



Operating Procedure

Effective Date January 1, 2019	Number 720.1
Amended 4/1/20, 5/1/20, 2/1/21, 9/1/21	Operating Level Department
Supersedes Operating Procedure 720.1 (12/1/15)	
Authority COV §53.1-10, §53.1-25, §53.1-32, §53.1-40.1, §54.1-2986	
Subject ACCESS TO HEALTH SERVICES	
ACA/PREA Standards 5-ACI-1B-15, 5-ACI-3A-08, 5-ACI-4A-01, 5-ACI-4B-28, 5-ACI-6A-01, 5-ACI-6A-03, 5-ACI-6A-10, 5-ACI-6A-11, 5-ACI-6C-04, 5-ACI-6C-10; 4-4039, 4-4182,4-4344, 4-4346, 4-4353, 4-4353-1, 4-4397, 4-4400, 4-4403; 4-ACRS-4C-01, 4-ACRS-4C-19, 4-ACRS-5A-11, 4-ACRS-7D-26; 2-CO-4E-01; §115.83[e], §115.283[e]	
Incarcerated Offender Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attachments Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Office of Primary Responsibility Health Services Unit	

I. PURPOSE

This operating procedure establishes general procedures for offenders incarcerated in Department of Corrections facilities to access medical services and ensures that offenders know how to access the health care system for emergencies and routine medical care.

II. COMPLIANCE

This operating procedure applies to all units operated by the 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.

III. DEFINITIONS

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

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs

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

Health Authority - The individual who functions as the administrator of the facility Medical Department

Health Trained Staff - A DOC employee, generally a Corrections Officer who has been trained to administer health screening questionnaires, including training as to when to refer to health care staff and with what level of urgency

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

Medical Practitioner - A physician, physician's assistant, or nurse practitioner licensed to practice medicine in the Commonwealth of Virginia or in the jurisdiction where the treatment is to be rendered or withheld

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

- **Restorative Housing (RHU)** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for the personal protection or custodial management of offenders.
- **RH Step-down 1 (SD-1), RH Step-down 2 (SD-2)** - General population bed assignments operated with increased privileges above Restorative Housing 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 offender 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

IV. PROCEDURE

A. Access to Health Services

1. The Facility Unit Head, in conjunction with the Health Authority, will ensure that offenders have timely access to, and are provided adequate health care services. (2-CO-4E-01)
 - a. The continuity of health care including medication will be available from admission to discharge.
 - b. The facility will establish and maintain a sufficient number of health care staff of varying types to provide offenders with adequate and timely evaluation and treatment, including continuity and coordination of care.
 - c. Nurses must comply with the [Regulations Governing the Practice of Nursing](#) to ensure practice falls within the scope of nursing licenses.
2. Each Health Authority will ensure that offenders entering the facility are provided with information about procedures to access routine and emergency health care. (5-ACI-6A-01; 4-4344)
 - a. Information on access to health services and procedures for submitting grievances will be communicated to offenders in writing and orally in a form and language that is easily understood by the offender. When a literacy or language problem prevents an offender from understanding written information, a staff member or translator assists the offender.
 - b. The information provided must include copay requirements in accordance with Operating Procedure 720.4, *Co-Payment for Health Care Services*; noting that medical care is not denied based on an offender's ability to pay.
 - c. This information should be provided at the time of reception and each time an offender is moved to a new facility.
 - d. Offender notification will be documented on the [Health Services Offender Orientation](#) 720_F16 [Spanish](#).
3. No security or administrative staff will approve or disapprove requests for health care.
4. Offenders 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)
 - a. Offenders may process complaints regarding health care through the Offender Grievance Procedure in institutions or by appeal to the Facility Unit Head at Community Corrections facilities.
 - b. These procedures will be communicated to each offender upon arrival at the facility, normally during the orientation process.
5. Health care encounters, including medical and mental health interviews, examinations, and procedures, should be conducted in a setting that respects the offenders' privacy. (5-ACI-6C-10; 4-4403) 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.
6. Incarcerated offenders, including those on work release and in Community Corrections Alternative Programs, may not choose their own health care practitioner.
7. Treatment of offenders' 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 offender should be moved to an appropriate facility or provided community services if necessary. (5-ACI-1B-15; 4-4039, 4-ACRS-5A-11, 4-ACRS-7D-26)

