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State of Utah - Department of Corrections Department Manual	
IL01 - General Clinical Regulations	*PROCEDURE*
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Authorized By:	*Executive Director Brian Nielson*
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01.00 GENERAL PROVISIONS

01.01 Clinical Clearances

A. General
   1. Clinical staff shall provide a clinical clearance for an offender who, by medical order:
      a. must keep non-expendable clinical equipment or supplies in their cell;
      b. must keep expendable health supplies in their cell;
      c. shall comply with all other special medical/dental instructions; and
      d. no non-expendable clinical equipment will be issued without proper clearance.
   2. The provider is to submit a recommendation. Such recommendations shall be reviewed at the weekly Utilization Review meeting composed of CSB providers and chaired by the Medical Director/designee.

B. Non-Expendable Clinical Equipment and Supplies
   All non-expendable clinical supplies require a clearance.

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C. Expendable clinical supplies will be provided to offenders. Amounts exceeding one item in 24 hours will require a written clearance (such as dressings, bandages, etc.).
D. Special Housing or Other Clearances
Refer to ADA policy guidelines.
E. Stipulations
Ultimately custody must approve all clearances.
F. Clearance Cancellation and Confiscations
1. Clinical or correctional staff may cancel an offender's clinical clearance if:
a. the offender abuses the privileges associated with the clearance;
b. the offender fails to comply with the specifications of the clearance;
c. the time limit set forth in the clearance expires; or
d. it is no longer medically expedient (as determined by clinical staff only).
2. If a clinical clearance is canceled by clinical staff, a notation reflecting the circumstances shall be documented in the electronic health record and the housing staff of the offender's facility shall be notified.
3. Correctional officers may confiscate medical supplies and equipment from an offender if:
a. the offender does not have, in their possession, a legitimate clearance authorizing the supplies and equipment;
b. in the officer's opinion, the supplies and/or equipment are being improperly used; and/or
c. the time limit set forth in the clearance expires.
4. Correctional officers, upon confiscating medical supplies and/or equipment, shall immediately notify clinical staff of their actions.
5. Upon notification of the confiscation of medical supplies or equipment, clinical staff shall evaluate the situation and take any medically-indicated action which may include, but not be limited to:
a. re-ordering the supplies or equipment (along with an explanation to the offender's housing unit regarding the necessity of the reorder);
b. validating the actions of correctional staff; or
c. providing alternative health care.

01.02 Release of Critically Ill or Injured Offender

In the case of an offender with severe/terminal medical problems and anticipated excessive medical costs, in conjunction with custody, an appeal can be made to the Board of Pardons and Parole for early medical parole.

01.03 Offender Restitution of Medical Costs

All offenders will be assessed the statutory co-pay for outside healthcare regardless of the cause for the healthcare need. The Department in its sole discretion may waive this co-pay in appropriate circumstances.

A. Eligibility
Offender clinical costs eligible for restitution consideration shall include, but not be limited to:
1. costs incurred as a result of self-inflicted injury;
2. costs incurred as a result of medical disorders inflicted by one offender upon another offender; or
3. costs incurred as a direct result of an offender's failure to comply with specific treatment orders given by a provider.
B. Procedure

1. When it has been determined by the IDHO that a health incident meets the criteria set forth in this policy, they should:
    a. identify the offender against whom restitution is to be requested; and
    b. write a report in which:
        i. a request for restitution of clinical expenses is made; and
        ii. an estimate of anticipated clinical costs is given.
2. Upon notification of approval of restitution, the IDHO officer shall contact the medical Co-Pay Administrator.

01.04 Use of Offenders in Research

A. UDC-Sponsored Research
    1. Members of UDC shall not sponsor, initiate, or conduct medical research projects which use offenders as the recipients of experimental drugs, chemicals, and procedures.
    2. Members of UDC may sponsor, initiate, or conduct medical research projects which:
        a. do not use experimental drugs, chemicals, or procedures; and/or
        b. have been approved in writing by the Executive Director.
B. Non-UDC Sponsored Research
    1. Research entities, not associated with UDC, may conduct medical research projects that use experimental drugs, chemicals, or procedures if:
        a. offenders have signed and notarized statements which indicate:
            i. that the offender is participating in the research of their own free will and choice; and
            ii. that he has a thorough understanding of all aspects and risks associated with the research project;
        b. the research entity can demonstrate, initially and throughout the course of the project, compliance with state and federal guidelines and legal requirements;
        c. the research entity can demonstrate the involvement of an appropriate "Human Subjects Review Committee;”
        d. offenders and the research entity have signed and notarized documents which:
            i. absolve UDC or any of its divisions, units, or members of any liability associated with the project; and
            ii. absolve UDC or any of its divisions, units, or members of any obligation for health care and costs incident to the project;
        e. the Executive Director has provided written approval of the project; and
        f. participation results in no cost to the UDC.
    2. A research entity, not associated with UDC, may conduct medical research projects which do not use experimental drugs, chemicals, or procedures if:
        a. the research entity complies with all state and federal guidelines and legal requirements applicable to the project;
        b. the Executive Director has provided written approval for the project; and
        c. participation results in no cost to the UDC.
C. When offenders who are participants in a community-based research protocol are admitted, a consultation with the community researchers is done so that withdrawal or continuation is done without harming the health of the offender.

