



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

The Department of Corrections will be updating this document, if applicable, with the most current policy updates on the third Monday of each month. This will be a temporary solution to ensure access to department policies while the department continues to work to find a permanent solution to host current agency policies on Securus tablets.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
**PRISON/RAP/LINCOLN PARK WORK RELEASE
OFFENDER MANUAL**

REVISION DATE
8/25/14

PAGE NUMBER
1 of 10

NUMBER
DOC 600.000

POLICY

TITLE
HEALTH SERVICES MANAGEMENT

REVIEW/REVISION HISTORY:

- Effective: 12/15/89 DOC 600.001
- Revised: 5/15/95
- Revised: 3/30/00 DOC 600.000
- Revised: 8/23/06
- Revised: 1/4/07
- Revised: 3/20/08
- Revised: 10/11/10
- Revised: 5/1/12
- Revised: 5/15/13
- Revised: 8/25/14

SUMMARY OF REVISION/REVIEW:

- II.E. - Adjusted language throughout for clarification
- III.D.4. - Added agencies to confer with when establishing quality standards

APPROVED:

Signature on file

G. STEVEN HAMMOND, PhD, MD, MHA
Chief Medical Officer

6/26/14

Date Signed

Signature on file

KEVIN BOVENKAMP,
Assistant Secretary for Health Services

7/1/14


Date Signed

Signature on file

BERNARD WARNER, Secretary
Department of Corrections

7/7/14

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 43.70.130\(8\)](#); [RCW 72.10](#); [ACA 4-4348](#); [ACA 4-4359](#); [ACA 4-4361](#); [ACA 4-4380](#); [ACA 4-4381](#); [ACA 4-4382](#); [ACA 4-4391](#); [ACA 4-4392](#); [ACA 4-4408](#); [ACA 4-4410](#); [ACA 4-4411](#); [ACA 4-4412](#); [ACA 4-4422](#); [ACA 4-4423](#); [ACA 4-4424](#); [ACA 4-4426](#); [ACA 4-4427](#); [ACA 4C-17](#); [ACA 4C-18](#); DOC 410.430 Health Services During an Emergency; DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; [DOC 530.100 Volunteer Program](#); [DOC 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault](#); [DOC-DOH Health, Environmental, & Safety Standards](#); [Health Services Division Standard Operations and Procedure Manual](#); [Offender Health Plan](#); [Pharmaceutical Management and Formulary Manual](#); PREA Standards 115.21(c), 115.221(c), 115.282(d), 115.283(g), 115.82(d), and 115.83(g)

POLICY:

- I. Offenders will be provided health services per RCW 72.10 and in accordance with:
 - A. All applicable Department policies, and
 - B. The Health Services Division Standard Operations and Procedure Manual, including the Offender Health Plan and DOC-DOH Health, Environmental, & Safety Standards established under RCW 43.70.130(8).
 1. Medical and mental health services allowed under the Offender Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting will be provided at no cost to the offender.
- II. Each facility will have a Health Authority designated in writing with responsibility for facility medical, dental, mental health, and other health services programs and for the integration of these services. [4-4380]
- III. Clinical decisions are the sole province of the responsible health care practitioner and are not countermanded by non-clinicians. Potential conflicts between clinical decisions and administrative/security needs will be resolved jointly by the Superintendent/designee, Health Authority, and Facility Medical Director (FMD) and/or appropriate clinician. [4-4381]


DIRECTIVE:

- I. Health Services
 - A. The Health Services Division Standard Operations and Procedure Manual, approved by the Assistant Secretary for Health Services and Chief Medical Officer, includes the current operational procedures and standards that are


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expected practice for health services employees and contract staff. The Manual includes, but is not limited to:

1. Offender Health Plan,
 2. Department Clinical Protocols and Guidelines,
 3. DOC-DOH Health, Environmental, & Safety Standards,
 4. Pharmaceutical Management and Formulary Manual,
 5. Medication Incident Reporting Procedure, and
 6. Coordinated Quality Improvement Program (CQIP) Plan.
- B. The Offender Health Plan, approved by the Assistant Secretary for Health Services and Chief Medical Officer, defines the criteria and process for determining what health services the Department will provide to offenders.
1. Care Review Committees comprised of facility practitioners in each discipline will review for appropriateness proposed health services beyond those routinely authorized as medically necessary, and grant or deny authorization.
- C. [4-4361] Offenders will be provided an ongoing program of health education and wellness information.
1. Health education information provided during offender encounters will be documented in the offender health record.
 2. Current, relevant, and accurate health education materials will be made available to offenders as appropriate.
- II. Health Services Employee/Contract Staff Requirements
- A. [4-4382] [4C-17] Health services will be provided by qualified health services employees/contract staff whose duties and responsibilities are identified in written job descriptions approved by the Health Authority and located at the facility. [4C-18]
1. If offenders are treated by health services employees/contract staff other than a licensed provider, the service is provided pursuant to written standing or direct orders from providers authorized by law to give them.
- B. Each facility will have full-time (i.e., 40 hours a week), qualified health services providers.
- C. Health services employees/contract staff will comply with applicable state and federal licensure, certification, or registration requirements.

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- D. Licensed providers will report through their chain of command to the Health Authority. The FMD will oversee clinical care in collaboration with the Chief Medical Officer and Clinical Directors.
1. All providers who provide clinical care to offenders will participate in formal clinical oversight according to the facility and Health Services clinical oversight structure.
 - a. The provider assigned to provide clinical oversight for another provider is termed the clinical monitor.
- E. The Chief Medical Officer/designee will oversee a CQIP to ensure the quality and safety of clinical care provided by the Department.
1. Health services employees/contract staff are expected to participate in quality improvement activities under the CQIP.
 2. Licensed providers will be credentialed before hire, then subsequently per CQIP guidelines.
 3. Performance will be monitored on an ongoing basis per the CQIP guidelines to ensure safe and competent practice within applicable laws, regulations, Department policies, position descriptions, scope of training, and licensure.
 4. CQIP guidelines will include a procedure for cause specific peer review of performance.
 5. All full-time Department medical, psychiatric, and dental providers will participate regularly in a discipline appropriate Care Review Committee meeting, which will serve as ongoing external peer review. [4-4411]
- F. Employees and contract staff will refer all inquiries related to an offender's care from attorneys, family members and friends of offenders, legislators/legislative staff, news media, advocates, and others outside the Department to the Health Authority.
1. The Health Authority will respond or delegate response to the inquiry, and may consult with the provider, the provider's clinical monitor, and/or other health services employees/contract staff, up to and including the Assistant Secretary for Health Services.
 2. The Health Authority will report all inquiries from legislators/legislative staff to the Health Services Administrator.

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a. All proposed responses to legislative inquiries will be routed through the Health Services Administrator to the Assistant Secretary for Health Services for review.

G. Employees and contract staff will immediately report any tort claim or lawsuit against a Department provider or practitioner, or complaint against the license of a Department provider or practitioner, to the Health Authority, who will notify the Health Services Administrator.

1. When a tort claim, lawsuit, or complaint involves clinical care, it will be reviewed by the Chief Medical Officer/appropriate Clinical Director, FMD, and facility clinical discipline leader.

H. Adequate space will be provided for administrative, direct care, professional, and clerical personnel. This space will include conference areas, a storage room for records, and toilet facilities. [4-4426]

III. Management Level Responsibilities

A. The Assistant Secretary for Health Services will have final responsibility and authority over Health Services operations, and will:

1. Develop a statewide Health Services mission statement.

2. [4-4422] Develop and implement a strategic plan for the delivery of health services to eligible offenders per RCW 72.10.020.

a. The plan will be in accordance with the Department strategic plan, and will be reviewed annually and updated as needed.

3. Establish measurable goals and objectives for Department Health Services.

4. Be the administrative authority for Health Services policies and procedures.

5. [4-4410] [4-4423] Approve a statewide multidisciplinary CQIP for the internal review and quality management of health services operations.

B. The Chief Medical Officer will have final responsibility and authority over clinical care provided by Health Services, and will:

1. Establish standards for clinical supervision and competency-based training programs for clinicians.



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2. Provide oversight of clinical care provided through Department contracts or purchased services.
 3. Be the authority for the administration of the Offender Health Plan.
 4. Be the clinical authority over Health Services policies and procedures.
 5. Collaborate with the Assistant Secretary for Health Services to ensure that administrative functions and operations support appropriate clinical care.
 6. Delegate responsibility for oversight of the quality of clinical care to Clinical Directors and/or designated lead facility health care practitioners, as appropriate.
 7. Delegate in writing the physician responsible for final clinical judgments at the facility level when the Health Authority is not a physician. [4-4380]
- C. Health Services Administrators will implement the Health Services strategic plan directly and through supervision of the Health Authorities, and will:
1. Collaborate with the Clinical Directors and facility Health Authorities to ensure clinical and operational needs are appropriately managed at a local and statewide level.
 2. Coordinate clinical and operational support between facilities.
 - a. Arrangements normally occur between a smaller facility and a larger facility, but may apply statewide in the event of a pandemic or other crisis.
 3. Analyze health services staffing needs annually in collaboration with the Assistant Secretary for Health Services and the Budget Office to determine what types and numbers of positions are essential to perform the Department's Health Services mission and provide the defined scope of services. [4-4380] [4-4412]
 4. Administer operations in regions defined by the Assistant Secretary for Health Services.
- D. Clinical Directors will establish standards for the quality of clinical care within their respective disciplines, and will:
1. Review and update Health Services policies and procedures,
 2. Serve as expert resources for clinicians,
 3. Develop curriculum to meet continuing education requirements, and

