



Plymouth County
Sheriff's
Department

Joseph D. McDonald, Jr.
Sheriff

Policy
620

Number of Pages
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Related Standards

MGL: c. 124, §1 (d&q); c. 127, § 1A, 16, 17, 32, 117A, 119 & 151

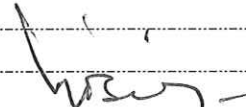
103 CMR: 932 / 105 CMR 451

ACA : 4-ALDF-08, 19, 21, 34, 37; 4D-02, 08, 21, 5A-03, 04, 06

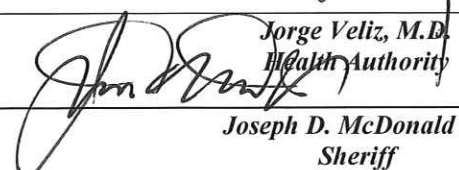
SPECIAL HEALTH CARE PRACTICES

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I. Purpose

The purpose of this document is to establish Sheriff's Department policy and procedural guidelines governing special health care practices at the Plymouth County Correctional Facility.

II. Statutory Authorization

Other statutory provisions related to Special Health Care Practices are as follows:

A. Mental Health

1. Mentally ill (reception, examination, determination, commitment, treatment, restraint, transfer and discharge of) - MGL c.123 et.seq.
2. Sexually dangerous, and sexually assaultive prisoner - MGL c.123A et.seq.
3. Intellectual Disability - MGL c.123B et.seq.
4. Bridgewater State Hospital - MGL c.123, §5-18; c.127, §123, 125 & 126

B. General Medical

1. Care of disabled prisoner - MGL c.127, §151
2. Death of inmate - MGL c.46, §1, 1C, 6, 8-10, 18, 19 and 19C; c.111, §29 and 107; c. 126, §22
3. Diseases - MGL c.111, §6, 6D, 7, 70F, 81, 94A-96A, 99, 108, 111, 111A-113, 116A and 121; c.127, §16
4. Medication for prisoners - MGL c.127, §32
5. Health conditions - MGL c.111, §20-22; c.125, §16 & 19; c.126, §1, 16 & 25
6. Hospital treatment of prisoners - MGL c.111, §4G, 4H, 4K, 6A, 69E, 70E, 77, 92, 116A, 117, 118, 121; c.127, §117A, 126 & 151
7. Removal of prisoners - MGL c.111, §96-96A; c.127, §117A, 120 & 123-126
8. Vaccination of prisoners - MGL c.111, §182

C. Medical Professionals

1. Physician, surgeon, psychiatrist and physician assistant - MGL c.112, §2- 12CC; (also 243 CMR, Board of Registration, Medicine)
2. Dentist and dental hygienist - MGL c.112, §43-53; (also 234 CMR, Board of Registration, Dentistry)
3. Nurse, nurse practitioner, emergency medical technicians and certified health officer - MGL c.112, §74-87ZZZ; (also 224 CMR, Board of Registration, Nursing)
4. Psychologist and social worker - MGL c.112, §118-137; (also CMR 251, Board of Registration, Psychologists)
5. Allied mental health professional, e.g., licensed counselor - MGL c.112, §163-172.

III. Chemical Dependency & Detoxification

- A. The Health Services Administrator, in coordination with the licensed facility physician, is responsible to develop written procedures and establish guidelines with specific protocols for the diagnosis, treatment and observation of inmates that may be:
1. Under the influence of alcohol or other drugs or those undergoing withdrawal.
 2. Experiencing severe, life-threatening intoxication (overdose) or withdrawal are immediately transferred to Beth Israel Deaconess Hospital-Plymouth.
 3. Manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol or other drugs are developed and followed.
 4. At risk for progression to more severe levels of intoxication or withdrawal are kept under constant observation by qualified health care professionals.
 5. Detoxification is done only under medical supervision in accordance with local, state and federal laws.
 6. Protocols are approved by responsible physician, are current and consistent with nationally accepted guidelines.
- B. Procedures regarding the clinical management of chemically dependent inmates require the diagnosis of chemical dependency by a physician, an individualized treatment plan to be developed and implemented, and referral to specified community resources upon release, when appropriate.
- C. Inmates who report symptoms of withdrawal from alcohol and other drugs are assessed and managed by a physician or (where permitted by law) other qualified health care professionals.
1. There are clinical guidelines for the management of alcohol and other drug use problems.
 2. Disorders associated with alcohol and other drug use problems are recognized and treated.
 3. Correctional Staff are trained in recognizing alcohol and other drug problems.
 4. There is communication between medical, mental health, and substance abuse staff regarding alcohol and other drug care.
 5. There is on-site individual counseling, group therapy, or self help groups.

IV. Chronic & Convalescent Care

The physician or other qualified provider is responsible for developing a written treatment plan for each inmate who requires close medical supervision. Such plan will include, but not be limited to:

- A. A statement of short-term and long-term goals,
- B. A specific course of therapy,
- C. Provisions for referral to support and/or rehabilitation services when necessary.

