

 <p style="text-align: center;">Massachusetts Department Of Correction</p> <h1 style="text-align: center;">POLICY</h1>	Effective Date	Responsible Division Deputy Commissioner, Clinical Services and Reentry
	8/15/2022	
	Annual Review Date	
	3/10/2025	
Policy Name	M.G.L. Reference:	
103 DOC 660	MGL c111, §70; c124 §1 (c), (q);	
MEDICAL SUPPLIES AND EQUIPMENT	105 CMR 205, DPH Minimum Standards Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities	
	DOC Policy Reference:	
	103 DOC 511; 103 DOC 661	
	ACA/PREA Standards:	
	NCCHC Standard: P-28, P-29, P-59; 5-ACI-6A-08; 5-ACI-6A-40; 5-ACI-6B-09; 5-ACI-2A-03; 4-ACRS-4C-05; 2-CO-4E-01	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: Staff
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: DOC Central Office Policy File Institution Policy File Health Services Division Policy File	
<p>PURPOSE: The purpose of this policy is to establish procedures for purchasing essential medical supplies and equipment and to establish procedures for inventory control and maintenance of medical supplies and equipment at all Department facilities.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Assistant Deputy Commissioner of Clinical Services Superintendents</p> <p>CANCELLATION: This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding medical supplies and equipment.</p> <p>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.</p>		

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660.01

GENERAL POLICY

1. The Assistant Deputy Commissioner of Clinical Services, together with the contractual program director, shall be responsible for the approval of all medical/dental equipment, supplies and materials which may be required by the institutions health service units (HSU). These shall be reviewed with the individual facility Superintendent or designee whenever security issues may be involved and in accordance with the guidelines listed below:
 - a. The contract between the DOC and the contractual medical provider will specify equipment responsibilities regarding use, maintenance, repair and replacement.
 - b. The contractual comprehensive healthcare provider shall designate a health services staff person at each HSU with the following responsibilities:
 - i. physically receiving all supplies and equipment,
 - ii. checking the invoice slips against the merchandise received to ensure that proper delivery has been made,
 - iii. to ensure that all supplies received are in good working condition and,
 - iv. forward all receiving information and invoices to the accounts payable office of the contractual medical provider or the accounts payable office of the health services division, whichever is applicable.
2. The Assistant Deputy Commissioner of Clinical Services shall designate a DOC staff person with the responsibility of accounting for medical equipment. An inventory will be taken annually at each institution. On a quarterly basis the Assistant Deputy Commissioner of Clinical Services shall receive an updated report of the status of these inventories.
 - a. Each piece of non-contractor owned health services equipment with an original acquisition cost of \$1000 or more shall have an identification tag with a tag number. These numbers will be recorded on a log that shall be maintained and updated as needed. All acquisitions of \$1000 or more, whether by purchase, transfer, or other means, or disposal of equipment, shall be recorded on the log.
3. Surgical, dental, and other medical tools and supplies of a hazardous nature, i.e., syringes, needles, instruments, scalpels, etc. shall be maintained in locked storage areas or containers as described in 103 DOC 511, *Tool Control*, 511.03, §2, and 103 DOC 661, *Pharmacy and*

Medications, 661.06. These kinds of tools and supplies shall be inventoried by site staff and the appropriate Health Services Administrator.

4. Any loss, damage, or defacing of any equipment will be reported in writing to the Assistant Deputy Commissioner of Clinical Services.
5. The Health Services Division will establish procedures for the scheduling of routine testing and maintenance of appropriate medical and dental equipment. A Health Services designee will notify the contractual medical provider of the maintenance schedule and arrange for the testing/maintenance of that equipment.

660.02

EXAMINATION ROOMS

Each institution which maintains a health services unit (HSU) or which maintains an examination room used by contractual medical personnel for on-site diagnosis and/or treatment, shall comply with the following requirements in accordance with 105 CMR 205, *Minimum Standard Governing Medical Records and the Conduct of Physical Examinations in Correctional Facilities*:

1. The examination room shall be used solely for the delivery of medical services. This room shall ensure privacy and dignity for both patients and medical personnel.
2. Supplies and equipment appropriate in quantity and type to the specific service(s) which the clinic renders its patients shall be available to individuals conducting physical examinations. At a minimum, the following equipment shall be available in areas where physical examinations are conducted:
 - a. Thermometer;
 - b. Blood pressure cuff and sphygmomanometer;
 - c. Stethoscope;
 - d. Ophthalmoscope;
 - e. Otoscope;
 - f. Percussion hammer;
 - g. Scale;
 - h. Examination table with a disposable covering that shall be replaced after each use;
 - i. Goose neck light;
 - j. Disposable examination gloves;
 - k. Flashlight and tongue depressors;
 - l. Pelvic speculum for female exams at MCI-Framingham;
 - m. Microscope and slides with slip covers at facilities housing females.