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4. Confer with Health Services Administrators and facility Health Authorities on issues that may require reporting to the Examining Board of Psychology or to the Medical, Dental, Nursing Care, or Pharmacy Quality Assurance Commissions.
- E. Health Authorities will make decisions about the deployment of health resources and the day-to-day operations of the facility health services program, and will:
1. Develop a mission statement that defines the scope of the facility's health services which is consistent with the overall Health Services mission statement. [4-4380]
 2. Implement the Health Services Division Standard Operations and Procedure Manual. [4-4359] [4-4380]
 3. Implement the statewide goals and objectives at the facility.
 4. [4-4410] [4-4423] Implement a facility CQIP consistent with the Statewide CQIP. [4-4380]
 - a. The Health Authority will document findings, in compliance with the CQIP, and make necessary program changes based on the findings.
 5. [4-4380] Implement a system to meet the health services needs of offenders that is consistent with the strategic plan for the delivery of health services. The system will:
 - a. Be designed to provide appropriate, timely, and safe care of offenders by qualified personnel in sufficient numbers within available resources.
 - b. Include provisions for the coordination and continuity of care among multidisciplinary health care providers and across settings where care is provided, including coordination with custody personnel.
 6. Conduct regular reviews of policies, procedures, and programs related to offender health services, make revisions as needed to local procedures and programs, and recommend statewide revisions to the Assistant Secretary for Health Services/designee as needed. [4-4380] [4-4424]
 7. Report any condition that imposes a danger to personnel, security, or offender health and safety to the Superintendent, Health Services Administrator and, as appropriate, state or local Health Department.

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8. Meet with the Superintendent and/or Assistant Secretary for Health Services/designee at least quarterly, attend the facility Executive Management Team meetings, review Health Services Management Reports, and submit plans to address issues related to the operation of health services within the facility. [4-4408]
9. Ensure that an after-hours service plan is in place and coordinate the plan's operation with custody personnel.
10. Develop a written plan for 24 hour emergency medical, dental, and mental health services per DOC 410.430 Health Services During an Emergency.
11. Ensure the provision and maintenance of space, equipment, supplies, and materials for health services is consistent with Department policy and standards, and within available resources. [4-4427]
12. Arrange for a community facility with a forensic medical examiner to see offenders reporting sexual assault per DOC 610.025 Medical Management of Offenders in Cases of Alleged Sexual Abuse or Assault. [4-4348]
13. Provide timely and accurate data on facility services, personnel, and operations for inclusion in facility specific and Department wide statistical summaries and reports produced by Headquarters.
 - a. The Health Authority will ensure that employees and contract staff complete timely data entry and/or form submission to provide the following information for inclusion in a monthly report compiled as designated by the Assistant Secretary for Health Services:
 - 1) Use of health services by category,
 - 2) Referrals to specialists,
 - 3) Prescriptions written,
 - 4) Infirmary admissions, where applicable,
 - 5) X-ray tests completed,
 - 6) Hospital admissions,
 - 7) Serious injuries or illnesses,
 - 8) Deaths,
 - 9) Off-site transports, and
 - 10) Laboratory information from the vendor, when requested by the Assistant Secretary for Health Services/designee.
14. Work with the Training and Development Unit and the Superintendent to ensure:

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- a. Training on health services related issues and responding to health related situations is provided to correctional and health services employees/contract staff.
- b. All health services contract staff and volunteers, including part-time personnel, receive training on and adhere to the facility's security policies and procedures.

15. Annually verify state licensure, certification, or registration of health services employees/contract staff performing functions, tasks, or duties that require it. [4C-18]


F. FMDs will ensure that the clinical care delivered in their facilities is appropriate, and will:

1. Have final clinical judgment at the facility level, unless superseded by the Chief Medical Officer.
2. Ensure that clinical care provided by facility practitioners meets standards established by the Chief Medical Officer and is in accordance with the Offender Health Plan.
3. Collaborate with the Health Authority in administrative functions and operations that support appropriate clinical care.
4. Collaborate with facility clinical discipline leaders to ensure quality and appropriateness of care.

IV. Volunteers, Students, Interns, and Other Learners

A. [4-4391] The Health Authority will work with the facility's Volunteer Coordinator on selecting and training volunteers per DOC 530.100 Volunteer Program.

1. The Health Authority will approve a definition of tasks, responsibilities, supervision, and authority for each volunteer.
2. Volunteers may only perform duties consistent with their credentials and training.
3. Volunteers must attend any required orientation and sign DOC 03-435 Registered Volunteer Agreement, agreeing to abide by all policies and procedures, including those relating to the security and confidentiality of information.

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- B. [4-4392] Any students, interns, or residents delivering health services in the facility will work under direct employee supervision and only perform duties consistent with their training.
1. There will be a written agreement approved by the Health Services Contracts Manager between the Department and the institution with which the student/intern/resident is affiliated. The agreement will include:
 - a. Scope of work,
 - b. Length of agreement, and
 - c. A statement indicating the institution:
 - 1) Releases the Department from any liability arising from the student/intern/resident's assignment to a Department facility,
 - 2) Indemnifies and holds the Department harmless regarding such liability, and
 - 3) Agrees to provide the Department legal representation pertaining to such liability.
 2. There will be a written agreement signed by students and interns to abide by all facility policies and procedures, including those relating to the security and confidentiality of information.
 3. The Health Services Contracts Manager will oversee and monitor all trainee affiliations in Health Services, with assistance from the Health Authority/designee.
 4. The Health Authority/designee will arrange clearance and orientation.
- C. Other learners, including trainees and observers, will not deliver health services but will be under direct supervision and abide by all facility policies and procedures.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

[DOC 03-435 Registered Volunteer Agreement](#)



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POLICY

TITLE
PATIENT- PAID HEALTHCARE

REVIEW/REVISION HISTORY:

Effective:	5/1/97	Revised:	11/7/11
Revised:	12/5/02	Revised:	7/21/14
Revised:	5/4/07	Revised:	9/21/15
Revised:	4/30/09	Revised:	4/25/23
Revised:	10/20/11		

SUMMARY OF REVISION/REVIEW:

Major changes to include reorganizing content and updating applicability, title, and terminology throughout. Read carefully!

APPROVED:

Signature on file

MARYANN W. CURL, MD
Chief Medical Officer

3/23/23

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

3/28/23


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

3/29/23

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 72.09.480](#); [RCW 72.10](#); [WAC 137-91](#); Patient-Paid DME Guidelines; [Washington DOC Health Plan](#)

POLICY:

- I. The Department has established procedures for incarcerated individuals to purchase healthcare services not provided per the Washington DOC Health Plan.
 - A. Patients will be responsible for the outcome of any patient-paid healthcare received and will be responsible for any costs related to healthcare services (e.g., community providers/clinics, Veteran’s Administration, tribal clinics, transportation).
 1. Exceptions must be approved by the Chief Medical Officer.
- II. Healthcare paid by patients will not replace care available through Department resources or relieve the Department of the obligation to provide medical care per the Washington DOC Health Plan.

DIRECTIVE:

- I. General Requirements
 - A. Patients may submit a request to purchase medical, mental health, dental care, and medications not covered per the Washington DOC Health Plan by completing DOC 13-460 Patient Request for Outside Health Services and submitting it to the facility Business Office.
 1. Services paid for by patients will be performed by a provider of the patient’s choice.
 - B. Medical devices and Durable Medical Equipment (DME) paid for by patients and obtained from any source other than Health Services may be permitted per the Patient-Paid DME Guidelines posted on the Health Services page of the Department’s internal website.
 1. Requests for DME must be submitted on DOC 13-472 Patient-Paid Durable Medical Equipment (DME).
- II. Costs/Expenses
 - A. Patients will be responsible for all costs and related expenses including, but not limited to:

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1. Transportation and/or custody escort, and
2. Real or potential complications resulting from the services.

B. If it becomes necessary for the Department to provide medically necessary healthcare associated with services paid for by a patient, the patient will be responsible for paying the costs of any healthcare provided by the Department.

1. Medically necessary care will not be denied based on the inability to pay and patients will be allowed to incur debt for these services.

C. Patients must have funds available equal to 120 percent of the total costs of the healthcare services being requested before being scheduled by Health Services.

1. The funds will be used to pay for the care services, as well as allow for unexpected expenses resulting from medical complications and related costs (e.g., additional transportation and custody charges).

D. Facilities will charge a \$50 processing fee to any patient making a formal request for services not provided per the Washington DOC Health Plan.

1. This fee is non-refundable, even if the request is denied, and does not cover any costs/expenses incurred by the Department in the provision of the care.


E. A third party may provide the funds used to pay for health services and/or the processing fee directly to the Department on behalf of a patient.

1. Funds must be payable to the Department of Corrections and submitted to the facility's Local Business Advisor, along with DOC 13-506 Third Party Contribution for Patient-Paid Healthcare.
2. The Department will provide copies of bills and receipts for services to any third-party payers designated on DOC 13-035 Authorization for Disclosure of Health Information.


F. When all invoices have been paid and reimbursements due to the general fund have been completed, any excess balance will be returned to the patient's account or the third party who provided the funds.

