



Virginia Department of Corrections

Health Services

Operating Procedure 720.1

Access to Health Services

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

The content owner reviewed this operating procedure in January 2023 and necessary changes are being drafted.

The content owner reviewed this operating procedure in November 2023 and necessary changes are being drafted.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

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DEFINITIONS

Access to Care - The timely use of available health care resources within the facility to achieve the best outcomes.

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion.*

Emergency Care/Treatment - Treatment of an acute injury or illness that requires immediate medical attention.

Health Authority - The Health Administrator or agency responsible for the provision of health care services at a facility or system of institutions, the responsible Physician may be the Health Authority.

Health-Trained Staff - Correctional Officers or other correctional staff who are trained and appropriately supervised to carry out specific duties regarding the administration of health care.

Medical Authority - The lead facility Medical Practitioner; clinical supervision is provided by the Chief Physician.

Medical Practitioner - A Physician, Nurse Practitioner, or Physician's Assistant.

Restorative Housing Unit - A general term for special purpose bed assignments including restorative housing, and step-down statuses; usually a housing unit or area separated from full privilege general population.

- **Alt-GP Status** - General population bed assignments operated with increased privileges above RHU status but more control than full privilege general population for inmates making an informed voluntary request for placement and inmates assigned to the restorative housing unit for their own protection.
- **RHU-Restorative Housing (RHU) Status** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for inmates requesting placement with informed voluntary consent, inmates needing confinement for their own protection, when there is a need to prevent imminent threat of physical harm to the inmate or another person, or the inmate's behavior threatens the orderly operation of the facility.
- **RH Step-Down 1 (SD-1), RH Step-Down 2 (SD-2) Status** - General population bed assignments operated with increased privileges above RHU status but more control than full privilege general population.

Sick Call - Care for ambulatory inmates/probationers/parolees through health care requests, which are evaluated and treated in a clinic setting; it is the system through which each inmate/probationer/parolee requests and receives appropriate health services for a non-emergency illness or injury, in a timely manner in consideration of medical urgency.

Triage - Sorting and classifying of health complaints to determine appropriate priority and treatment.

Urgent Care - Treatment of an acute condition or deterioration of a chronic condition, that is not emergent but if left untreated, may deteriorate into a more serious or emergent problem.

PURPOSE

This operating procedure establishes general procedures for Department of Corrections (DOC) inmates and Community Corrections Alternative Program (CCAP) probationers/parolees to access medical services and ensures that inmates and CCAP probationers/parolees know how to access the health care system for emergencies and routine medical care.

PROCEDURE

- I. Access to Health Services
 - A. The Department of Corrections (DOC) Health Services Unit (HSU) does not discriminate against any person on the basis of race; color; religion; national origin; culture; language; physical or mental disability; genetic information; age; sex, including pregnancy, childbirth or related medical conditions; marital status; sexual orientation; gender identity or expression; socioeconomic status; or a person's perceived inclusion in one of the above categories, in admission to, participation in, or receipt of the services and benefits of any of its programs and activities.
 - B. The Facility Unit Head, in conjunction with the Health Authority, will ensure that inmates and CCAP probationers/parolees have timely access to, and are provided adequate health care services. (2-CO-4E-01)
 1. The continuity of health care including medication will be available from admission to discharge.
 2. The facility will establish and maintain a sufficient number of health care staff of varying types to provide inmates and CCAP probationers/parolees with adequate and timely evaluation and treatment, including continuity and coordination of care.
 3. Nurses must comply with the *Laws and Regulations Governing the Practice of Nursing* to ensure practice falls within the scope of nursing licenses.
 - C. Each Health Authority will ensure that inmates and CCAP probationers/parolees entering the facility are provided with information about procedures to access routine and emergency health care. (5-ACI-6A-01)
 1. Information on access to health services and procedures for submitting grievances will be communicated to inmates and CCAP probationers/parolees in writing and orally in a form and language that is easily understood. When a literacy or language problem prevents an inmate or CCAP probationer/parolee from understanding written information, a staff member or translator will assist.
 2. This information will be provided at the time of reception and each time an inmate or CCAP probationer/parolee is moved to a new facility.
 3. Inmate and CCAP probationer/parolee notification will be documented on the *Health Services Orientation 720_F16*.
 - D. No security or administrative staff will approve or disapprove requests for health care.
 - E. Inmates and CCAP probationers/parolees have unimpeded access to health care, including, but not limited to, adequate pain management for acute and chronic conditions and to a system for processing complaints regarding health care. (4-ACRS-4C-01)
 1. Inmates and CCAP probationers/parolees may process complaints regarding health care through the Inmate Grievance Procedure in institutions or by appeal to the Facility Unit Head at CCAPs.
 2. These procedures will be communicated to each inmate and CCAP probationer/parolee upon arrival at the facility, normally during the orientation process.
 - F. Health care encounters, including medical and mental health interviews, examinations, and procedures, will be conducted in a setting that respects the inmate's and CCAP probationer's/parolee's privacy. (5-ACI-6C-10) Health care encounters, other than routine pill call and restorative housing rounds, will be documented on the *Health Services Complaint and Treatment Form 720_F17*.