01.05 Refusing Treatment

A. Right to Refuse Treatment
    1. An offender, as a general rule, may refuse treatment or medication.

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2. However, under certain circumstances, the right to refuse treatment may be limited by the Department.

B. No Right to Refuse Treatment

An offender may not refuse health treatment offered by clinical staff in those instances in which:

1. Public Health law has provided for forced health treatment;
2. a legally acceptable formal hearing has been conducted and a ruling issued providing for forced health treatment;
3. forced health treatment can be instituted in anticipation of a formal legal hearing; or
4. in an exigent circumstance where the clinical staff reasonably believes the failure to provide care would result in a significant risk of:
   a. death;
   b. loss of limb or bodily function; or
   c. irreversible physical harm or other serious health conditions.

C. Procedure Following Refusal

1. If an offender refuses, in non-exigent circumstances, proffered health treatment, clinical staff shall:
   a. explain to the offender the possible health ramifications of their refusal to accept treatment;
   b. document the essentials of the offender's refusal and the explanation of possible ramifications;
   c. notify the healthcare provider who ordered the treatment; and
   d. ensure that the offender signs a refusal for care form, documents it, and files the form in the health record. If the offender refuses to sign the refusal form, the form is countersigned by a second health or custody staff witness.
2. Despite the offender's refusal, Clinical Staff will provide health care to the greatest extent possible.

01.06 Informed Consent

A. Process

1. Clinical staff shall obtain the informed consent of an offender prior to initiating treatment, examination, or procedure covered by the rules and guidelines of the State of Utah regarding informed consent.
2. Informed consent shall be obtained by the clinical staff member/designee performing the treatment, examination, or procedure.
3. The informed consent shall not be considered valid until:
   a. the offender has signed the appropriate form; and
   b. a witness has signed the same form.
4. When completed, the informed consent document shall be scanned into the offender's health record.

B. Exceptions

1. Clinical staff shall not be required to obtain informed consent when in their judgment:
   a. an emergency requires immediate health intervention to preserve the offender's life or limb;
   b. medical/surgical procedure involves an offender who does not have the capacity to understand the information associated with the informed consent; and
   c. public health and health law provided for forced treatment of an offender afflicted with a communicable disease.

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2. When a treatment, examination, or procedure has been performed in accordance with 1.06 B1, clinical staff performing the intervention shall:
   a. document in the electronic health record, in detail, all aspects of the offender's health condition; and
   b. document the rationale for the health intervention absent the offender's informed consent.

C. Juveniles
1. When the State of Utah functions as their legal guardian, UDC health practitioners shall provide informed consent for juvenile offenders but shall, in all cases, do so only after input from the juvenile and, ideally, with their approval.
2. Exceptions shall be confined to those identified in 1.06B.

D. Referral Facilities
1. When an offender at a referral facility needs a procedure requiring informed consent and the offender is unable to responsibly provide consent, then the consent shall be provided by the:
   a. licensed treating physician;
   b. attending physician;
   c. Responsible Health Authority;
   d. Clinical Director; or
   e. the referral facility physician of record for the offender patient.
2. "Need of a procedure" should in most cases be determined by the appropriate referral facility physician but shall in no case include a procedure that is elective or cosmetic in nature.

01.07 Cosmetic and Elective Surgery or Treatments Approval

A. Neither correctional nor clinical staff shall authorize the performance of cosmetic or elective surgery or elective treatments by the referral facility or other health entities if the surgery results in expense to UDC.
B. The ultimate determination of cosmetic or elective surgery/treatment shall be made by the Clinical Director.