III. Approval/Denial Process

A. Upon receiving DOC 13-460 Patient Request for Outside Health Services, the Business Office will:

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1. Deduct the \$50 processing fee from the patient's account unless received by a third party, and
 2. Complete the bottom of the form and forward it to the Health Services Manager/designee.
- B. The Health Services Manager/designee will complete Section I of DOC 13-461 Patient-Paid Healthcare Worksheet and forward it to the facility Medical Director or Clinical Lead.
- C. The facility Medical Director or Clinical Lead will consult with the Chief Medical Officer/designee, Clinical Lead, and/or Director of Pharmacy as needed to determine if the requested service is medically appropriate using the following criteria:
1. The likely benefits outweigh the risks of the requested service,
 2. The requested service(s) is not provided under the Washington DOC Health Plan, or
 3. The requested service is not available at the facility where the patient is housed and the patient does not want to transfer to another Department facility to get care.
- D. If the requested service is approved, the Health Services Manager/designee will provide the patient with an outside health services trip packet consisting of:
1. DOC 13-035 Authorization for Disclosure of Health Information
 2. DOC 13-462 Patient-Paid Healthcare Practitioner Information
 3. DOC 13-463 Patient-Paid Healthcare Hospital Information
 4. The completed DOC 13-460 Patient Request for Outside Health Services
- E. When all forms from the packet are received, the Health Services Manager/designee will complete and sign Section III of DOC 13-461 Patient-Paid Healthcare Worksheet, add it to the packet, and forward it to the Captain.
1. If the practitioner and/or hospital have attached prescriptions to DOC 13-462 Patient-Paid Healthcare Practitioner Information and DOC 13-463 Patient-Paid Healthcare Hospital Information, the Health Services Manager/designee will complete the top portion and forward DOC 13-464 Patient-Paid Healthcare Pharmacy Information to a pharmacy in the community.

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- F. The Captain will complete Section IV of DOC 13-461 Patient-Paid Healthcare Worksheet. If approved, the packet will be forwarded to the Local Business Advisor, who will compute the total trip cost in Section V and return the packet to the patient.
- G. If the patient agrees to all the conditions listed, the patient will initial and sign Section VI of DOC 13-461 Patient-Paid Healthcare Worksheet and return the packet to the Business Office.
- H. After verification that funds are available, the Business Office will complete Section VII of DOC 13-461 Patient-Paid Healthcare Worksheet and forward the packet to the Superintendent for final approval.
 - 1. The Superintendent will complete Section VIII of the worksheet and forward the packet to the Health Services Manager/designee, who will notify the patient of the Superintendent's decision.
- I. If approved, the outside services will be scheduled in the Health Services section of the patient's electronic file and the consult/appointment will be noted as a self-pay event.
- J. The scheduler will hold the packet until all services are completed.
 - 1. When all outside services have been completed, the Health Services Manager/designee will forward DOC 13-461 Patient-Paid Healthcare Worksheet to the Local Business Advisor, who will:
 - a. Verify the duration of each trip in the appropriate facility record and make any adjustments needed to the original estimates before reimbursing the general fund to cover the cost of the transport.
 - b. Ensure that all paid invoices are reimbursed to the general fund.
 - c. Return the completed DOC 13-461 Patient-Paid Healthcare Worksheet to Health Services Medical Records to replace the copy in the legal section of the health record.

IV. Medication

- A. The Department pharmacy will not fill prescriptions written by non-Department prescribers.
- B. The Chief Medical Officer/designee and the Director of Pharmacy/designee:
 - 1. Must approve all medications from outside sources, and

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2. May prohibit use of medication from an outside source within a Department facility if its use presents an unacceptable risk to facility security or a patient’s health.
- C. When medication approved through this policy comes into a facility, a Department prescriber will determine if the prescription will be issued to the patient or issued at Pill Line and document the order in the health record.
1. The medication and a copy of the documentation will be forwarded to the pharmacy for identification and security purposes.
- D. The pharmacy will:
1. Verify the medication against its label and the written Department prescriber order.
 2. Add the approved medication to the patient profile in the pharmacy software as “ordered by an outside prescriber”.
- E. The Pharmacist will release the medication only after notifying the prescriber and the Department primary care provider of any potential adverse effects or drug interactions related to the medication.
1. Either prescriber may stop the Pharmacist from releasing the medication to the patient.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

- DOC 13-035 Authorization for Disclosure of Health Information
- DOC 13-460 Patient Request for Outside Health Services
- DOC 13-461 Patient-Paid Healthcare Worksheet
- DOC 13-462 Patient-Paid Healthcare Practitioner Information
- DOC 13-463 Patient-Paid Healthcare Hospital Information
- DOC 13-464 Patient-Paid Healthcare Pharmacy Information
- DOC 13-472 Patient-Paid Durable Medical Equipment (DME)
- DOC 13-506 Third Party Contribution for Patient-Paid Healthcare



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POLICY

TITLE
HEALTH CARE CO-PAYMENT PROGRAM

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Effective: 4/15/96	Revised: 12/13/10
Revised: 11/24/00	Revised: 6/21/12
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Revised: 10/30/06	Revised: 2/16/15
Revised: 10/30/07	Revised: 7/24/15
Revised: 2/20/09	Revised: 5/31/22
Revised: 3/22/10	Revised: 3/1/23

SUMMARY OF REVISION/REVIEW:

Removed I.D. that individuals will be charged a different co-payment for inpatient hospitalizations

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

1/20/23

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

1/23/23


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

2/7/23

Date Signed

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	REVISION DATE 3/1/23	PAGE NUMBER 2 of 3	NUMBER DOC 600.025
	TITLE HEALTH CARE CO-PAYMENT PROGRAM		

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 72.10.020](#); DOC 200.000 Trust Accounts for Incarcerated Individuals; DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting; [Washington DOC Health Plan](#); [PREA Standards](#)

POLICY:

- I. Individuals in total confinement facilities will be charged a co-payment to participate in the costs associated with health care services.

DIRECTIVE:

- I. General Requirements
 - A. All new or readmitted individuals will be provided written information about co-payments during facility orientation.
 - B. Individuals will be charged a co-payment for all visits, except:
 - 1. Intake health services examinations or health services required by Department policy for injuries not related to work.
 - a. Visits for work-related injuries will be subject to a co-payment until and unless a completed DOC 03-133 Accident/Injury Report is received, or a Department of Labor and Industries (L&I) claim is filed and approved.
 - 2. Court-ordered evaluations.
 - 3. Health services visits initiated by a medical/mental health/dental provider, including follow-up visits scheduled at the request of a health care provider.
 - a. Co-payments will be charged for initial dental treatment appointments.
 - 4. Medication distribution.
 - 5. Mental health services provided to individuals in Residential Treatment Units (RTUs).
 - a. Co-payments will be charged for general and emergency medical services provided to individuals in RTUs.

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6. Medical and mental health services allowed under the Washington DOC Health Plan related to sexual misconduct as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.
 7. Emergency visits initiated by employees/contract staff.
- C. A co-payment of \$4.00 will be assessed against the individual’s facility account for each co-payable visit per DOC 200.000 Trust Accounts for Incarcerated Individuals.
- D. Health services employees/contract staff will provide service on the basis of what is medically necessary.
1. Medically necessary health services will not be denied or delayed based on an individual’s inability to pay.
 2. A service or procedure will be considered complete when there is no longer any requirement for scheduled follow-up care for the specific medical/dental need as determined by the health care provider.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Health Care Provider. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 03-133 Accident/Injury Report



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NUMBER
DOC 610.010

POLICY

TITLE
PATIENT CONSENT FOR HEALTH CARE

REVIEW/REVISION HISTORY:

- Effective: 5/30/00
- Revised: 5/31/04
- Revised: 10/30/06
- Revised: 11/3/08 AB 08-031
- Revised: 3/24/09
- Revised: 7/11/11
- Revised: 2/10/14
- Revised: 12/24/15
- Revised: 1/11/21
- Revised: 5/17/22

SUMMARY OF REVISION/REVIEW:

III.B.6.a. and IV.A. - Adjusted language for clarification
 Added IV.A.1. that the ordering practitioner/protocol provider will follow up after a patient's refusal of health care
 Added IV.A.2. that the primary provider will be notified if different than the ordering practitioner

APPROVED:

Signature on file

MARYANN CURL, MD
 Chief Medical Officer

5/3/22

 Date Signed

Signature on file

DAVID FLYNN,
 Assistant Secretary for Health Services

5/4/22


 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

5/5/22

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 7.70](#); [RCW 71.34.500](#); [RCW 71.34.530](#); DOC 570.000 Sex Offender Treatment and Assessment Programs; DOC 580.000 Substance Use Disorder Treatment Services; DOC 620.020 Non-Consensual Blood Draws; DOC 620.100 Force Feeding of Incarcerated Individuals; DOC 630.500 Mental Health Services; DOC 630.540 Involuntary Antipsychotic Administration; DOC 630.550 Suicide Prevention and Response; DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program

POLICY:

- I. The Department will provide patients or surrogate decision makers with the information they need to make informed decisions regarding the acceptance or refusal of Department-provided medical/mental health care, including treatment services.
- II. This policy applies to health care delivered to patients in a Department facility. The Department will not consent on behalf of patients receiving care in a local community healthcare facility.

DIRECTIVE:

- I. General Requirements
 - A. Before initiating services, the health care provider ordering the service will obtain the informed consent of the patient/surrogate decision maker and ensure the following information has been provided in a manner that could reasonably be understood:
 1. Provider’s recommendation and reasons for treatment, including assessments, evaluations, and/or tests,
 2. Nature and character of the proposed treatment, including photographs and/or video recordings required for a diagnostic/therapeutic procedure,
 3. The anticipated results of the proposed treatment,
 4. Recognized possible alternative forms of treatment, and
 5. Recognized potential risks, complications, and anticipated benefits involved and for any alternative forms of treatment, including non-treatment.
 - B. Health care providers who want to use the shared decision making process will refer to the requirements per RCW 7.70 and consult with their clinical supervisor.