- G. Inmates and CCAP probationers/parolees, including those on work release and in CCAPs, may not choose their own health care practitioner.
- H. Treatment of inmate's and CCAP probationer's/parolee's health problems will not be limited to resources available within a facility. If a higher level of care is required than can be provided at the assigned facility, the inmate or CCAP probationer/parolee will be moved to an appropriate facility or provided community services if necessary. (5-ACI-1B-15; 4-ACRS-5A-11, 4-ACRS-7D-26)
- I. Inmates and CCAP probationers/parolees are to be notified on a *Laboratory/Diagnostic Test(s) Results 720_F35* that their laboratory and diagnostic test results have been received and reviewed and that the results are either identified by a check box as "acceptable" or "please see practitioner to discuss the results."
- J. Pregnancy management is available to inmates as needed; pregnant inmates are not accepted into CCAPs.
1. Pregnancy management includes the following services: (5-ACI-6A-10)
 - a. Pregnancy testing
 - b. Routine prenatal care
 - c. High-risk prenatal care
 - d. Management of the chemically addicted pregnant inmate
 - e. Postpartum follow-up
 - f. Unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth
 2. Nursing infants are not allowed to remain with their mothers; unless the inmate is approved or assigned to a DOC approved mother/infant program. (5-ACI-6A-11)
 3. Inmates who are pregnant as a result of sexually abusive vaginal penetration while incarcerated will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (§115.83[d], 115.83[e], §115.283[d], §115.283[e])
- K. Inmates and CCAP probationers/parolees will not perform or assist in the delivery of health care, medication, screening, or scheduling of health care for other inmates or CCAP probationers/parolees. (5-ACI-3A-08) Inmates and CCAP probationers/parolees will not be permitted to operate diagnostic and therapeutic equipment, nor have access to surgical instruments, needles, or Health Records. This restriction does not apply to "self-care" events, such as insulin administration.
- L. Consent for Medical, Surgical, or Special Procedures (5-ACI-6C-04; 4-ACRS-4C-19; 2-CO-4E-01)
1. Before any invasive medical, surgical, or special procedure is performed on an inmate or CCAP probationer/parolee, the inmate or CCAP probationer/parolee will give informed consent using the *Health Services Treatment Consent/Refusal 720_F44*.
 2. An inmate's or CCAP probationer's/parolee's refusal to submit to recommended treatment, including repeated non-adherence to prescribed medications will be documented on a *Health Services Treatment Consent/Refusal 720_F44*; see Operating Procedure 720.5, *Pharmacy Services*. A medical staff member will witness the inmate's or CCAP probationer's/parolee's signature; refusal to sign must be documented by an additional staff witness.
 3. COV §53.1-40.1, *Medical and mental health treatment of prisoners incapable of giving consent* and COV §54.1-2986, *Procedure in absence of an advance directive; procedure for advance directive without agent; no presumption; persons who may authorize health care for patients incapable of informed decisions* apply when the inmate or CCAP probationer/parolee is not competent to give consent.
 4. When medical staff is not immediately available and the inmate or CCAP probationer/parolee refuses to be transported for recommended treatment, a transporting officer must document the inmate's or CCAP probationer's/parolee's refusal on the *Refusal to Consent to Transport for Medical Treatment*