3. Each institution HSU shall have transportation equipment (wheelchair, stretcher, and litter) immediately available.

Any examining room which is not part of an HSU shall, at a minimum, have a litter immediately available.

4. All examination rooms shall have a hand wash sink equipped with hot and cold running water and non-hand operating controls. Where the sink is not located in the examination room itself, it shall be located in close proximity to the examination room.
5. When inmates are placed in waiting areas for more than a brief period, the waiting areas should have seats. Inmates should also have access to drinking water and toilets during this waiting period.

660.03

PROSTHESES/ORTHOSES

The contractual comprehensive healthcare provider and/or its designee(s) shall be responsible for providing inmates/patients with any medical or dental prostheses/orthoses which are deemed necessary by the institution contractual physician, contractual dentist, contractual optometrist, or other specialty care provider.

1. The requirement for a prosthesis/orthoses is a clinical decision.
2. All prosthetic/orthoses devices provided to inmates are the property of the Department until the release of the inmate from the custody of the Department. At the time that an inmate is provided a prosthetic/orthoses device, this policy will be conveyed to the inmate. The inmate shall be informed that willful or negligent damage, destruction, or loss of the device will be considered grounds for disciplinary action and may include payment for the cost of replacement.
3. All prosthetic devices provided to or retained by an inmate shall be documented in the IMS Medical Orders screen.

660.04

FIRST AID KITS

First Aid Kits shall be maintained in all Department institutions and state vehicles as follows:

1. In all Department institutions as well as in all state vehicles used to transport inmates, the Assistant Deputy Commissioner of Clinical Services or his/her/their designee after consultation with the Superintendent and the Director of the Operational Services shall specify the number, location and quantities and contents of first aid kits

within the institutions and in state vehicles. The Superintendent or his/her/their designee and the Director of Operational Services shall establish and implement written procedures for inventory control of First Aid Kits and performance of, at a minimum, monthly inspections of all First Aid Kits in order to ensure adequate stocking and sanitation.

2. First Aid Kit inventory control lists shall be signed and dated by the individual conducting the inspection and a list of needed supplies submitted to the institution purchasing office. Upon receipt the person responsible for First Aid Kit inventory control shall replenish the kits as necessary.
3. An automatic external defibrillator shall be available for use at each correctional institution and the Training Academy.

See First Aid Kit Guidelines, Attachment #1 at the end of this policy.

660.05

STANDARD PRECAUTION KITS

Standard Precaution Kits shall be maintained in all Department institutions and state vehicles as follows:

1. Contents of Standard Precaution Kits must include:

- antimicrobial hand wipes/wash
- eye protection
- coagulant/paper towels
- face mask
- disinfectant gloves
- disposable biohazard bags
- protective apron/gown

Additional personal protective equipment, such as cap/ear cover, eye/face protection, gloves, gowns, sharps disposable container, shoe covers, and disposable jump suits may be included and should be stored in HSUs, inner control rooms, and other centrally located areas determined by site need.

2. Location of standard precaution kits:
 - a. Health service units
 - b. Housing units
 - c. All vehicles (including canine)

In addition, kits should be placed at other strategic locations, e.g., control, search, and visiting rooms, gyms, industry, kitchen, and program areas.

Boxes of disposable latex gloves, in appropriate sizes, should be available in central specific locations for the use of officers coming on duty. See §1 above, for additional personal protective equipment that should be stored in HSUs, inner control rooms, and other centrally located areas determined by site need.

Standard precaution kits may be purchased commercially by institutions or made up from items purchased separately and made into kit form at individual institutions.