01.08 Offender Deaths

A. Notification of Next of Kin
In the event that notification of next-of-kin is necessary, Clinical staff shall notify the Department of Corrections designee.
B. Mortality Reviews
A mortality review is conducted for all offender deaths and completed within 30 days of offender death so as to maximize clinical practice and staff training.
C. A psychological autopsy, a written reconstruction of an individual’s life with an emphasis on factors that may have contributed to the individual’s death, is conducted for each suicide within 30 days of the death.
D. A log is maintained that includes:
1. patient name and offender number;
2. date of birth;
3. date of death;
4. date of clinical review, administrative review, and psychological autopsy; and
5. cause/manner of death.

01.09 Offenders as Health Care Workers

Offenders cannot work as healthcare workers.

01.10 End-Of-Life Decisions

A. Offender End of Life Decisions and wishes are accomplished through:
   1. Advanced Directives to include living wills, health care proxies/agents; and
   2. Physician Order for Life-Sustaining Treatment/Utah Life with Dignity Order.

B. Advanced Directives: (Utah Code Section 75-2a-117)
   1. An offender 18 years of age, or older may execute a directive under Utah Code Section 75-2a-117 with the purpose:
      a. to name another person to make health care decisions when the offender is unable; and
      b. allows the offender to record their wishes about health care in writing.
   2. An offender may obtain the Advanced Directive instructions and form by:
      a. referral by a staff member (i.e. chronic care nurse or provider); or
      b. self-request to medical.
   3. The form will be completed and witnessed according to the instructions and Utah code.
   4. Once completed and witnessed, if the offender desires for medical staff to be made aware of their health care wishes, the form is returned to the "Advanced Directives RN" where it will be copied into the medical record. The original is returned to the offender to retain with their legal material.
   5. The form and directive can be voided at any time by writing "void" on the material and making the medical staff aware so that the information can be removed from the record.
   6. If the situation arises, and the staff is aware of the Advanced Directive, the provider and medical staff will take the offender's desires and wishes into consideration when deciding treatment options. Before an Advanced Directive is used as a basis for withholding or withdrawing care, where clinically indicated, there is an independent review by a physician not directly involved in the patient's treatment, the patient's course of care, and prognosis.
   7. The offender is encouraged to notify their family, next of kin, and/or health care agent
   8. of their desires.

C. Physician Order of Life-Sustaining Treatment/Utah Life with Dignity Order (POLST, DNR) (State of Utah Rule R432-31)

   A physician may use this order based on the offender's wishes and is a medical indication for life-sustaining treatment.
   1. The Order is binding and will follow the offender when transferred or discharged (including transfers to hospital emergency departments).
   2. The order will be completed on the HR R432-31 form from the Utah Department of Health Bureau of Health Facility Licensing, Certification and Resident Assessment which includes:
      a. treatment options when the offender has no pulse and is not breathing;
      b. treatment options when the patient has a pulse and is breathing:
         i. comfort measures only;
         ii. limited additional interventions; and
         iii. full treatment.
      c. antibiotics;
      d. artificially administered fluid and nutrition:
         i. feeding tube; and
         ii. intravenous fluids;
      e. who the order was discussed with; and

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f. signatures of the ordering physician, the patient, the person preparing, and the offender.

3. A review and change to Life with Dignity Order will be completed:
   a. if the offender is transferred to another healthcare setting;
   b. the offender's health status changes substantially and permanently; or
   c. the offender's treatment preferences change.
4. If the offender or a legal health care agent changes the treatment preferences in the order, a new form shall be completed.
5. The offender is encouraged to share the order, their medical condition, and their desires with their family, next of kin, and/or health care agent.
6. The order is scanned into the medical record; a note is made on the medical record face sheet under "cautions", and the original is kept at the nurse's station. The original should follow the patient upon transfer to another healthcare facility.
7. POLST orders are reviewed by a medical professional not directly involved in the patient's care and treatment.

D. Competency
1. If a condition, medical or mental health, renders the offender incompetent to make a health care decision, the staff shall give all care possible with the goal to transport for additional care if needed.
2. If mental health competency is an issue, a mental health evaluation will be made by a psychiatrist to determine the mental capacity to make advanced care decisions. If the question of capacity arises; CSB Psychiatry will evaluate and render a decision regarding capacity. If found lacking capacity, then the patient will be handled as if the patient is incapable of making health care decisions.

E. Incapable

If a medical condition renders a patient incapable of making health care decisions, then UDC medical staff, the patient's family, and any involved outside medical providers shall consider all options. If no agreement can be made then UDC medical staff shall obtain legal assistance from the Attorney General and/or the outside medical provider's legal and/or ethical experts. In all circumstances, existing family wishes will play a large role in determining an action care plan.