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II. Obtaining Informed Consent

A. Patients must be competent in order to provide informed consent.

1. For the purposes of giving consent, a patient is not competent if they cannot comprehend or appreciate the nature of their condition or the risks and benefits associated with the proposed treatment, as determined by a health care provider.
2. A patient who is not competent cannot be allowed to accept/refuse care. Care will be provided according to the:
 - a. Advance Directive,
 - b. Court order,
 - c. Surrogate decision maker, or
 - d. Guardian of person/ad litem.

B. When a health care provider determines a patient is not competent to consent:

1. An evaluation will be completed by a licensed practitioner (i.e., medical, mental health, or psychiatry) and placed in the legal section of the health record, with a copy forwarded to the Chief Medical Officer/Director of Mental Health/designee, as appropriate. The evaluation will identify any barriers, including:
 - a. Communication skills,
 - b. Mental illness,
 - c. Developmental disability,
 - d. Senility,
 - e. Habitual/excessive drug/alcohol use, or
 - f. Other physical or mental disorder affecting decision making ability.
2. An authorized person as defined in RCW 7.70.065 may provide informed consent on behalf of the patient.
 - a. Employees/contract staff cannot be an authorized person.
 - b. Authorized persons cannot consent to:
 - 1) Sterilization,
 - 2) Antipsychotic medications,
 - 3) Psychosurgery, or
 - 4) Electroconvulsive therapy.

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C. For patients who are unable to provide informed consent for an extended period of time or do not have an authorized person, the Chief Medical Officer/Chief of Dentistry/Director of Mental Health/designee, in consultation with appropriate employees/contract staff, will determine the appropriate assistance (e.g., court order, guardianship for health care decisions).

1. If unable to obtain immediate approval, health care providers will provide emergent, medically necessary care and notify the Chief Medical Officer/Chief of Dentistry/Director of Mental Health/designee as soon as possible.
 - a. The care and notification will be documented in the health record.


III. Documenting Informed Consent

A. Verbal informed consent will be documented in the health/clinical record. Providers will obtain verbal consent for low risk treatments/assessments, including:


1. Blood tests,
2. Routine x-rays,
3. Electrocardiograms,
4. Over the Counter/low risk prescription medications,
5. Dental cleaning, and
6. Supportive therapy.

B. Written informed consent is required for and will be documented as follows:

1. Procedures/treatments, including prescriptions, that pose substantial risk to the patient using DOC 13-250 Consent to Surgical or Other Procedure, including:
 - a. In-clinic procedures (e.g., incision and drainage, debridement, biopsy),
 - b. Incisions below the dermal layer,
 - c. Chemotherapy for malignancy,
 - d. Administration of intravenous contrast dye,
 - e. Antiviral therapy, and
 - f. Most invasive procedures.
2. Gender-affirming hormone treatment using DOC 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification.
3. Hepatitis C treatment using DOC 13-357 Hepatitis C Treatment Consent.

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4. Dental extraction and root canal treatment using DOC 13-339 Consent for Dental/Oral Surgery.
 5. Mental health treatment, including developing a treatment plan, per DOC 630.500 Mental Health Services using DOC 13-386 Consent for Evaluation and Initiation of Mental Health Treatment.
 6. Sex offense treatment per DOC 570.000 Sex Offender Treatment and Assessment Programs using:
 - a. DOC 02-330 Sex Offender Treatment and Assessment Programs Consent for Prison Treatment, and
 - b. DOC 02-402 Sex Offender Treatment and Assessment Programs Informed Consent for Community Treatment.
 7. Substance use disorder treatment per DOC 580.000 Substance Use Disorder Treatment Services using DOC 14-039 Substance Use Disorder Treatment Participation Requirements.
 8. Initiating clinical and/or forensic psychological or risk assessment evaluations. Consent will be documented in the evaluation or health record.
- C. The health care provider should provide the patient the opportunity to consent for the following services that do not require consent:
1. Compliance with a court order, statute, or case law in consultation with the Attorney General's Office.
 2. Care delivered per DOC 620.100 Force Feeding of Incarcerated Individuals.
 3. Treatment of a self-inflicted harm, when failure to intervene poses a risk of significant harm.
 4. Prevention of self-injury or death per DOC 630.550 Suicide Prevention and Response.
 5. A blood draw per DOC 620.020 Non-Consensual Blood Draws.
 6. Administration of antipsychotic medication per DOC 630.540 Involuntary Antipsychotic Administration, including evaluation conducted before the hearing.

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7. Care for mentally ill patients, when a reasonable health care provider would conclude that delaying mental health treatment, including medications, might put the patient or others at imminent risk of serious injury or death.

D. The health care provider will document informed consent, regardless of outcome.

IV. Refusal of Services

A. Except for services provided by the Substance Abuse Recovery Unit (SARU) or Sex Offender Treatment and Assessment Program (SOTAP), if the patient refuses health care that was recommended or previously consented to and requires written consent, health services employees/contract staff will document the refusal on the appropriate medical, mental health, or dental encounter/progress form and forward the patient's health record to the ordering practitioner/protocol provider for review.

1. The ordering practitioner/protocol provider will:


- a. Schedule an appointment with the patient to discuss the refusal, health consequences, and alternatives, and
- b. Document the refusal on the appropriate medical, mental health, or dental encounter/progress form.
- c. Complete DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.

2. The primary health care provider will be notified if different than the ordering practitioner.

B. For services provided by SARU/SOTAP, refusal will be documented as applicable:

1. DOC 02-330 Sex Offender Treatment and Assessment Programs Consent for Prison Treatment
2. DOC 02-402 Sex Offender Treatment and Assessment Programs Informed Consent for Community Treatment
3. DOC 14-039 Substance Use Disorder Treatment Participation Requirements

C. If the health care practitioner/designee determines the patient has a communicable disease that may pose a threat to others, the patient may be

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isolated per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Health Care Practitioner, Health Care Provider, Informed Consent. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

- DOC 02-330 Sex Offender Treatment and Assessment Programs Consent for Prison Treatment
- DOC 02-402 Sex Offender Treatment and Assessment Programs Informed Consent for Community Treatment
- DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment
- DOC 13-250 Consent to Surgical or Other Procedure
- DOC 13-339 Consent for Dental/Oral Surgery
- DOC 13-357 Hepatitis C Treatment Consent
- DOC 13-386 Consent for Evaluation and Initiation of Mental Health Treatment
- DOC 13-521 Consent for Hormone Treatment for Gender Dysphoria and/or Transgender Identification
- DOC 14-039 Substance Use Disorder Treatment Participation Requirements



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POLICY

TITLE
**HEALTH SERVICES MANAGEMENT OF ALLEGED
SEXUAL MISCONDUCT CASES**

REVIEW/REVISION HISTORY:

Effective: 6/28/99	Revised: 6/1/13
Revised: 5/9/06	Revised: 1/1/14
Revised: 11/26/07	Revised: 10/14/16
Revised: 3/6/09	Revised: 7/20/20
Revised: 2/26/10	Revised: 5/24/21
Revised: 3/19/12	

SUMMARY OF REVISION/REVIEW:

I.A.1. and II.B.5. - Added clarifying language
 I.C., III.C., III.F., V.A.2., V.C., VI.A., and VI.A.2. - Adjusted language for clarification
 Added II.A.1. that forensic exams will only be performed at designated health care facilities
 II.B.3., I.B.5.a., III.D., III.G.3., IV.A.1., IV.C., and V.B. - Removed unnecessary language
 Removed II.C.10 that the health care provider documents the emergency consult in the health record and completes in OMNI-HS
 Removed IV.B. content covered in DOC 610.010 Patient Consent for Health Care

APPROVED:

Signature on file

SARA KARIKO, MD
 Chief Medical Officer

4/15/21

 Date Signed

Signature on file

DAN JOHNSON, MBA
 Assistant Secretary for Health Services

4/20/21


 Date Signed

Signature on file

STEPHEN SINCLAIR, Secretary
 Department of Corrections

4/20/21

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.24.105](#); DOC 490.850 Prison Rape Elimination Act (PREA) Response; DOC 610.010 Patient Consent for Health Care; DOC 640.020 Health Records Management; DOC 890.620 Emergency Medical Treatment; [PREA Standards](#)

POLICY:

- I. Any incarcerated individual alleging sexual assault, sexual abuse, and/or staff sexual misconduct will be referred to a health care provider to evaluate any injury. Medical and mental health treatment services and follow-up care will be provided when clinically indicated. Forensic medical examinations will be conducted at a community health care facility.

DIRECTIVE:

- I. Reporting
 - A. Health services employees/contract staff are required to immediately report any knowledge, suspicion, or information regarding sexual misconduct per DOC 490.850 Prison Rape Elimination Act (PREA) Response. This includes:
 1. Any incident of sexual misconduct that occurred in an incarcerated setting (e.g., Prison, juvenile detention center, community confinement),
 2. Retaliation against alleged victims and incarcerated individuals or employees/contract staff who have reported such an incident, and
 3. Any employee/contract staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 - B. Health care providers will report information if they suspect sexual assault or sexual abuse based on encounters with a patient.
 - C. Medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an incarcerated setting unless the patient is under the age of 18.
- II. Arrangements with Community Hospitals for Forensic Exams
 - A. Each Prison Health Authority will make prearrangements with a community health care facility with specially educated and clinically prepared forensic

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medical examiners to evaluate alleged victims who have reported sexual assault, sexual abuse, and/or staff sexual misconduct.

1. Forensic exams will be performed only at designated health care facilities in the community by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible.

a. If a SAFE/SANE is not available:

- 1) The examination can be performed by a qualified medical practitioner.
- 2) The nurse/health care practitioner will document unavailability in the health record.