- D. Communication occurs between facility administration and treating clinicians regarding inmates' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff.
1. Correctional staff are advised of an inmates' special needs that may affect housing, work and program assignments, disciplinary measures, and admissions and transfers from institutions. Such communication is documented.
 2. Health and custody staff communicate about inmates who are:
 - a. Chronically ill
 - b. On dialysis
 - c. Infected with serious communicable diseases
 - d. Physically disabled
 - e. Frail or elderly
 - f. Terminally ill
 - g. Mentally ill or suicidal
 - h. Developmentally disabled
- E. A proactive program exists that provides care for special needs patients who require close medical supervision or multidisciplinary care.
1. Individual treatment plans are developed by the physician or other qualified clinician at the time the condition is identified, and updated when warranted.
 2. The treatment plan includes, at a minimum;
 - a. The frequency of follow-up for medical evaluation and adjustment of treatment modality
 - b. the type and frequency of diagnostic testing and therapeutic regimens
 - c. When appropriate, instructions about diet, exercise, adaptation to the correctional environment and medication
 3. Special needs are listed as alerts in the electronic medical record.
 4. The facility maintains a list of special needs patients. Alerts are also listed in OMS a list can be generated by running a report but I don't think we have a master list in Medical or in the facility outside of OMS.

V. **Diet**

An adequate diet incorporating the principles expressed in the United States Department of Agriculture / Department of Health and Human Services (USDA / DHHS) Food Guide Pyramid meeting the current Recommended Dietary Allowances, for appropriate age groups is supplied to all inmates.

- A. Therapeutic diets are available to inmates, in cooperation with the food services manager, only upon order of the licensed facility physician, documented, and specifically written as complete as possible on a form approved by the licensed facility physician.
- B. Regular and therapeutic diets are evaluated for nutritional adequacy by a registered or licensed dietitian at least every six (6) months, or whenever a substantial change in the menu is made.
- C. Copies of regular and therapeutic menus are retained by the PCCF for the dietitian's review, along with documentation of deviations from the menu actually served.

VI. Environmental Health & Sanitation

Environmental health and sanitation inspections of the facility are conducted in accordance with Policy and PCCF 750 and 760. The Health Services Administrator assists the Environmental Health Officer as necessary, and will receive monthly inspection reports for review.

- A. The facility ensures that inmates are housed, work, study, recreate and receive health care in a clean, safe and healthy environment.
- B. The facility ensures that health staff work in safe and sanitary conditions.

VII. Exercise

Inmates are allowed a program of exercise which includes a minimum of two (2) hours per day.

VIII. Fees for Services

Fees for services will be implemented in accordance with policies established by the Sheriff.

IX. Food Service Personnel

All employees, contractors and inmates who are involved in the preparation of food are subject to 103 CMR 976.00, et.seq., governing food services at correctional facilities, and Department of Public Health Regulations, 105 CMR 451.00, et.seq.

- A. All health and sanitation codes are strictly followed to ensure the health and welfare of employees, contractors and inmates.
- B. The Food Services Manager is responsible to ensure inmate food service workers, food service staff and others involved in the preparation of food are familiar with these standards.

X. Forensic Information

It is Sheriff's Department policy that Health Services Unit staff, including contractual providers who perform services at the Plymouth County Correctional Facility are prohibited from participating in the collection of certain information for forensic purposes, so as not to compromise the position of its members as neutral, caring health care professionals.

XI. Grievance Mechanism

Inmate complaints about health services are addressed through and in accordance with PCCF 491, the facility's formal grievance procedure established by the Superintendent.

- A. The grievance policy includes a time frame for a response and the process for appeal.
- B. Responses to inmate grievances are timely and based on principles of adequate medical care.

XII. Health Promotion & Disease Prevention

The PCCF has established written procedures for the following:

- A. Immunizations

immunizations are provided on a periodic basis as deemed necessary by the Health Services Administrator. Such preventive measures are initiated on the basis of applicable public health forecasts, or the particular needs of the facility.

B. Consultation & Self-Care

The licensed facility physician or designated health care services personnel are responsible for providing inmates with sufficient information and self-care instructions about their illnesses to promote the inmate's cooperation relating to chronic diseases or disabilities.

1. The health record documents that patients receive individual health education and instruction in self-care for their health condition(s)
2. Inmate have to their availability, various brochures and pamphlets on a variety of health topics.

C. Organized Health Education

The Health Services Administrator is responsible to organize and monitor health education lectures, etc., for health services and other appropriate staff and inmates. Topics may include, but are not necessarily limited to:

1. Lifestyle factors relating to major health problems encountered in the correctional system,
2. Self-care for common medical problems,
3. Selected disease topics,

XIII. Hunger Strike Procedures

The Health Services Administrator, in coordination with the licensed facility physician has implemented written procedures approved by the Superintendent in the event of a:

- A. Hunger strike by individual inmates (PCCF 651).
- B. Emergency reaction plans for organized hunger strikes
- C. Such procedures are available to managers and employees in designated areas.