8. Offenders 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 (check box) “acceptable” or “please see practitioner to discuss the results.”
9. Pregnancy management is available to offenders as needed; pregnant offenders are not accepted into Community Corrections facilities.
 - a. Pregnancy management includes the following services: (5-ACI-6A-10; 4-4353)
 - i. Pregnancy testing
 - ii. Routine prenatal care
 - iii. High-risk prenatal care
 - iv. Management of the chemically addicted pregnant offender
 - v. Postpartum follow-up
 - vi. Unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth
 - b. Nursing infants are not allowed to remain with their mothers. (5-ACI-6A-11; 4-4353-1)
 - c. Offenders 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[e], §115.283[e])
10. Offenders will not perform or assist in the delivery of health care, medication, screening, or scheduling of health care for other offenders. (5-ACI-3A-08; 4-4182) Offenders will not be permitted to operate diagnostic and therapeutic equipment, nor have access to surgical instruments, needles, or Health Records. This does not apply to “self-care” events, such as insulin administration.
11. Consent for Medical, Surgical, or Special Procedures (5-ACI-6C-04; 4-4397, 4-ACRS-4C-19, 2-CO-4E-01)
 - a. Before any invasive medical, surgical, or special procedure is performed on an offender, the offender should give informed consent using the [Health Services Consent to Treatment](#) 720_F2, [Spanish](#).
 - b. An offender’s refusal to submit to recommended treatment, including repeated non-adherence to prescribed medications (See Operating Procedure 720.5, *Pharmacy Services*.), will be documented on a [Health Services Consent to Treatment; Refusal](#) 720_F3, [Spanish](#). A medical staff member will witness the offender’s signature; refusal to sign must be documented by an additional staff witness.
 - c. COV §53.1-40.1 and COV §54.1-2986 apply when the offender is not competent to give consent.
 - d. When medical staff is not immediately available and the offender refuses to be transported for recommended treatment, a transporting officer must document the offender’s refusal on the [Refusal to Consent to Transport for Medical Treatment](#) 720_F34. The transporting officer will witness the offender’s signature, forward the *Refusal* to medical within two hours. An offender’s refusal to sign must be documented by an additional staff witness.
12. Offenders with certain medical conditions may request a Medical Alert on their offender identification card by submitting a request to the facility Medical Department.
 - a. Medical Alerts will only be placed on an offender’s Identification Card if requested by the offender and verified by the Health Authority or designee.
 - b. The Health Authority or designee will review the offender’s Health Record to verify the offender’s eligibility and notify appropriate staff to produce an identification card with the Medical Alert.
 - c. Alerts will only be issued for the following conditions based on confirmation in the offender’s Health Record.
 - i. Allergy - Drug
 - ii. Allergy - Food
 - iii. Allergy - Insect

- iv. Cardiac - AICD
- v. Cardiac - Arrhythmia
- vi. Cardiac - Blood Thinner
- vii. Cardiac - Pacemaker
- viii. Diabetes
- ix. Seizure

d. Offenders will not be assessed a fee for the initial issue of the identification card. Offenders will be assessed for the replacement of the identification card if it is lost, stolen, or damaged in accordance with Operating Procedure 802.2, *Offender Finances*.

B. Health Care Complaints

1. Each facility will evaluate all offender health care complaints.
2. Emergency Complaints
 - a. 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*.)
 - b. An adequate inventory of first aid kits and emergency medical equipment and supplies should 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, CPR, and crisis intervention.
3. Medical requests should be triaged within 24 hours by a Registered Nurse (RN), and the inmate/probationer/parolee seen by a RN within 72 hours (96 hours on weekends)
 - a. For medical complaints deemed to be urgent, a referral will be made for the offender to see a medical practitioner, and the offender should be seen by the practitioner within 72 hours of the referral.
 - b. If the medical complaint is determined to be routine and referral to a medical practitioner is deemed indicated, the offender should be seen by the medical practitioner within two weeks of the referral.
4. Sick Call - The Health Authority at each facility will develop and provide a system that enables all inmates/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; 4-4346)
 - a. Walk in system
 - b. Daily rounds in each housing unit
 - c. Sign up on sick call request log
 - d. Sick call request forms (Health care request forms are readily available to all offenders.)
 - e. Have a Corrections Officer call
5. A priority system is used to schedule clinical services. Clinical services should be available to offenders in a clinical setting at least five days a week and are performed by a qualified health care professional. (5-ACI-6A-03; 4-4346)
6. The Offender Grievance Procedure is an important component of the facility Continuous Quality Improvement Program. (See Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*.)
 - a. This process allows offenders to question or express concerns about health care services.
 - b. 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.
 - c. The facility is responsive to the complaints in a timely and meaningful manner.