720_F34. The transporting officer will witness the inmate's or CCAP probationer's/parolee's signature and forward the *Refusal* to medical within two hours. An inmate's or CCAP probationer's/parolee's refusal to sign must be documented by an additional staff witness.

5. Transporting officers will notify facility medical staff and document on an *Internal Incident Report*; see Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*, if, at any time after exiting the facility for transportation to an off-site specialist appointment, diagnostic procedure, or treatment procedure, the inmate refuses to allow completion of the procedure, the procedure could not be performed due to the inmate's failure to follow documented pre-procedure instructions, or the inmate's behavior becomes disruptive so that they must be removed from the medical facility.
 - a. Medical staff, upon notification from transporting officers that the scheduled procedure could not be performed due to an inmate's refusal, failure to follow pre-procedure instructions, or disruptive behavior, will notify the inmate's Correctional Counselor to schedule the inmate for a formal Institutional Classification Authority (ICA) administrative hearing. See Operating Procedure 830.1, *Institution Classification Management*, to assess any relevant costs.
 - b. The *Internal Incident Report* documenting the inmate's actions will serve as the reporting officer's testimony for the ICA hearing unless the ICA determines that the transporting officer should appear in person.
 - c. The ICA should give consideration to the inmate's reason for refusing the procedure. The inmate will not be responsible for costs associated with the refused procedure if circumstances required medical staff to significantly change the procedure from that previously explained to the inmate.
 - d. Before assessing the cost for a procedure that could not be performed due to the inmate not following pre-procedure instructions, the ICA will ensure that the instructions were fully explained to the inmate and that the inmate willfully disobeyed the instructions.
 - e. If the ICA determines that the inmate refused the planned procedure or exhibited disruptive behavior requiring removal from the medical facility without the procedure being performed, costs for transportation and any costs paid to the off-site medical providers will be assessed to the inmate.
 - i. Transportation costs must be calculated in accordance with Operating Procedure 851.2, *Bereavement Visits*. This cost will be calculated and available to the ICA at the time of the hearing.
 - ii. Costs paid to the off-site medical providers may not be known until reported to the DOC by the third party administrator.
 - iii. Once the Facility Unit Head approves the ICA action, the facility medical department must be notified to submit the charges for transportation costs and any costs levied by the off-site medical facility, doctors, etc. as the costs become known.
- M. Inmates and CCAP probationers/parolees with certain medical conditions may request a Medical Alert on their inmate or CCAP probationer/parolee identification card by submitting a request to the facility medical department.
1. Medical Alerts will only be placed on an inmate's or CCAP probationer's/parolee's Identification Card if requested by the inmate or CCAP probationer/parolee and verified by the Health Authority or designee.
 2. The Health Authority or designee will review the inmate's or CCAP probationer's/parolee's Health Record to verify eligibility and notify appropriate staff to produce an identification card with the Medical Alert.
 3. Alerts will only be issued for the following conditions based on confirmation in the inmate's or CCAP probationer's/parolee's Health Record.
 - a. Allergy - Drug
 - b. Allergy - Food
 - c. Allergy - Insect
 - d. Cardiac - AICD

- e. Cardiac - Arrhythmia
- f. Cardiac - Blood Thinner
- g. Cardiac - Pacemaker
- h. Diabetes
- i. Seizure

4. Inmates and CCAP probationers/parolees will not be assessed a fee for the initial issue of the identification card. Inmates and CCAP probationers/parolees will be assessed a fee for the replacement of the identification card if it is lost, stolen, or damaged in accordance with Operating Procedure 802.2, *Offender Finances*.

