and Referral to Treatment (SBIRT), as well as measurement of vital signs, height, weight and oxygen saturation.
(D) Diagnostic Tests. The following diagnostic tests shall be performed on each inmate consistent with the current recommendations of the USPSTF, MHQP or other generally recognized evidence-based, consensus practice recommendations, and as medically appropriate in accordance with the provisions of 105 CMR 205.101:
(1) Complete blood count (CBC);
(2) Purified protein derivative (PPD) skin test for tuberculosis infection by the Mantoux technique and/or chest film as appropriate;
(3) Urine for the detection of glucose, ketones, protein and white blood cells. In males, if the results of the white blood cell test is positive, a test for Chlamydia trachomatis shall be conducted.
(4) Female - test for gonorrhea and Chlamydia trachomatis infection;
(5) Female - Papanicolaou smear of the uterine cervix;
(6) Female - pregnancy test;
(7) Mammogram - for all females who have been committed for a term of at least 90 days consistent with current recommendations of the USPSTF;
(8) HIV counseling and voluntary HIV testing;
(9) Counseling about hepatitis C and voluntary testing for hepatitis C virus infection according to risk assessment and age-based recommendations of the USPSTF and the Centers for Disease Control and Prevention;
(10) Other age and gender appropriate laboratory and imaging screening tests consistent with current recommendations of the USPSTF.

205.500: Medical Record to be Maintained

Each inmate shall have an individual medical record which shall be kept separate from any other administrative records.

205.501: Record to be Accurate

An accurate and complete medical record shall be maintained for each inmate from the time of admission to the time of discharge.

205.502: Responsibility of Health Services Staff

Orders for treatment and all reports shall be legibly entered into the medical record either in ink, type, or electronic digital media and signed by appropriate health services staff submitting such orders or reports. 105 CMR: DEPARTMENT OF PUBLIC HEALTH

205.503: Record to be Transferred with Inmates

At any time an inmate is transferred to another correctional or health care facility, a copy of the medical record or a summary sheet shall accompany the inmate. Any portion of the record, which is not reasonably completed at the time of the transfer, shall be completed and a copy delivered to such facility within 72 hours of said transfer.

The medical record or any portion thereof which accompanies the inmate shall be sealed and given into the custody of the transportation officer responsible for the transfer of the inmate and shall be delivered to the person responsible for the maintenance of the medical records at the receiving facility.

205.504: Confidentiality

The medical staff shall maintain and use medical records in a manner which ensures the confidentiality of the information contained therein. 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 records and information in them. The Department of Public Health staff shall have access to the records and information in them for the purpose of determining compliance with 105 CMR 205.000 and shall maintain the confidentiality of records relating to individual inmates.

205.505: Inspection of Records

Medical records may be inspected by, or furnished to, the inmate to whom they relate, his or her attorney or by any other person upon written authorization from the inmate. The inmate's signature on the written authorization shall be witnessed by a correctional facility's staff person. Copies of such records shall be furnished within 72 hours of request. Fees for such copies shall not exceed the fees required for copying public documents.

205.600: Contents of Medical Record

Every medical record used in a correctional facility shall be maintained in accordance with the standards governing medical recordkeeping for clinics as set forth in 105 CMR 140.000: *Licensure of Clinics*.

205.602: All Visits to be Recorded

All contacts for the purpose of receiving medical care that the inmate has with a health care staff person shall be recorded in the appropriate place in the medical record.

205.603: Identification and Filing

The correctional facility shall maintain a system of identification and filing to ensure rapid access to each patient's medical record, regardless of the physical form or method of storage of records. Each patient shall have a single integrated record, except that records concerning mental health, dental and substance use disorder may be filed separately on the premises, provided there is an effective cross-referencing system.

205.604: Storage Space

The correctional facility shall provide adequate equipment and space for the storage of active and inactive medical records. The records shall be maintained so as to be safe from fire and water damage and from unauthorized use. Medical records shall be retained for the time period set forth in M.G.L. c. 111, § 70. 105 CMR: DEPARTMENT OF PUBLIC HEALTH

205.700: Severability

The provisions of 105 CMR 205.000 are severable. If any provision shall be declared invalid by any court, such provision shall be null and void and such determination shall not affect or impair any of the remaining provisions.

REGULATORY AUTHORITY 105 CMR 205.000: M.G.L., c. 111, §§ 2, 3, 5, 6 and c. 127, § 17.

