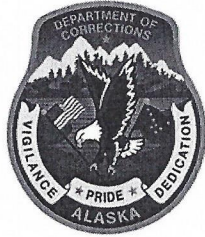



**STATE OF ALASKA  
DEPARTMENT OF CORRECTIONS**



**POLICIES & PROCEDURES**

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TITLE: <b>Health Care Organization And Administration</b>		
APPROVED BY:  Dean R. Williams, Commissioner		DATE: <b>12/22/16</b>
ATTACHMENTS / FORMS: <b>(None.)</b>		AUTHORITY / REFERENCES: <b>22 AAC 05.120                      DOC P&amp;P 104.04</b> <b>22 AAC 05.155                      DOC P&amp;P 401.01</b> <b>AS 33.05.010                        DOC P&amp;P 807.02</b> <b>AS 33.16.180                        DOC P&amp;P 807.15</b> <b>AS 33.30.011                        DOC P&amp;P 807.25</b> <b>AS 33.30.021                        DOC P&amp;P 808.03</b> <b>AS 44.28.030                        DOC P&amp;P 808.19</b> <b>2003 Prison Rape Elimination Act (PL 108-79)</b>

**POLICY:**

- I. It is the policy of the Department of Corrections (DOC) to have in place uniform procedures within the Department for the organization and administration of the Division of Health and Rehabilitation Services (HARS).
- II. Services For Prisoners:
  - A. All prisoners shall be provided essential health care in a timely manner by qualified practitioners and / or allied health care personnel in accordance with Departmental policies and DOC P&P 807.02, Prisoner Health Plan (PHP). These policies shall be available to all staff.
  - B. Services allowed under the PHP related to sexual misconduct as defined in the 2003 Prison Rape Elimination Act (PREA) and DOC P&P 808.19, Sexual Abuse / Sexual Assault And Reporting, shall be provided at no cost to the prisoner.
  - C. The same quality of care shall be provided to sentenced and un-sentenced prisoners unless, the prisoner's release date does not provide sufficient time for the prisoner to follow through to completion of an intervention or treatment and / or the request is non-urgent.
  - D. Prisoners in punitive and administrative segregation shall receive the same access to health care as that provided to the general prison population. Documentation of daily rounds shall be made in the segregation log.
  - E. As resources allow, health education materials shall be made available to prisoners.

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- F. Prisoners are not allowed to provide health care services. Prisoners who are appropriately trained may be used to clean the health services unit, handle bio-hazardous wastes such as dirty linen or to assist other prisoners with activities of daily living.
- G. Prisoners may file complaints regarding Health Care through the Department's grievance procedure outlined in DOC P&P 808.03, Prisoner Grievances.
- H. All aspects of prisoner health care shall be monitored and coordinated from admission to discharge.
- I. Discharge planning shall be provided for prisoners with serious medical or mental health needs when release is imminent.

III. Administration And Governance:

- A. The Deputy Director of HARS shall act as the Department's Health Care Administrator (HCA) and shall arrange for all levels of health care. The HCA is responsible to ensure quality, accessible and timely health care services for prisoners.
- B. All clinical decisions regarding health care shall be made by a qualified licensed medical provider and not be countermanded by non-clinicians. All health care professionals shall have appropriate credentials and provide services consistent with the licensure, certification and registration requirements of the State of Alaska.
- C. If students or interns are utilized to provide services, they shall be supervised by a licensed provider.
- D. Only Department staff or contract health care personnel shall make health care treatment decisions.
- E. The Department shall provide health care personnel with orientation training and continuing education, as resources permit.
- F. Health care practices and outcomes shall be monitored to ensure improvement of services as necessary.

IV. Institutional Practices:

- A. Security and administrative staff may not interfere with necessary health care treatment decisions.
- B. Institutional security policies shall also apply to health care personnel.
- C. Health services issues shall be discussed at institutional meetings and health staff meetings shall be held to review administrative issues.
- D. Communication between institutional administration and health care staff must be considered for classification / placement decisions. If it is determined that an institution is unable to provide appropriate

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health care, a prisoner may be transferred to another institution to ensure access to essential medical / mental health care services.

- E. Discussion of prisoner health care information and clinical encounters shall be conducted in private and in a manner designed to encourage the prisoner's subsequent use of health services.
- F. Health care staff shall be prepared to implement the health aspects of an institution's emergency response plan.
- G. All deaths shall be reviewed to determine the appropriateness of clinical care and to ascertain whether changes to policies, procedure or practices are warranted. Death investigations shall be conducted per DOC P&P 104.04, Death Of A Prisoner.
- H. Sufficient escort staff shall be available to escort prisoners (if necessary) to appointments inside or outside the institution.

## **APPLICATION:**

This policy and procedure will apply to all Department employees and prisoners.