N. Diet Refusals

1. If an inmate refuses a therapeutic diet over a religious diet, staff to whom the refusal is directed must obtain a completed *Health Services Treatment Consent/Refusal 720_F44*, and the inmate should be scheduled with a Medical Practitioner to be re-evaluated in the context of the therapeutic diet refusal every 90 days.
2. See Food Service Manual Chapter 3, *Menu Planning* for guidance.

II. Health Care Complaints

A. Each facility will evaluate all inmate and CCAP probationer/parolee health care complaints.

B. Emergency Complaints

1. Twenty-four-hour emergency medical services will be available and complaints handled immediately. Each facility will have a written plan to provide 24-hour emergency care; see Operating Procedure 720.7, *Emergency Medical Equipment and Care*.
2. An adequate inventory of first aid kits and emergency medical equipment and supplies must be maintained at all times in accordance with Operating Procedure 720.7, *Emergency Medical Equipment and Care*. Facilities must provide for on-site emergency first aid, cardiopulmonary resuscitation, and crisis intervention.

C. Medical requests should be triaged within 24 hours by a Registered Nurse (RN) and the inmate or CCAP probationer/parolee will be seen by a RN within 72 hours (96 hours on weekends).

1. For medical complaints deemed to be urgent, a referral will be made for the inmate or CCAP probationer/parolee to be seen by a Medical Practitioner within 72 hours of the referral.
2. If the medical complaint is determined to be routine and referral to a Medical Practitioner is indicated, the inmate or CCAP probationer/parolee will be seen by the Medical Practitioner within two weeks of the referral.

D. Sick Call - The Health Authority at each facility will develop and provide a system that enables all inmates and CCAP probationers/parolees, (including those in a restorative housing unit) to request health services daily. These requests are triaged daily by a RN. The method of requesting health services will be in accordance with the needs of the facility, such as: **(5-ACI-6A-03)**

1. Walk in system
2. Daily rounds in each housing unit
3. Sign up on sick call request log
4. Sick call request forms (Health care request forms are readily available to all inmates and CCAP probationers/parolees.)
5. Have a Corrections Officer call

E. A priority system is used to schedule clinical services. Clinical services should be available to inmates and CCAP probationers/parolees in a clinical setting at least five days a week and are performed by a

qualified health care professional. (5-ACI-6A-03)

- F. The Inmate Grievance Procedure is an important component of the facility Continuous Quality Improvement Program; see Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*.
1. This process allows inmates and CCAP probationers/parolees to question or express concerns about health care services.
 2. All *Informal Complaints* and *Grievances* submitted in accordance with Operating Procedure 866.1, *Offender Grievance Procedure*, are recorded in VACORIS in order to log and track incoming grievances and to ensure timely responses.
 3. The facility will be responsive to the complaints in a timely and meaningful manner.
 4. The facility will perform quantitative and qualitative analysis of grievance data as part of its Continuous Quality Improvement Program.