MASSACHUSETTS DEPARTMENT OF CORRECTION - HEALTH SERVICES DIVISION
CODE 99 Red Bag Contents

Basic Life Support Equipment (Required at all sites):

1	½" Adhesive Tape	1	Small Flashlight and Batteries
1	1" Silk Tape	2	Pen Lights
2	Band-Aids, 2" x 4"	4 Pr	Gloves, non-sterile
6	Band-Aids, 3/4" x 3" strips	1	Aneroid sphygmomanometer w/adult cuff
6	Gauze sponges, sterile 4"x 4"	1	Stethoscope
1	Multi-trauma dressing 10"x 20"	1	Splint (limb immobilizer)
2	Kling, 3" conforming bandage	1	Neck immobilizer, adjustable
2	Eye dressing, oval	4	Tongue blades
2	Occlusive sterile gel dressing,large	1	Ambu bag with adult mask
1	Ace wrap	1	Oxygen tank (portable)w/regulator
3	Triangular bandages	1	Oxygen tubing
1	Cold pack, instant ice pack	1	Oxygen mask (adult size)
1	Rescue blanket, disposable	1	Nasal oxygen cannula
1	Burn sheet, sterile 60"x 90"	1	Microshield CPR shield
2	Ammonia inhalants	1	Saline eye irrigation, 4 oz.
1	Trauma (EMT) Scissors	3	Health Services Authorization in envelope with pen
1	Safety knife	1	Gown – disposable/fluid impervious
3	Berman oral airways (small, medium and large)	1	Mask w/eye shield OR mask and goggles
1	Oral glucose solution (instaGlucose 30 gm)	1	Glucometer with lancets and test strips and small sharps container
1	Suction machine with tubing and suction catheter	1	Automatic External Defibrillator (AED)

Advanced Life Support Equipment Required to be kept in the Trauma Department of sites providing 24-hour nursing coverage. Optional for sites with less than 24-hour nursing coverage.

2	IV Solution administration sets	1	IV Arm board
3	Angiocatheters 20 G x 1 ½"	1	Tourniquet
1	500 cc Normal Saline IV Solution [0.9% sodium chloride]	6	Betadine [Povidone iodine] wipes
1	Dextrose 50% 50 ml injection [pre-filled syringe]	1	Narcan ampule [0.4 mg/ml]
1	½" Adhesive tape	1	1 cc Syringe w/22 Gx1" needle
		1	EpiPen [epinephrine hydrochloride]

Medical Disaster Box Minimum Contents

1 box/100	Non-sterile gloves, large
1 box/100	Non-sterile gloves, medium
1 box/20	Masks w/ eye protection
12	Gowns, disposable
1 set	Air splints
2	Cervical collars, adjustable
1 box/50	Sterile 4 x 4 gauze pads
4	Blankets
1 box/50	Butterfly closures
6	Tourniquets
4 rolls	½" Adhesive tape
1 box/20	Combine (ABD) pads
2	Aneroid sphygmomanometers w/adult cuffs
2	Stethoscopes
4	Flashlights w/batteries
1	Ambu bag
2	Microshield CPR shield
4	Oral airways, 2 medium, 2 large
50	Triage tags
24	Red biohazard trash bags
12	Indelible markers
1	Clipboard w/paper and pen

Intravenous supplies:

The following intravenous fluid-replacement supplies are required for all sites providing 24 hour nursing coverage. These supplies are optional for smaller sites with less than 24 hr. nursing coverage.

6	1000 ml lactated ringers solution
6	1000 ml normal saline solution
10	Angiocatheters, 20 G x 1 ½"
10	IV starter kits: tubing, betadine wipes, dressings, tape, etc.

MEDICAL SERVICE PROVIDER FORM
MEDICAL RESTRICTIONS

_____
INSTITUTION

_____ _____ _____
NAME **ID #** **D.O.B.**

_____
DATE

TO: _____
(**(D.O.C. DESIGNEE)**

The above named inmate has been determined to have the following needs/restrictions due to a current medical condition:

TYPE	**DATE**	**(FROM)**	**(TO)**
NO WORK STATUS	_____	_____	_____
LIGHT WORK STATUS	_____	_____	_____
BOTTOM BUNK	_____	_____	_____
SPECIAL EQUIPMENT (DESCRIBE BELOW)			
_____		_____	_____
OTHER (DESCRIBE BELOW)			
_____		_____	_____

TRANSPORTATION RESTRICTIONS:

MODIFIED RESTRAINTS TYPE:			
_____		_____	_____
SEDAN:			
WHEELCHAIR VAN:			
		_____	_____

MEDICAL REASON:

_____
_____
_____

SUBMITTED BY: _____ DATE: _____ TIME: _____
MD/PA/NP

REVIEWED BY: _____ DATE: _____ TIME: _____
HSA

APPROVED BY: _____ DATE: _____ TIME: _____
SITE MEDICAL DIRECTOR

REVIEWED BY: _____ DATE: _____ TIME: _____
DEPUTY SUPT, IAC

The following forms have been deemed part of 103 DOC 630. However, they have been forwarded to institutions separately. Please contact your Institution Policy Coordinator or Health Services Administrator for copies.

Attachment G: Medical History and Screening Form (Contractual Provider form)
Attachment I: Classification Health Status Report Form (Contractual Provider form)
Attachment J: Intra System Transfer Form (Contractual Provider form)
Attachment K: Medical Entrance Inquiry Form (Contractual Provider form)
Attachment L: Release of Responsibility (Contractual Provider form)