2. The Shift Commander will notify the Prison Rape Elimination Act (PREA) Coordinator via email of all forensic medical examinations as soon as possible.

B. The Health Authority will discuss procedures with and ensure that the community health care facility is prepared to:

1. Take a medical history of the injury and provide initial medical treatment,
2. Conduct a forensic medical examination to collect evidence and document the extent of physical injury,
3. Provide the escorting Corrections Officer (CO) with a Sexual Assault Kit Tracking Access card that outlines how the sexual assault kit can be tracked and includes the web address, username, and password,
4. Maintain a chain of evidence, and
5. Provide health services employees/contract staff with the medical information and reports necessary for the Department to provide follow-up care, including consent/refusal documentation.
 - a. Information about the examination and treatment will be provided to the escorting CO in a sealed envelope or communicated electronically to Health Services.

III. Medical and Mental Health Treatment Services

A. Medical and mental health treatment services will be offered when an incarcerated individual reports having been a victim of sexual misconduct.



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**HEALTH SERVICES MANAGEMENT OF ALLEGED
SEXUAL MISCONDUCT CASES**

- B. If a report of aggravated sexual assault is made within 120 hours of the alleged assault, and involves penetration and/or exchange of bodily fluids, an attempt will be made to transport the alleged victim to the designated community health care facility within 2 hours of the report unless an appropriate health care provider determines a forensic medical examination is not needed due to the nature of the alleged assault.

- C. In facilities with health services employees/contract staff onsite, the alleged victim will be assessed in person by an appropriate health care provider before transport. The health care provider will:
 - 1. Provide emergency medical care per DOC 890.620 Emergency Medical Treatment to identify potential medical and mental health needs.
 - 2. Make every effort to preserve forensic evidence during the initial response.
 - 3. Request the alleged victim not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by the health care provider or as needed for transport.
 - 4. Verify the alleged victim has not already been sent for a forensic medical examination for the same allegation due to multiple reports.
 - 5. Advise the alleged victim if a forensic medical examination is indicated to collect evidence and explain the procedures used.
 - 6. Provide information regarding the need for further medical evaluation to determine the:
 - a. Extent of injuries,
 - b. Testing for and treatment of sexually transmitted infections,
 - c. Need for post-exposure prophylaxis for sexually transmitted infections, and
 - d. Need for pregnancy prevention, if applicable.
 - 7. Work with the transportation team to collect the alleged victim’s clothing per DOC 490.850 Prison Rape Elimination Act (PREA) Response.
 - 8. Identify any special needs of the alleged victim (e.g., communication barrier, physical limitations, inability to understand the situation).



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- 9. Not disclose information about the alleged victim or perpetrator’s sexually transmitted disease status or the fact that either requested or had an HIV antibody test.


- D. In facilities where there are no health services onsite, the trip to the community health care facility will be coordinated with the Medical Duty Officer before transport.

- E. The patient will be evaluated at the community health care facility according to their established sexual assault protocol.

- F. Department employees present during the examination will be the same gender as the patient identifies with unless security concerns require otherwise.

- G. Upon return to the facility from the forensic medical examination:
 - 1. The CO will deliver the documents provided by the community health care facility to Health Services.
 - 2. Health services employees/contract staff will provide the patient with a Sexual Assault Kit Tracking Procedure card that will provide information on how they can access the results of the sexual assault kit.
 - 3. The patient will be offered a medical health care appointment within 3 business days and a mental health care appointment within one business day unless the patient declines.
 - 4. The community health care facility used for the examination will be documented in the health record.
 - 5. Health services employees/contract staff will complete and close the emergency consult.

- H. If a report of sexual assault or staff sexual misconduct is made more than 120 hours after and within 12 months of the alleged incident, the alleged victim will be referred for medical follow-up with Health Services.
 - 1. The health care provider will evaluate and treat the patient as medically necessary including testing for and treatment of sexually transmitted infections and prevention of pregnancy, if applicable.
 - 2. The alleged victim will be offered a medical and mental health care appointment and will be seen within 14 days unless the patient declines.

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- I. For all other sexual misconduct related reports (e.g., assault outside of 12 months, abuse, harassment), the alleged victim will be offered a medical and mental health care appointment with Health Services and will be seen within 14 days unless the patient declines.

IV. Informed Consent

- A. Medical evaluations/treatment and the forensic medical examination will be conducted with the patient's informed consent, unless the health care provider determines there is an emergency and the patient is unable to consent.
 1. Consent in Department facilities will be documented per DOC 610.010 Patient Consent for Health Care.
 2. Community health care facilities may require informed written consent on the facility's form(s) to conduct a forensic medical examination.
- B. Patients may refuse all or part of the forensic medical examination after transport. The refusal must be made to community health care personnel.
- C. If treatment is refused, the health care practitioner will inform the individual that Department medical and/or mental health services may be requested pertaining to the alleged sexual assault, sexual abuse, or staff sexual misconduct if they change their mind.

V. Follow-Up Procedures

- A. Follow-up appointments with a Department health care practitioner and mental health professional will be offered within a clinically appropriate timeframe to:
 1. Assess the patient's physical and emotional status.
 2. Review documentation from the community health care facility to determine if all the medical aspects of the evaluation were completed.
 3. Provide any additional evaluation and treatment that is medically necessary, including testing, prophylaxis, and treatment of sexually transmitted diseases.
 4. Offer pregnancy testing and other pregnancy-related medical services, if applicable.
 5. Provide additional crisis intervention, mental health treatment, and follow-up for trauma as clinically indicated.

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- B. When appropriate and necessary, the Health Authority may discuss housing reassignment with the Superintendent.
 - C. Health information related to the evaluation and subsequent follow-up care, including the Sexual Assault Kit Tracking Access card, will be maintained in the health record and only disclosed per DOC 640.020 Health Records Management.
- VI. Mental Health Evaluations for Substantiated Perpetrators
- A. Mental health professionals will attempt to conduct a mental health evaluation within 60 days of receiving information of an incarcerated individual identified as the perpetrator in substantiated allegations of sexual assault and/or sexual abuse, both within the Department and from other jurisdictions. Only one evaluation will be conducted for the specific allegation.
 - 1. Refusal or no-show will be documented on DOC 13-435 Primary Encounter Report or DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.
 - 2. Treatment will be offered as clinically indicated by qualified mental health professionals.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Health Care Practitioner, Health Care Provider, Mental Health Professional, Retaliation. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment
DOC 13-435 Primary Encounter Report



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DOC 610.040

POLICY

TITLE
HEALTH SCREENINGS AND ASSESSMENTS

REVIEW/REVISION HISTORY:

Effective:	12/15/89	Revised:	2/20/09
Revised:	12/6/99	Revised:	6/27/11
Revised:	12/20/00	Revised:	6/21/12
Revised:	6/10/03	Revised:	4/15/13
Revised:	8/10/06 AB 06-009	Revised:	6/22/15
Revised:	9/4/06	Revised:	6/12/18
Revised:	1/4/07		

SUMMARY OF REVISION/REVIEW:

Major changes. Read carefully!

APPROVED:

Signature on file

K. GABRIELLE GASPAR, MD, MPH, MBA
Chief Medical Officer

5/7/18

Date Signed

Signature on file

KEVIN BOVENKAMP,
Assistant Secretary for Health Services

5/8/18


Date Signed

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

5/10/18

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [DOC 320.255 Restrictive Housing](#); [DOC 320.260 Secured Housing Units](#); [DOC 630.550 Suicide Prevention and Response](#); [DOC 650.020 Pharmaceutical Management](#); [DOC 650.035 Medications for Transfer and Release](#); [DOC 690.400 Offenders with Disabilities](#); [Guideline PULHES Codes](#); [Health Status Reports \(HSRs\)](#); [Offender Health Plan](#); [Tuberculosis \(TB\) Screening Protocol and Management of TB Disease](#)

POLICY:

- I. The Department will facilitate patient safety, population health, and continuity of care throughout the duration of each individual’s incarceration period with a series of initial and ongoing health screenings, assessments, and updates as necessary, between facility transfers, and upon release into the community.
- II. The Department will ensure systems are in place to appropriately share protected health information in accordance with regulations pertaining to confidentiality of health information.

DIRECTIVE:

- I. General Responsibilities
 - A. Health care screenings and assessments will be conducted by qualified health services employees/contract staff.
 - B. Urgent needs identified during any health care screening or assessment will be addressed as clinically indicated.
 1. Concerns that an individual may be suicidal will be addressed immediately per DOC 630.550 Suicide Prevention and Response.
 - C. When an individual is transferred, from a Reception Diagnostic Center (RDC) to another facility or admitted directly to a parent facility, before receiving required initial screenings and/or assessments, the receiving facility will complete them.
 1. Timeframes for completing the screenings and/or assessments will be based on the offender’s arrival date at the receiving facility.
 - D. Health Services will use the PULHES coding system per Guideline PULHES Codes to communicate general health status and service needs to custody and classification employees.

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- E. Community supervision violators will be pre-screened through the Headquarters Nurse Desk prior to arrival.
- F. The Headquarters Nurse Desk will be notified of all off-site services provided to community supervision violators while in confinement.