660.06 **MEDICAL RECORDS STORAGE SPACE**

The health services division shall provide adequate equipment for the storage of active and inactive medical records. Each institution shall provide adequate space for the storage of medical records at the institution. The records shall be maintained so as to be safe from fire and water damage and from unauthorized use.

660.07 **TRAUMA SHEARS**

Trauma shears, or a trauma knife, capable of easily cutting bandages, small plaster casts, leather shoes, thin metal sheets, clothing and splints shall be maintained in, but not limited to, the following locations:

1. Central or inner control room(s);
2. Special management control room;
3. Health Services Unit;
4. Reception centers, booking and admission areas; and
5. Reception centers, orientation housing unit(s).

Trauma shears shall be maintained and stored in accordance with 103 DOC 511, *Tool Control*.

660.08 **NEGATIVE AIR PRESSURE ISOLATION EQUIPMENT**

Specially equipped rooms used to prevent the transmission of diseases spread by airborne contact shall be available in designated Department institutions. Admission to or transfer from a negative air pressure room shall be determined by a physician. Negative pressure isolation rooms are located in the following institutions:

MCI Shirley	4 Rooms
MCI Framingham	2 Rooms
Bridgewater State Hospital	1 Room
Souza-Baranowski Correctional Center	4 Rooms

Negative air pressure rooms shall function in accordance with regulations of the Commonwealth of Massachusetts, and other applicable regulatory agencies, as well as recommendations issued by the manufacturer of such equipment

1. Each Superintendent, with negative air pressure rooms in his/her/their institution, shall develop site specific policies and procedures to assure regulatory compliance, adequate equipment performance and the maintenance of monitoring with appropriate documentation. The medical contractor, through designated infection control personnel, shall advise and counsel the Superintendent or designee in the development of such policies and procedures.
2. All negative air pressure rooms in use must be checked daily by the medical contractor, and a record maintained in a Daily Performance Log. Completed log sheets are to be maintained and available for review and inspection by authorized health and correctional staff at each site.
3. All negative air pressure rooms must be monitored on a monthly basis by the medical contractor to check the need for UV lamps, or filter changes and to record pressure differentials and airflow direction. If changes are indicated, the Assistant Deputy Commissioner of Clinical Services shall be notified to assure that UV lamps or filters are changed by an agency authorized to do so. Monthly Performance Logs are to be maintained and available for review and inspection by authorized health and correctional staff at each site.

660.09

NEGATIVE AIR PRESSURE EQUIPMENT ANNUAL CERTIFICATION

Annual certification of each negative air pressure room at each institution operating such equipment shall be performed to ensure facility compliance with Commonwealth of Massachusetts regulatory requirements and those of other applicable regulatory agencies. Such certification shall be conducted by an agency authorized to perform testing of negative air pressure equipment; monitor proper infection control practices; review and evaluate room performance record keeping; evaluate training materials; and recommend policies and procedures related to negative air pressure isolation. Annual certification of negative air pressure equipment shall be initiated and scheduled by the contractual comprehensive healthcare provider. Annual certification shall include at a minimum, calculation of actual room air changes per hour, measurement of room airflow and pressure differential, testing of airflow direction, efficacy of air filtration systems, observation of proper infection control practices, and review of training materials related to negative pressure isolation. A written report detailing the results of the annual evaluation and recommendations shall be submitted to the Assistant Deputy Commissioner of Clinical Services with copies to the institution health services administrator (HSA) and the contractual comprehensive healthcare provider's infection control coordinator. Each Superintendent shall be

required to submit written corrective action, if required, to the Assistant Deputy Commissioner of Clinical Services. Results of annual certification, appropriate corrective action, along with monthly room performance records, shall be maintained at each institution operating negative air pressure equipment.

660.10

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) MACHINES

This section of 103 DOC 660 pertains only to the Department of Correction (DOC) AED machines.