## **DEFINITIONS:**

For a definition of words and terms used in this policy, please refer to DOC P&P 807.02, Prisoner Health Plan (PHP).

## **PROCEDURES:**

- I. Clinical Guidelines, Medical Operating Procedures And Protocols:
  - A. The HCA and the Chief Medical Officer shall develop and maintain Clinical Guidelines to guide decisions and criteria regarding diagnosis, management and treatment of specific medical conditions.
  - B. The HCA and the Chief Medical Officer shall develop and maintain Medical Operating Procedures that will guide the decision making of health practitioners and standardize the delivery of care across the system.
  - C. The HCA and Chief Nursing Officer shall develop and maintain written protocols for health care personnel. See DOC P&P 807.25, Nursing Protocols.

## **II. Position Descriptions (PDs):**

The assigned health care supervisor and employee shall develop and revise PDs as necessary for the employee's position. The HCA / designee shall approve the PDs. All HARS staff shall follow the written PDs on file.

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### III. Health Care Administration And Staff:

The HCA is responsible for the administration and development of the Department's prisoner health care program.

### IV. Medical Advisory Committee (MAC):

- A. The MAC is comprised of health care personnel to include, at a minimum, the HCA, Chief Medical Officer, Chief Nursing Officer, Chief Mental Health Officer, Health Practitioner II(s), Medical Social Worker, and selected collaborating and consulting physicians.
- B. The MAC shall authorize all non-emergency hospitalizations and surgeries, specialty referrals, complex cases, special studies or treatments, and prisoner health care grievance appeals.
- C. The MAC shall review Departmental decisions that deny a prisoner treatment recommended by a consulting physician, per DOC P&P 807.02, Access to Health Care Services.
- D. The MAC shall review health care policies and procedures, clinical guidelines, and medical operating procedures and protocols.

### V. Health Care Personnel Training:

#### A. Orientation:

All new health care personnel shall review the Department's orientation and health care manuals, and receive the training as mandated under DOC P&P 401.01, Standards And Training For Employees. An in-depth orientation to the institution's health care program shall also be provided.

#### B. Continuing Education:

The HCA / designee shall plan and implement health care education for Department staff and ensure that appropriate personnel participate in accordance with DOC P&P 401.01, Standards And Training For Employees. Health care personnel shall maintain current licenses at their own expense. The Department shall provide training for health care personnel in CPR and Basic Life Support for Healthcare Providers.

#### C. Records:

The HCA / designee shall maintain records of each health care staff member's credentials. The Department Training Academy shall keep records of each health care staff member's training provided by the Department as mandated under DOC P&P 401.01, Standards And Training For Employees.

### VI. Staff Meetings:

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- A. The Department and each institution shall hold health care meetings and special training sessions for health care personnel, contingent upon available resources.
- B. The HCA / designee may call special staff meetings when necessary. The Institutional Health Practitioner and / or Nursing Supervisor and the Superintendent shall meet or confer at least weekly on issues regarding the health care unit.

VII. Departmental Health Care Staff Personnel Actions:

A. Hiring Personnel:

The HCA / designee must approve the hiring of all state-employed health care personnel. The health care hiring manager shall consult with the Superintendent before hiring an Institutional Health Practitioner or a Mental Health Clinician III. The hiring manager shall consult with the Chief Nursing Officer before hiring nurses. The hiring manager shall verify credentials of all potential hires.

B. Performance Evaluations:

Performance evaluations of health care staff shall be conducted by the staff supervisor consistent with Departmental policy. Interim evaluations shall be provided to all probationary staff. Permanent staff shall receive performance evaluations at least every two years or as merit anniversary dates dictate. Input from the Superintendent should be solicited for evaluations of HARS staff located in a correctional institution.

1. Institutional Health Practitioners:

The Regional Health Practitioner II shall evaluate all Institutional Health Practitioners in their respective region, with written input from the Superintendent and collaborating physician.

2. Mental Health Clinicians:

The Chief Mental Health Officer shall evaluate all supervising Mental Health Clinicians with written input from the Superintendent.

3. Nurses:

The nurses' immediate supervisor shall evaluate all state-employed nurses in coordination with the Chief Nursing Officer, with written input from the Superintendent and the Institutional Health Practitioner.

4. Other Health Care Personnel:

All other health care personnel shall be evaluated by their immediate supervisor.

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C. Disciplinary Actions:

The HCA / designee and the Superintendent shall be advised of any serious employee disciplinary actions (e.g., suspensions, terminations) within an institution's health care unit.

1. Security Issues:

The Superintendent, the Institutional Health Practitioner and / or the Nursing Supervisor shall resolve all security matters that affect the delivery of health care. If they do not agree, the HCA and the Director of Institutions (DOI) shall be notified to facilitate a resolution of the matter. If the HCA and the DOI are unable to reach a resolution, the Deputy Commissioner of Operations shall have the final authority.