II. Initial Health Screening

- A. All individuals received at a Department facility (e.g., from courts, jail, Juvenile Rehabilitation Administration, hospital, out-of-state, newly sentenced, community supervision violators/revokes) will receive an initial health screening to evaluate health status within 16 hours of arrival.
 - 1. Screenings will not be conducted for individuals returning to a Department facility from a court appearance or other escorted leave.
- B. The initial health services screening process will include health information pertinent to facility safety, custody, housing, and job placement.
 - 1. Current health information will be collected and documented on DOC 13-024 Intersystem Intake Screening and as an encounter in the health services section of the individual's electronic file.
 - a. Health information for community supervision violators may be documented on DOC 13-505 Violator Intake Screening.
 - 2. Initial health care needs will be identified and services administered as clinically indicated.
 - 3. Screening for signs and symptoms of active tuberculosis (TB) disease, as well as a history of positive Purified Protein Derivative or TB treatment will be completed and documented in the individual's electronic file.
 - a. A patient with symptoms of TB disease will be referred to a practitioner for immediate evaluation and isolation protocols will be initiated per Tuberculosis Screening Protocol and Management of TB Disease.

III. Initial Mental Health Screening

- A. Mental health screenings will be conducted within one business day of arrival to determine subsequent need for further mental health evaluation. Current mental health status will be documented on DOC 13-349 Intersystem/Restrictive


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Housing Mental Health Screening and as an encounter in the health services section of the individual’s electronic file.

1. Based on screening responses, initial mental health PULHES “S” and suicidal risk “R” codes will be assigned.
 - a. Patients with emergent needs will receive clinical follow-up. Full assessment will be completed as soon as possible after the patient is stabilized.
2. In facilities with onsite mental health, screenings completed by a provider that does not specialize in mental health will be reviewed by a mental health employee/contract staff the next business day.

IV. Mental Health Assessments


- A. Mental health assessments will be performed within 14 days of arrival and documented on DOC 13-376 Mental Health Appraisal and as an encounter in the health services section of the individual’s electronic file for the following patients who are:
 1. Exhibiting moderate to severe expression of psychiatric symptoms (i.e., “S3” and above), regardless of current psychotropic medication regimen,
 2. Currently taking more than 2 psychotropic medications,
 3. Currently taking any anti-psychotic medication, or
 4. Arriving at reception with one or more verified non-formulary psychotropic medication prescription.
- B. Patients identified as “S2” that do not meet the 14 day mental health assessment criteria will receive an assessment within 30 days of arrival at the parent facility. Assessments will be documented on DOC 13-376 Mental Health Appraisal.
 1. Each parent facility and permanent housing unit at an RDC will develop a process to identify and schedule assessments for patients requiring mental health assessments.
- C. A psychiatric assessment should be completed within 60 days of arrival when an individual is on at least one psychotropic medication and/or referred by a mental health employee/contract staff as having a priority need. Assessments will be documented on DOC 13-236 Psychiatric Assessment and as an encounter in the health services section of the patient’s electronic file.

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1. Patients will be prioritized in order of severity based on “S” code assigned and/or arriving with any anti-psychotic, multiple psychotropic prescriptions, or any non-formulary psychotropic prescription.
2. If the patient has a verified prescription, the medication will be issued for no more than 60 days by medical practitioners per DOC 650.020 Pharmaceutical Management to ensure continuity of care prior to the first psychiatric appointment.
 - a. Initial mental health prescriptions written by a medical practitioner may include a non-specific mental health diagnosis code.
 - b. Renewal of initial psychotropic prescriptions must be updated by a psychiatric prescriber in the pharmacy database to reflect a specific mental health diagnosis.
3. Each parent facility and permanent housing unit at an RDC will develop a process to identify patients arriving without a psychiatric assessment and ensure the assessment is completed within 30 days of arrival.

V. Initial Physical Examination

- A. An initial physical examination will be conducted within 14 days of arrival and documented on DOC 13-303 History and Physical and as an encounter in the health services section of the individual’s electronic file.
 1. Community supervision violators with a sanction longer than 30 days will receive an initial physical examination unless it is documented in the health record that the individual has had one in the last 90 days.
 2. Except for mental health “S” and “R” and dental “D” codes, PULHES codes will be assigned as the result of the physical examination.
 - a. “H” codes for intellectual disability, will default to “1” initially unless they have already been carried over as a “4” from a previous incarceration.
 - b. As they are identified, employees/contract staff will coordinate updates to “H” codes with the Headquarters Systems Manager.
 3. DOC 13-378 Problem List will be initiated and used to document any identified allergies, necessary accommodations, or major problems that require follow-up.

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- a. Disabilities that may require accommodation will be noted as a PULHES “X” code and procedures followed per DOC 690.400 Offenders with Disabilities.
- 4. Diagnosis of any prescriptions will be reviewed for accuracy and updated as needed in the pharmacy database.
 - a. All non-specific medical diagnoses codes will be changed to specific medical diagnoses in the pharmacy database.
- 5. Pregnancy tests will be provided for all females when not medically contraindicated.
- 6. Medical food service assignments will be completed and entered on the Patient Encounter screen in the health services section of the individual’s electronic file, under Current Procedural Terminology (CPT) Code “Comments for Custody”.
 - a. Diarrhea, skin infections, or other illnesses transmissible by food or utensils will be cause for denial.
 - b. If cleared at reception, individuals can be assigned to a food service assignment at any subsequent facility unless future health concerns prompt a health services referral for review.

VI. Initial Infection Prevention Screening

- A. Initial TB tests will be completed for all patients when not medically contraindicated and documented on DOC 13-480 TB/Immunization Record.
- B. Initial HIV and Hepatitis C screening will be offered and lab tests will be performed for all patients providing consent. History of these or other Sexually Transmitted Diseases (STDs) will be noted and appropriate referrals made.

VII. Initial Dental Screening

- A. An initial dental screening examination will be conducted within 14 days of arrival and documented on DOC 13-017 Initial Dental Screening Examination and a PULHES “D” code assigned.
 - 1. Dental referrals for community supervision violators will only be made based on urgent need.
 - 2. Identified emergent dental needs will be treated in order of priority.

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3. Immediate needs that cannot be met onsite may be seen at a community health care facility when clinically indicated.
4. Dental treatment plans will be created and implemented upon arrival at the parent facility, in order of priority per the Offender Health Plan.


VIII. Mental Health Screening for Transfer of “S3” Patients

- A. The case manager will notify the primary therapist or mental health employee/contract staff when considering the transfer of an individual with an “S3” code.
- B. The primary therapist or mental health employee/contract staff will:
 1. Initiate DOC 13-465 Mental Health Transfer Screening,
 2. Email the results of the transfer screening to the case manager, and
 3. Document the results as a mental health chronological event and in the health services section of the individual’s electronic file.

IX. Transfer Reviews

- A. Patients will be notified of any changes to existing treatment plans (e.g., prescriptions, HSRs) prior to transfer. Notification will be documented in the patient’s health record.
- B. Individuals transferred from one facility to another will have a screening upon arrival to include review of available documentation regarding health issues and ensure continuity of care.
 1. A medical practitioner will be notified of any active medical condition requiring attention.
 2. Current Health Status Reports (HSRs) established by other facilities will be honored until reviewed per the Health Status Reports (HSRs) protocol.
 3. Health Services at each facility will establish procedures to review outstanding referrals, appointments, and clinical needs of newly-arriving patients and a scheduling process to ensure timely follow-up and continuity of care.

X. Restrictive Housing Assessments

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- A. Health care assessments and reviews will be conducted for individuals being placed in restrictive housing per DOC 320.255 Restrictive Housing and DOC 320.260 Secured Housing Units.
- B. Facilities will establish processes to review scheduled health care appointments for individuals placed in restrictive housing. Appointments will be adjusted according to clinical urgency and local processes.

XI. Health Services at Release

- A. Primary care practitioners will review health records and current medications for each individual scheduled for release.
 - 1. Release prescriptions will be ordered per DOC 650.035 Medications for Transfer and Release.
- B. Medically necessary durable medical equipment and applicable 30 day supplies will be provided.
- C. The Headquarters Nurse Desk and/or psychiatric social worker will assist with release planning for community supervision violators with extraordinary medical or mental health needs.
 - 1. Community supervision violators may receive release medications per DOC 650.020 Pharmaceutical Management.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Parent Facility, Contraindicated. Other words/terms appearing in this policy may also be defined in the glossary section.

ATTACHMENTS:

None

DOC FORMS:

- [DOC 13-017 Initial Dental Screening Examination](#)
- [DOC 13-024 Intersystem Intake Screening](#)
- [DOC 13-236 Psychiatric Assessment](#)
- [DOC 13-303 History and Physical](#)
- [DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening](#)
- [DOC 13-376 Mental Health Appraisal](#)
- [DOC 13-465 Mental Health Transfer Screening](#)



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[DOC 13-480 TB/Immunization Record](#)
[DOC 13-505 Violator Intake Screening](#)



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POLICY

TITLE
TRANSFER OF INDIVIDUALS FOR HEALTH REASONS

REVIEW/REVISION HISTORY:

Effective:	12/15/89	Revised:	5/14/09
Revised:	10/4/99	Revised:	3/26/12
Revised:	7/24/03	Revised:	12/1/12
Revised:	8/16/06	Revised:	12/22/14
Revised:	12/22/06 AB 06-01	Revised:	6/3/22
Revised:	11/26/07		

SUMMARY OF REVISION/REVIEW:

Updated terminology throughout
 Policy II., Directive II.B.1.-4. - Adjusted language for clarification
 Added Policy III. referencing policy for custodial procedures
 Directive I.B.1., III.B. - Added language for clarification
 Added II.A.5. that transfers of individuals with a de-facto or life without parole sentence must be approved by the appropriate Deputy Assistant Secretary
 Removed II.C. that a form is required for transport and requirement to identify information for Transport Officers when special precautions for communicable diseases are required
 IV.A. - Adjusted for person-centered language

APPROVED:

Signature on file

MARYANN CURL, MD
 Chief Medical Officer

5/3/22

 Date Signed

Signature on file

DAVID FLYNN,
 Assistant Secretary for Health Services

5/17/22

 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

5/31/22

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; DOC 300.380 Classification and Custody Facility Plan Review; DOC 420.110 Escorted Leaves and Furloughs; DOC 640.020 Health Records Management; Mental Health Transfer Procedure

POLICY:

- I. The Department has established guidelines governing the intersystem and intrasystem transfer of individuals for health reasons.
- II. Urgent/emergent transfers for mental health reasons, transfers of individuals to and from Mental Health Residential Treatment Units, and transfers of individuals with PULHES “S” codes of 3 or higher will be made per DOC 300.380 Classification and Custody Facility Plan Review and the Mental Health Transfer Procedure located under Health Services on the Department’s internal website.
- III. Custodial procedures will be followed per DOC 420.110 Escorted Leaves and Furloughs.