<u>01.11 Sexual Assault Examinations</u>

A. Medical
1. If the provider suspects that a sexual assault has taken place they shall contact the Shift Commander who shall contact the forensic specialist/contract hospital.
2. A sexual assault examination shall be performed only by the contract forensic specialist, unless unavailable at which time the offender will be sent to the facility's contract hospital.
3. Urgent medical needs will be addressed by UDC Medical.

B. The Examination
1. An examination for evidence of sexual assault shall be done at the discretion of the forensic specialist or the attending physician.
2. At the conclusion of the examination, the forensic specialist/clinician performing the examination shall:
   a. provide correctional staff with a medical opinion regarding the alleged sexual assault and the emotional state of the victim to help determine an appropriate custody level;
   b. report to the Responsible Physician or designee as further health follow-up may be needed, and

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c. make a referral to mental health for evaluation.

01.12 Forensic Information

Clinical Services staff is prohibited from participating in the collection of forensic information.

01.13 Pregnancy Care and Counseling

A. All pregnant offenders shall be seen initially by clinical staff provider(s) and then referred for prenatal care and examination by contracted obstetricians.
B. Prenatal counseling, education, nutritional guidance, and safety precautions will be covered as seen appropriate by the contracted obstetrician.
C. Postpartum counseling shall be done at the discretion of Mental Health.
D. Care and placement of a child born to an incarcerated mother shall be determined and insured by the contracted facility.
E. Pregnant patients with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine.
F. When clinical staff has determined an offender to be pregnant, or if any staff member knows or has reason to believe that an offender is pregnant, correctional staff shall only use restraints if reasonably necessary and only use the least restrictive restraints to ensure the safety and security of the offender and others. Shackles, leg restraints, or waist restraints may not be used on an offender during labor, childbirth, or postpartum recovery while in a medical facility.

01.14 Offender Grievances

New offenders receive orientation concerning the grievance system upon arrival at the prison in accordance with UDC Policy FD02 Offender Grievances.

01.15 Recreational Exercise

Each offender is offered time to exercise involving large muscle activity for a minimum of one hour a day, three times a week (FH01/02.00).

01.16 Executions

A. Clinical staff members are not involved in the execution process.
B. Determination of whether an offender is “competent for execution” should be made by an independent expert and not by any Clinical Services staff regularly in the employ of, or under contract to provide health care with the prison or system holding the offender.

01.17 Security Responsibilities

Each clinical facility shall develop and maintain its own key policy and abide by that policy.

A. Key Control
    1. A security system allows approved staff entrance to clinical areas.
        a. Clinical staff’s badges are set up for access to medication rooms.
        b. Access is monitored by the badge’s electronic device.
    2. Clinical employees shall not leave prison property with clinical unit keys, except for those that are specifically assigned to them.
    3. Clinical staff who take a medical unit key home or off prison property shall return it immediately upon discovering the key in their possession.
    4. Infirmary keys shall be in the possession of clinical staff members.
    5. Clinical staff shall not, under any circumstances, allow an offender to have any key assigned to the Clinical Unit.

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B. Key Control of Clinics
Badge access permitting entrance into health clinics shall be restricted to:
1. Clinical staff and select custody officers.
2. Keys to medical clinic cabinets issued to clinical staff shall be retained in the possession of clinical staff.

C. Door Control
The infirmary main door, the doors leading into the medical and psychiatric wings of the infirmary, and the doors leading into the clinics shall remain locked at all times, except when opened by the infirmary security officer or clinical staff to permit entrance or egress.

D. Offender Security
1. Offenders shall not be left unattended in prison health facilities.
2. Offenders waiting to be seen at a sick call shall be:
   a. kept outside the clinic area;
   b. seen one-at-a-time; and
   c. offenders will be secured if in the treatment area(s).
3. An offender who needs to move from one area of the infirmary or clinic to another shall be escorted by security staff.
4. Offenders shall be secured in health treatment or diagnostic areas.
5. Offenders residing in the infirmary are escorted by security staff.

E. Cell Entry
1. Clinical staff shall not enter occupied cells without officer(s) present.
2. If forced-cell entries are indicated:
   a. clinical staff shall request assistance from correctional staff; and
   b. clinical staff shall comply with correctional staff directions in accomplishing the entry.

F. Infirmary Staffing
The infirmary shall not be left unattended. Infirmary beds will be assigned to those needing medical or psychiatric care on a priority basis over those needing administrative or security housing. Disputes or disagreements shall be mediated by the Responsible Health Authority, Medical Director/designee, and Warden/designee.