2. Health Care Delivery Problems:

The Institutional Health Practitioner, Nursing Supervisor, and / or collaborating physician, shall resolve all problems related to institutional health care delivery. However, the MAC has the final authority if the issue is not resolved at the institution.

D. Leave:

Health care staff shall give their HARS supervisor at least 14 days advance notice of all scheduled leave. Staff must give as much notice as possible for unscheduled leaves of absence.

E. Professional Review:

The HCA may, without prior notice, require peer review of contract physicians, institutional health practitioners, dentists, or other health care personnel.

VIII. Contract Health Care Personnel:

The HCA, Chief Medical Officer, Chief Nursing Officer or the Chief Mental Health Officer shall clinically supervise contract health care personnel. The contractor is responsible for hiring and disciplinary actions.

IX. Superintendent's Duties:

The Superintendent is responsible for the on-site security operations of health care services associated with an institution under his or her supervision. The Superintendent shall:

- A. Collaborate with the HARS hiring managers to hire and evaluate the performance of institutional health care staff.
- B. Request medically acceptable alternative forms of treatment for prisoners if a decision would significantly threaten security (e.g., use of crutches by a violent prisoner).

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X. Health Care Equipment And Supplies:

The HCA / designee are responsible for the purchase, distribution, maintenance, and disposal of all Department health care supplies, equipment, and materials.

A. Supply Requests:

Institutional health care staff shall request health care supplies through Medical Supply. Staff shall ask for general operating supplies shown on the authorized stock list and approved stock levels as mandated by DOC P&P 807.15, Use of Pharmaceutical Products. Only supplies specific to medical and behavioral health programming shall be purchased by Medical Supply; other supplies needed for the daily operation of institution medical units shall be purchased through the institution.

B. Stock List And Levels:

The Institutional Health Practitioner and Nursing Supervisor shall prepare a stock list and stock levels for each institution's health care unit that includes daily consumable supplies, operating tools, and equipment. The HCA must approve the stock list and levels.

C. Inventory:

The Department supply officer shall inventory all medical equipment for each medical unit annually. Discrepancies shall be reported to the Superintendent and the HARS Administrative Officer.

XI. Health Care Service Vendor:

A. Anchorage Central Office shall process all billings for prisoner health care services.

B. Each provider must attach a completed copy of the Prisoner Health Care Referral Authorization Form (see DOC P&P 807.02, Access To Health care Services) to the billing and send it to the HARS accounting section. Institution health care staff who requested the service shall verify the billing, under emergency circumstances, when a provider's staff cannot complete the form at the time of service.

XII. Health And Rehabilitation Contracts:

A. DOC Procurement will work with HARS to establish Medical and Behavioral Health Contracts for coverage to include, medical, pharmacy, and mental health needs.

B. Each contractor will submit invoices monthly or bi-monthly depending on services. The contract must attach an invoice, Health Care Authorization (if available) and all pertinent backup to the HARS Accounting section.

C. Anchorage Central Office shall process all contract invoices within 30 days.

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XIII. Health Care Logs, Records, And Reports:

A. Daily Health Care Activity Log:

Health care staff shall keep a health care services log; logs shall be retained for seven (7) years. Staff shall make all entries in ink, using all lines, and make an entry at the beginning and end of each health care shift. Health care personnel must enter the following information in the log:

1. Name and title of all health care staff on duty;
2. Time in, time out, and purpose of all visits, including contract physicians, dentists, etc.;
3. All emergency room visits and hospital admissions;
4. Names of seriously ill prisoners and their respective treatment programs;
5. Number of health screenings, physical examinations, consultation transports, and prisoners on sick call and dental call;
6. Staff person responsible for and time that controlled substances inventory was conducted (e.g., narcotics, syringes, needles, etc.);
7. All major injuries and action taken;
8. Any failure of medical or physical plant equipment;
9. Significant activities of staff (e.g. medication dispensing.) and noteworthy events or incidents.

B. Sick Call Activity Record (SCAR):

Each institutions medical unit shall keep a SCAR to record daily sick call activity. (See DOC P&P 807.11, Sick Call.) Health care staff shall indicate on the SCAR the name of each in person contact with patients, not limited to, but including provider, nurse, and dental sick call.

1. Health care staff shall record:

- a. The patient's chief complaint, or reason for visit;
- b. The intervention(s) that occurred during the visit;
- c. The disposition of the patient;
- d. And, the initials of the staff member seen during the visit.

2. The SCAR is retained in the Medical Office by the Nursing Supervisor for three (3) years.

C. Hospitalization And Emergency Room Visit Reports:

Each institution shall fax a Hospital Admission Form (see DOC P&P 807.02, Access To Health Care Services) to the health care scheduler at the beginning of the next working day.

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