DIRECTIVE:

- I. Determination of Need for Transfer
 - A. The facility Health Services Manager/designee and/or Facility Medical Director (FMD)/designee will determine if an individual’s condition requires an emergent or non-emergent transfer to another facility.
 - B. Transfer decisions will be based on the following:
 1. Required medical, mental health, or dental treatment is beyond the scope of the current facility’s resources.
 2. Availability of required services or treatment prescribed or identified by the responsible practitioner.
 3. Availability of required living accommodations.
 4. Medical indications that transfer would worsen the condition.
- II. Transfer Procedure
 - A. Non-Emergent Transfers

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1. To initiate a non-emergent transfer, the FMD/designee will bring the information to a weekly medical inter-facility transfer conference call.
 - a. A Headquarters classification employee will participate in the conference call to help determine the appropriateness of the transfer based on custody level and facility resources.
2. The Chief Medical Officer/designee will consult with the FMDs/designees to determine the most medically appropriate placement, method of transfer, and any special requirements for the individual.
3. The sending and receiving FMDs/designees will notify the respective facility Health Service Managers, who will notify their respective Superintendents/ designees and other appropriate employees/contract staff of the transfer.
4. If the proposed receiving facility wishes to appeal a transfer decision, the Superintendent/designee must present the appeal to the Assistant Secretary for Prisons/designee and Chief Medical Officer/designee for joint resolution.
5. If an individual is serving a de facto life sentence or life without parole, transfer must be approved by the appropriate Prison Deputy Assistant Secretary/designee.

B. Emergent Transfers

1. Individuals in need of immediate health services beyond the resources available in the facility, as determined by the primary health care provider, will be transferred under applicable security requirements to a facility where the services are available.
2. Emergent transfers will be approved by creating a transfer order in the electronic file at the request of authorized facility employees/ contract staff.
3. The Health Services Manager will communicate only relevant details of the health-related emergency and the proposed time of transfer to the Transport Officers.
4. Authorized health services employees/contract staff from the sending facility will communicate necessary clinical information to appropriate health services employees/contract staff at the receiving facility.

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a. When possible, if the transfer requires infirmary care and is likely to be long term (i.e., longer than 30 days), the individual will not be transferred to Washington Corrections Center (WCC).

C. The health record will be transferred with the individual per DOC 640.020 Health Records Management.

III. Return of Individual to Sending Facility

A. Unless otherwise specified, an individual who is transferred to another facility for health services that are expected to last less than 6 months will be returned to the sending facility when care/treatment is completed.

B. If the health services are expected to last more than 6 months, further classification action must be initiated at the facility where the individual is being treated per DOC 300.380 Classification and Custody Facility Plan Review.

C. A transfer order will be initiated in the electronic file to return the individual to the sending facility when a health clearance is given.

D. The health record will be transferred with the individual per DOC 640.020 Health Records Management.

IV. Custody Status

A. If a transfer is for health reasons only and likely to last less than 6 months, the individual's custody designation will remain the same as when the individual transferred from a Level 2 facility to one with a higher custody level.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

None



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POLICY

TITLE

THERAPEUTIC DIETS

REVIEW/REVISION HISTORY:

Effective: 10/16/01
 Revised: 9/30/05
 Revised: 5/14/07
 Revised: 3/23/09
 Revised: 8/9/10
 Revised: 6/21/12
 Revised: 8/25/14
 Revised: 7/15/19
 Revised: 1/20/22

SUMMARY OF REVISION/REVIEW:

Updated applicability to include reentry
 Attachment 1, I.B., II.B., II.C.3. - Adjusted language for clarification
 II.C. - Added clarifying language

APPROVED:

Signature on file

FRANK LONGANO, MD
 Chief Medical Officer

12/16/21

 Date Signed

Signature on file

DAVID FLYNN,
 Assistant Secretary for Health Services

1/4/22


 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

1/5/22

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; DOC 610.040 Health Screenings and Assessments; [Washington DOC Health Plan](#); [Dietary Reference Intakes](#); DOC Snack Guide; Liquid Nutritional Supplements

POLICY:

- I. The Department has established guidelines to provide nutritional intervention to incarcerated individuals with a medical necessity.


DIRECTIVE:

- I. General Requirements
 - A. In Prisons, therapeutic diet menus will be reviewed annually and approved by the Food Service Administrator/designee and Registered Dietitian to ensure they meet the Dietary Reference Intakes established by the National Institutes of Health.
 1. The Therapeutic Diet Guidelines (Attachment 1) will be used to ensure adequacy and consistency of therapeutic diets.
 - a. Individuals may self-select food items from the mainline diet for dietary conditions outlined in Attachment 1.
 - b. Any other therapeutic diet is considered Level 2 care and requires authorization per the Washington DOC Health Plan.
 2. Food Services employees/contract staff will ensure prescribed therapeutic diets are prepared and delivered as ordered.
 - B. In Reentry Centers, therapeutic diets will be provided as required by a completed Health Status Report (HSR) or prescribed by a qualified medical provider.
 1. Documentation will be provided to the Food Service Manager.
- II. Authorization and Implementation of Therapeutic Diets in Prisons
 - A. Individuals who may require a therapeutic diet will be identified through the health examination process per DOC 610.040 Health Screenings and Assessments or a nutritional assessment performed by a Registered Dietitian.
 - B. Diet recommendations or orders may only be made by a practitioner or Registered Dietitian within the limits of their training, experience, and licensure.

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Recommendations and prescribed diets must be supported by appropriate documentation in the individual's health record (e.g., HSR).

- C. If a main food allergy (i.e., fish, peanut, and tomato) is suspected:
 - 1. The practitioner will make a clinical determination using:
 - a. An antigen-specific immunoassay test with a result greater than 0.35 kU/L for fish, tomato or peanut,
 - b. A copy of previous skin testing, double blind food challenge, or serum testing reports, or
 - c. A firsthand, documented report from a practitioner of anaphylactoid or anaphylactic allergic reaction.
 - 2. A temporary HSR will be issued until a testing appointment is made and/or test results are received.
- D. Testing for any other food allergy is considered Level 2 care and requires authorization per the Washington DOC Health Plan.
- E. Nutritional supplements may be provided in the following situations when medically necessary and require a practitioner or Registered Dietitian order:
 - 1. For diabetics requiring snacks who are on basal insulin and/or have documented episodes of hypoglycemia,
 - 2. During pregnancy when practitioner's prescribed weight goal is not met,
 - 3. While taking prescribed medications that must be taken with food,
 - 4. When disease is expected to result in weight loss (e.g., chemotherapy), or
 - 5. Recent unintentional, objectively verified weight loss with documented serious health consequences of at least:
 - a. 10 percent of body weight over the past 6 months,
 - b. 7.5 percent of body weight over the past 3 months, or
 - c. 5 percent of body weight over the past month.
- F. Any other use of supplements is considered Level 2 care and requires authorization per the Washington DOC Health Plan.
- G. Nutritional supplements will be provided in the following order:

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1. Snacks per the DOC Snack Guide,
2. Nutritional liquid supplement drinks per the Liquid Nutritional Supplements guidelines,
3. Enteral feeding, or
4. Parenteral nutrition.

H. When the preferred supplement is inadequate to meet the individual's nutritional needs in the clinical judgment of the practitioner and Registered Dietitian, another nutritional supplement will be provided.

I. The standard snack will be 2 packages of soda crackers when medication requiring to be taken with food does not coincide with regularly-scheduled meals.

1. An appropriate snack will be provided if the medication has a specified nutrient need.

III. Monitoring and Compliance

- A. Individuals receiving prescribed therapeutic diets will be monitored/reassessed for compliance and effectiveness annually by the practitioner/Registered Dietitian or as medically necessary. Results of prescribed use will be documented as a Primary Encounter Report.
- B. In Prisons, DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment will be signed if the individual refuses to follow a prescribed diet.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

Therapeutic Diet Guidelines (Attachment 1)

DOC FORMS:

DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment

THERAPEUTIC DIET GUIDELINES

SECTION 1 PRESCRIBED DIETS

Clear Liquid Diet

Diet is nutritionally inadequate for long-term use and includes fluids with minimum residue that are transparent. Nutrition support (i.e., liquid nutrition supplement) should be considered if on a clear liquid diet for more than 3 days. Dairy products, soups, hot cereals, and solid foods are not allowed.

Prescribed use:

- In acute conditions for pre-surgical and/or post-surgical individuals
- As the first step in restarting oral feeding
- For fluid and electrolyte replacement in diarrheal diseases
- As a test diet

Three meals will be provided per day, each comprised of:

- 16 oz. fortified fruit drink packets
- 16 oz. low sodium chicken or beef broth
- 6 oz. flavored gelatin
- 8 oz. juice, no pulp

Full Liquid Diet

Diet is nutritionally inadequate for long-term use and includes fluids that are creamy, in addition to foods allowed on a clear liquid diet. Nutrition support (i.e., liquid nutrition supplement) should be considered if on a full liquid diet for more than 5 days. Solid foods (e.g., oatmeal) are not allowed.