- A. Institutions may purchase AED machines to be available in satellite units or other locations as determined necessary by the Superintendent. Each Superintendent shall develop procedures to monitor and maintain DOC AED machines. Procedures shall identify the location of each AED machine.
1. The AED will be kept in an accessible area with the status indicator easily visible. A designated DOC employee will visually inspect each AED machine daily during normal business hours.
 2. The employee will visually inspect the status indicator and record the findings on the AED checklist. The status indicator is a visual indicator of the AED's readiness. Status indicators may vary based on the make and model of AED. The AED could also chirp, indicating a low battery.
 3. If the AED machine displays an error and/or chirps, the institution Environmental Health and Safety Officer must be notified immediately. The Environmental Health and Safety Officer will assess the AED machine and take the necessary appropriate action.
 4. In an emergency situation when there is no other defibrillator available, it is recommended that you continue to use the AED machine when the status indicator shows an error code.
 5. If the battery is installed before the install date, the extended life of the battery, if not used, is four years. The install date is located on the battery, and will be documented on the attached checklist.
 6. All AED machines will have two sets of defibrillation pads that are sealed and undamaged. Defibrillation pads have an expiration date that will be documented on the package as well as on the attached checklist.
 7. The Environmental Health and Safety Officer will replace the defibrillation pads prior to the expiration date and after each use.

8. The spare battery and defibrillation pads will be stored at the institution in an area designated by the Superintendent.
 9. The Environmental Health and Safety Officer will adjust the clock on the AED machine to reflect the time change from Eastern Standard Time to Daylight Savings Time, and vice versa.
 10. The Health Service Division will be notified every time the AED machine is used. The Regional Administrator will download data related to the event.
 11. If a DOC employee uses the AED machine an incident report will be written and submitted as appropriate.
- B. Department Of Correction employees are trained in CPR/AED when they are hired and every two years thereafter. A Regional Administrator will train the Department of Correction employees responsible for checking the AED machine. The contractual comprehensive healthcare provider is responsible for monitoring and repairing the Health Service Units AED machines.

MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION
First Aid Kit Guidelines

OBJECTIVE:

To provide written guidelines/procedures regarding the contents of first aid kits, designated locations of first aid kits, the necessity to inventory monthly all first aid kit supplies and equipment within the institution and provide guidelines for a procedure for replenishment of supplies.

APPLICABILITY:

Facility employees, health services unit staff, and health and safety officers.

DEFINITION:

Action to be followed when first aid care is required for a condition which necessitates immediate assistance from a person trained in first aid and the utilization of one of a institutions first aid kits or automatic external defibrillator (AED).

SECURITY:

All first aid kits will be sealed with a security tag. Whenever this tag is broken, the following steps will be taken:

1. The first aid kit shall be brought to the designated area by the staff member using the kit.
2. The used first aid kit will either be left in the designated area and a replacement kit picked up or the kit will be restocked by institution staff. A new security tag will be placed on the kit and the kit shall be returned to its designated location.

CONTENTS:

The first aid kits are to have proper quantities and types of materials for the location where they are to be used, and are to be easily identifiable as first aid kits.

Contents are to be arranged so that the desired item can be found quickly without having to unpack the entire contents of the box. Material is to be wrapped so that unused portions do not become dirty or contaminated through handling.

CONTENTS (continued)

All first aid kits will contain only approved items, which include, at a minimum items listed below:

1. Gloves
2. Plastic bags
3. Paper towels
4. Povidone Iodine
5. Sponges
6. Triangle Bandages
7. Adhesive Tape
8. Band-Aids

There are certain items that First Aid Kit should not contain, which are listed below:

1. Medicines
2. Instruments
3. Glass or metal containers

PROCEDURE:

1. The health authority approves the contents, number, location of first aid kits, develops procedures for monthly inspection of the kits and develops written procedures for use of the kits by non-medical staff.
2. The correction officer or staff member who opens the first aid kit must immediately report such use, in order that the kit can be restocked. A telephone call to the supervisor will suffice for communicating this information. The institution will replenish stock used from the first aid kit within twenty-four (24) hours of receiving the communication.
3. The first aid kits will be inspected monthly by designated institution personnel. A written record of these monthly checks shall be maintained by the Superintendent or his/her/their designee with a copy of such records forwarded to the HSA. An inventory for each kit will be maintained within each kit in order that the kit can be restocked as needed.
4. AEDs shall be periodically tested for functionality in accordance with the manufacturer's guidelines.

MASSACHUSETTS DEPARTMENT OF CORRECTION

AED Machine Checklist

Month: _____

Location: _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
No signs of contamination or damage																																
Status indicator showing device is ready for use																																
Status indicator showing an error code or chirping. Call institution EHSO																																
Defibrillator Pads – Date of Expiration																																
Date Battery Installed																																