- d. The facility performs quantitative and qualitative analysis of grievance data as part of its Continuous Quality Improvement Program.

C. Restorative Housing Unit

1. When an offender 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; 4-4400)
 - a. Upon notification, the Health Authority will ensure that a qualified health care professional reviews the offender'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.
 - b. Offenders should be screened by a Psychology Associate before their placement or within one working day after their placement in the restorative housing unit so that any "at risk" offenders may be identified and monitored.
 - i. Screenings will be conducted and documented in accordance with Operating Procedure 730.5, *Mental Health Services: Behavior Management*.
 - ii. At institutions with no Psychology Associate, health care or health trained staff should interview the offender 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 offender may be "at risk" and in need of transfer to an institution with a Psychology Associate.
 - c. Unless medical attention is needed more frequently, each offender in General Detention or on RHU status receives a daily visit from a qualified health care professional. The visit ensures that offenders have access to the health care system. (5-ACI-4A-01, 5-ACI-4B-28; 4-4400)
 - i. The presence of health care personnel in the restorative housing unit is announced and recorded.
 - ii. 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*.)
 - iii. Medical Practitioner visits to the restorative housing unit are not required, offenders will submit a request to be seen by the Medical Practitioner through the established sick call process.
 - d. Any "at risk" offender placed in a restorative housing unit should 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.
 - e. Any in-person assessment or screening of an offender in the restorative housing unit by a Psychology Associate or other health care professional will be accomplished in the following manner:
 - i. The offender will be restrained by handcuffs behind the back; use of leg irons is optional dependent on security level and the offender's behavior pattern.
 - ii. The offender will be instructed to sit on their bunk.
 - iii. Two certified Corrections Officers and the Psychology Associate/health care professional will enter the cell to perform the assessment or screening.
 - iv. Portable blood pressure equipment, scales, etc. should be available for checking vital signs and for routine assessments and screenings.
 - v. If the examination cannot be successfully completed with the hands cuffed behind the offender's back, the health care professional should step back and allow the Corrections Officers to move the handcuffs to the front of the offender. If the examination still cannot be successfully completed, the offender will be removed from the cell and escorted in appropriate restraints to an area where the examination can be completed.
2. All facilities will provide verbal and written instructions on obtaining health care at the time of facility intake.

3. Offenders placed in the restorative housing unit will be provided verbal instructions on how to access the health care system for sick call and emergency health care.
4. All sick call or emergency visits, and medications will be documented in chronological order and on appropriate forms in the Health Record.

V. REFERENCES

[Regulations Governing the Practice of Nursing](#)

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

Operating Procedure 720.4, *Co-Payment for Health Care Services*

Operating Procedure 720.5, *Pharmacy Services*

Operating Procedure 720.7, *Emergency Medical Equipment and Care*

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

Operating Procedure 802.2, *Offender Finances*

Operating Procedure 841.4, *Restorative Housing Units*

Operating Procedure 866.1, *Offender Grievance Procedure*

VI. FORM CITATIONS

[Individual Inmate Log](#) 425_F4

[Special Watch Log](#) 425_F5

[Health Services Consent to Treatment](#) 720_F2 [Spanish](#)

[Health Services Consent to Treatment; Refusal](#) 720_F3 [Spanish](#)

[Health Screening - Health-Trained Staff](#) 720_F10

[Health Services Offender Orientation](#) 720_F16 [Spanish](#)

[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

VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

The office of primary responsibility reviewed this operating procedure in January 2020 and necessary changes have been made.

The content owner reviewed this operating procedure in January 2021 and necessary changes are being drafted.

Signature Copy on File

11/15/18

Joseph W. Walters, Deputy Director for Administration

Date