XIV. Occupational Health Program - Employee Use of Medical Services

The Health Services Administrator, in cooperation with the licensed facility physician and the Superintendent, have established written procedures for the use of health services by Department employees.

XV. Infection Control Program

The Health Services Administrator, in cooperation with the licensed facility physician has established an infection control program, in accordance with state and local laws, (refer to Policy 605), that includes, but is not limited to:

- A. Concurrent surveillance of patients and staff,
- B. Infection prevention techniques,
- C. Treatment and reporting of infections

XVI. Laboratory & Diagnostic Services

The Health Services Administrator maintains a list of the types of laboratory and diagnostic services used by the facility's health care delivery system, and where they are available. Some on-site diagnostic testing with immediate results are available. At a minimum, the facility provides:

- A. Multiple-test dipstick urinalysis;

- B. Finger-stick blood glucose test (glucose range 0-800);
- C. Stool blood testing material;
- D. Pulse oxymetre SaO₂
- E. EKG
- F. Dental x-ray including Panorex X-ray
- G. Peak Flow Meters
- H. On-site diagnostic services are registered, accredited, or otherwise meet applicable state or federal law.
 - 1. The health authority maintains that on-site diagnostic services are certified and licensed to provide that service.
 - 2. When the facility provides on site diagnostic services there is a procedure manual for each service, including protocols for the calibration of testing devices to ensure accuracy.

XVII. Medical Disaster Plan

- A. A Medical Disaster Plan has been approved by the licensed facility physician and Sheriff or designee, and includes, but are not limited to, the following:
 - 1. Triage process;
 - 2. Outline of where care will be provided;
 - 3. Procedures and telephone numbers for emergency notifications;
 - 4. Evacuation of inmate/patients from the facility;
 - 5. Specific roles of health care personnel;
 - 6. Plans for disaster supplies access, storage and inventory;
 - 7. Backup emergency plans.
- B. At least annual drills are conducted so that Health Services Unit and correctional staff are familiar with Medical Disaster Plan.

XVIII. Naloxone Administration

- A. Correctional health care staff and first responders designated by the Sheriff or his designee, are trained in the use and administration of intranasal Naloxone (or other opioid antagonist) (105 CMR 171.165).
- B. A training program will be conducted as approved by the facility's health authority (105 CMR 700.003 D) and the Department Training Division.

XIX. Personal Hygiene

The PCCF provides adequate facilities and supplies for inmates to maintain a high degree of personal hygiene. Laundry services and hair care services are offered on a regular basis in accordance with Policy and PCCF 402 and 755.

XX. Programs For Physically Disabled, Mentally Ill, or Developmentally Disabled Inmates

Referral for appropriate evaluation and follow-up care of inmates with moderate or severe physical disability, mental illness, or developmental disability is provided by the Health Services Unit:

- A. Medical evaluation on a case-by-case basis including all testing, diagnostic and treatment procedures in accordance with Policy and PCCF 630
- B. Dental evaluations in accordance with Policy and PCCF 640
- C. Mental health evaluations in accordance with Policy and PCCF 650
- D. All prosthetics deemed necessary by the licensed facility physician, and special medical supplies which may be clinically indicated in accordance with Policy and PCCF 660
- E. Consultations for the provision of special medical diets in accordance with PCCF 620
- F. Access to speech and audio-logical evaluation services when deemed necessary in accordance with Policy and PCCF 604
- G. Outpatient and inpatient treatment services as clinically indicated, including support and rehabilitation services, when necessary in accordance with Policy and PCCF 604 and 630.

XXI. Sexual Assault

Health Services Staff respond immediately to all allegations and reports of sexual assault inmates to assess the victim's acute medical needs, explain to the victim the needs for forensic medical exam, offer the victim a no cost forensic medical exam and arrange for rape crisis intervention counseling for the victim.

XXII. Smoking

- A. Smoking is prohibited on Plymouth County Sheriff's Department property, to include:
 - 1. All grounds
 - 2. All buildings and structures
 - 3. All facilities
 - 4. All vehicles on facility property
 - 5. All Department Vehicles
- B. Tobacco products are considered to be contraband at the Plymouth County Correctional Facility, and as posted: "It is prohibited to bring cigarettes, chewing tobacco or any form of tobacco products into this facility."

XXIII. Urine Surveillance Programs

The PCCF utilizes a urine surveillance program for substance abuse. Urine surveillance programs are not considered a medical service and therefore, are the responsibility of the Superintendent and will be in accordance with Policy and PCCF 525.

XXIV. Use of Therapeutic Restraints

Regulations governing use of physical restraints for therapeutic purposes will be in accordance with Policy and PCCF 503 and 505.

XXV. Applicability

This procedure applies to all department employees, contracted staff and inmates.

XXVI. Responsible Staff

The Health Services Administrator and the Superintendent will be responsible for implementing and monitoring this procedure.