III. Restorative Housing Unit

- A. When an inmate is transferred from general population to the Restorative Housing Unit, health care staff will be informed immediately and will provide a screening and review as indicated by the protocols established by the Health Authority. (5-ACI-4A-01, 5-ACI-4B-28)
1. Upon notification, the Health Authority will ensure that a qualified health care professional reviews the inmate's Health Record to determine if any known contraindications exist. The review must be documented on the *Health Services Complaint and Treatment Form 720_F17*.
 2. Inmates will be screened by a Mental Health Clinician before their placement or within one working day after their placement in the Restorative Housing Unit so that any "at risk" inmates may be identified and monitored.
 - a. Screenings will be conducted and documented in accordance with Operating Procedure 730.5, *Mental Health and Wellness Services: Behavior Management*.
 - b. At institutions with no Mental Health Clinician, health care or health trained staff will interview the inmate within one working day after placement in the Restorative Housing Unit; using the *Restorative Housing Review* section of the *Health Screening - Health-Trained Staff 720_F10*, to identify if there is any indication the inmate may be "at risk" and in need of transfer to an institution with a Mental Health Clinician.
 3. Unless medical attention is needed more frequently, each inmate in General Detention or on RHU status receives a daily visit from a qualified health care professional. The visit ensures that inmates have access to the health care system. (5-ACI-4A-01, 5-ACI-4B-28)
 - a. The presence of health care personnel in the Restorative Housing Unit is announced and recorded.
 - b. Medical requests, medical visits, and medications administered or refused will be documented on the *Individual Inmate Log 425_F4* or *Special Watch Log 425_F5*; see Operating Procedure 841.4, *Restorative Housing Units*.
 - c. Medical Practitioner visits to the Restorative Housing Unit are not required, inmates will submit a request to be seen by the Medical Practitioner through the established sick call process.
 4. Any "at risk" inmate placed in a Restorative Housing Unit will receive a physical screening (i.e., weight and vital signs taken, and recorded on a *Health Services "At Risk" Physical Screening 720_F18*, checked for symptoms of possible side-effects to prescribed medication) by a qualified health care professional (i.e., RN, LPN/CNT, or CHA) no less than once every 14 days.
 5. Any in-person assessment or screening conducted by Mental Health and Wellness staff or other health care professionals of an inmate in a Restorative Housing Unit will be in accordance with Operating Procedure 730.5, *Mental Health and Wellness Services: Behavior Management* and accomplished in the following manner:

- a. The inmate will be restrained by handcuffs behind the back; use of leg irons is optional dependent on security level and the inmate's behavior pattern.
 - b. The inmate will be instructed to sit on their bunk.
 - c. Two certified Corrections Officers and the Mental Health Clinician/health care professional will enter the cell to perform the assessment or screening.
 - d. Portable blood pressure equipment, scales, etc. should be available for checking vital signs and for routine assessments and screenings.
 - e. If the examination cannot be successfully completed with the hands cuffed behind the inmate's back, the health care professional should step back and allow the Corrections Officers to move the handcuffs to the front of the inmate. If the examination still cannot be successfully completed, the inmate will be removed from the cell and escorted in appropriate restraints to an area where the examination can be completed.
- B. All facilities will provide verbal and written instructions on obtaining health care at the time of facility intake.
- C. Inmates placed in a Restorative Housing Unit will be provided verbal instructions on how to access the health care system for sick call and emergency health care.
- D. All sick call or emergency visits, and medications will be documented in chronological order and on appropriate forms in the Health Record.

REFERENCES

COV §53.1-40.1, *Medical and mental health treatment of prisoners incapable of giving consent.*

COV §54.1-2986, *Procedure in absence of an advance directive; procedure for advance directive without agent; no presumption; persons who may authorize health care for patients incapable of informed decisions.*

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Food Service Manual Chapter 3, *Menu Planning*

Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*

Operating Procedure 720.5, *Pharmacy Services*

Operating Procedure 720.7, *Emergency Medical Equipment and Care*

Operating Procedure 730.5, *Mental Health and Wellness Services: Behavior Management*

Operating Procedure 802.2, *Offender Finances*

Operating Procedure 830.1, *Institution Classification Management*

Operating Procedure 841.4, *Restorative Housing Units*

Operating Procedure 851.2, *Bereavement Visits*

Operating Procedure 866.1, *Offender Grievance Procedure*

Laws and Regulations Governing the Practice of Nursing

ATTACHMENTS

None

FORM CITATIONS

Individual Inmate Log 425_F4

Special Watch Log 425_F5

Health Screening - Health-Trained Staff 720_F10

Health Services Orientation 720_F16

Health Services Complaint and Treatment Form 720_F17

Health Services "At Risk" Physical Screening 720_F18

Refusal to Consent to Transport for Medical Treatment 720_F34

Laboratory/Diagnostic Test(s) Results 720_F35

Health Services Treatment Consent/Refusal 720_F44