Prescribed use:

- Second step in restarting oral feeding after clear liquid diet
- Inability to chew a mechanical soft diet

Sample daily meal plan:

Breakfast

- 2 cups thinned hot cereal (e.g., farina, cream of wheat/rice)
- 16 oz. fortified fruit drink packets
- 16 oz. milk
- 8 oz. juice, with/without pulp

Lunch and dinner

- 16 oz. fortified fruit drink packets
- 16 oz. strained cream soup
- 1 cup pudding or yogurt
- 8 oz. juice, with/without pulp

Puree Diet

Diet is nutritionally adequate in which foods have been pureed to a smooth, liquid consistency and thinned down so they may pass through a straw. Whenever possible:

- Foods should be pureed separately
- Nuts, seeds, skins, raw vegetables, and raw fruits should be avoided
- Liquids of high nutritional value (e.g., milk, juice, cheese sauce, tomato sauce) should be used in the puree process

Prescribed use:

- Fractured jaw
- Extremely poor dentition and chewing is inadequate

Sample daily meal plan:

Breakfast

- 8 oz. juice
- 1 cup pureed fruit
- 2 cups pureed scrambled eggs
- 1 cup pureed pancake or muffin
- 2 cups cooked cereal, blended with milk
- 16 oz. milk
- 2 margarine, one sugar

Lunch and dinner

- 8 oz. juice
- 1 cup blended soup
- 1 cup pureed meat or entree with gravy/broth
- 1 cup mashed potato
- 1 cup pureed vegetable
- 1 cup pureed fruit
- 1/2 cup thinned pudding or yogurt
- 2 margarine, one sugar

Mechanical Soft Diet

Mainline diet is followed and modified as follows:

- Easy to chew foods will be substituted when necessary
- Meat is ground with gravy/broth
- Fruit is soft (e.g., bananas, ripe melon, canned)
- Vegetables are cooked thoroughly
- Potato skins are avoided

Prescribed use:

- Edentulous
- Upon practitioner order: dysphagia, poor dentition, and after dental surgery

Low Fiber Diet

Diet reduces foods that contain fiber and is nutritionally inadequate for long-term use.

- No raw fruits and vegetables; serve soft fruits and thoroughly cooked vegetables without peels or skins.
- No whole grains breads or cereals

Prescribed use:

- Bowel preparation
- Diverticulitis, Crohn's disease, and ulcerative colitis
- Gastrointestinal surgery

Lighter Fare Diet

Diet reduced in sodium, fat, cholesterol, and calories.

Prescribed use:

- Diabetes
- Cardiac conditions (e.g., hypertension, hyperlipidemia)
- Metabolic syndrome
- Obesity

Renal Diet

Diet higher in protein and reduced in phosphorus, potassium, and sodium.

Prescribed use:

- Chronic kidney disease
- Dialysis patients

Hepatic Disorders

Individuals with hepatic disorders will be assessed by the Registered Dietitian on an individual basis when medically necessary.

Main Food Allergy Diet

Mainline diet is followed while replacing the main food allergies (i.e., fish, peanut, and tomato) with an appropriate substitution.

Gluten Free Diet

Elimination of wheat, rye, and barley. Replaced with gluten free grains, potato, corn, and rice products.

Prescribed use:

- Celiac disease

Pregnancy Diet

Pregnant females will receive the mainline diet and:

- Daily prenatal vitamin/mineral supplement
- Extra 24 oz. of milk
- One snack

Mainline Alternative Diet (i.e., vegan)

Individuals who have allergies other than the main food allergies (e.g., dairy, eggs) may choose the mainline alternative diet or self-select from the mainline diet.

Consistent Carbohydrate Diet

Diet providing a consistent number of carbohydrates per meal.

Prescribed use:

- Insulin dependent diabetics
- Can be used for non-insulin dependent diabetics with Registered Dietitian or Facility Medical Director approval

SECTION 2 SELF-SELECTED DIETS

Individuals will self-select foods from the mainline diet for the following:

Lactose Intolerance/Lactase Deficiency Diet

Lactose intolerance/lactase deficiency will be treated through lactase tablets.

Food Allergy Diet Other Than Main Food Allergies

Avoid main food allergies.

Weight Reduction Diet

Avoid margarine, gravies, mayonnaise, desserts, and sweets. Should be accompanied by appropriate food purchases at commissary and daily physical activity.

Condition:

- Obesity

Lighter Fare Diet

Diet reduced in sodium, fat, cholesterol, and calories.

Conditions:

- Diabetes
- Cardiac conditions (e.g., hypertension, hyperlipidemia)
- Metabolic syndrome
- Obesity

Gastroesophageal Reflux Disease, Peptic Ulcer Disease, Dyspepsia Diet

Avoid spices, pepper, chocolate, caffeine, and excess fat and calories.

Condition:

- Peptic Ulcer Disease (PUD) or Gastroesophageal Reflux Disease (GERD)



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
**WORK RELEASE
OFFENDER MANUAL**

REVISION DATE
6/22/15

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NUMBER
DOC 610.300

POLICY

TITLE
**HEALTH SERVICES FOR
WORK RELEASE OFFENDERS**

REVIEW/REVISION HISTORY:

- Effective: 12/15/89
- Revised: 5/20/03
- Revised: 12/22/04
- Revised: 6/21/05
- Revised: 11/5/08
- Revised: 12/12/09
- Revised: 2/25/11
- Revised: 3/11/13
- Revised: 5/12/14
- Revised: 6/22/15

SUMMARY OF REVISION/REVIEW:

II.A. - Removed dental evaluation requirement

APPROVED:

Signature on file

G. STEVEN HAMMOND, PhD, MD, MHA
Chief Medical Officer

5/18/15

Date Signed

Signature on file

KEVIN BOVENKAMP,
Assistant Secretary for Health Services

5/19/15


Date Signed

Signature on file

BERNARD WARNER, Secretary
Department of Corrections

5/26/15

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [ACA 4C-01](#); [ACA 4C-02](#); [ACA 4C-06](#); [ACA 4C-07](#); [ACA 4C-12](#); [ACA 4C-13](#); [ACA 4C-14](#); [ACA 5A-10](#); [DOC 200.000 Trust Accounts for Offenders](#); [DOC 280.500 Records Management of Official Offender Files](#); [DOC 300.550 Monitoring Graduated Community Access](#); [DOC 310.610 DNA Samples](#); [DOC 350.270 Extraordinary Medical Placement](#); [DOC 420.110 Escorted Leaves, Furloughs, and Special Transports for Offenders](#); [DOC 490.800 Prison Rape Elimination Act \(PREA\) Prevention and Reporting](#); [DOC 610.110 Transfer of Offenders for Health Reasons](#); [DOC 640.020 Offender Health Records Management](#); [DOC 650.020 Pharmaceutical Management](#); [DOC 650.080 Pharmaceutical Waste Management and Returning Viable Products](#); [Health Information and Patient Education Self-Help Guide](#); [Health Information Management Protocols](#); [Pharmaceutical Management and Formulary Manual](#); PREA Standards 115.283(d)-(f)

POLICY:

- I. [4C-01] Offenders who are on Work Release status will have unimpeded access to health care.

DIRECTIVE:

- I. Offender Responsibility
 - A. When health services are not provided by the Department, offenders will need to secure funding for their health care through appropriate means, such as basic health plans, the Veteran’s Administration, their employer, or personal resources.
- II. Work Release Admissions
 - A. Before transferring to Work Release, offenders must have DNA testing per DOC 310.610 DNA Samples.
 - B. [4C-06] Qualified health services or health trained employees/contract staff will screen offenders using DOC 14-026 Work Release Health Screening. Rap House/Lincoln Park Work Release will use DOC 13-399 Health Screening for Work Release.
 - C. Facility employees/contract staff will review DOC 13-455 Transfer Summary for Work Release for pending health care issues or needs when the offender arrives.
 - D. All offenders entering a Work Release directly from the community will have a medical examination and, if needed, tuberculosis (TB) test no later than 14 days after arrival. [4C-07]


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1. The offender will have the health care provider complete DOC 13-373 Work Release Medical Examination and, if needed, DOC 14-046 Consent - TB Skin Test.
2. The Department will cover the cost of the exam/test through established agreements or contracts with the health care providers.

III. Medical Costs

A. Health care expenses are the financial responsibility of the offender, with the exception of expenses for offenders at Rap House/Lincoln Park Work Release and any expenses for care provided to an alleged victim of sexual misconduct as defined by DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

1. Offenders who develop extensive health problems beyond their ability to pay, or who require extensive hospitalization or recuperation, may be transferred to a Prison for care per DOC 610.110 Transfer of Offenders for Health Reasons.
 - a. The Community Corrections Supervisor (CCS)/designee will contact Health Services at Headquarters to determine the most appropriate, cost effective option and placement.
 - 1) During business hours, the CCS/designee will call the Headquarters Health Services Unit and ask for a Utilization Management Nurse.
 - 2) During non-business hours, the CCS/designee will call the Statewide Physician-on-Call at (360) 725-8728.
 - a) If the Physician-on-Call cannot be reached, the CCS/designee will call any facility Medical Director, on-call Physician Assistant, Nurse Practitioner, or the Headquarters Duty Officer and ask to be connected to the Physician-on-Call.
2. If a transfer to a Prison is not possible, the most cost effective care available will be used. The Department will pay in full the immediate costs of health care for indigent offenders, or the partial costs when offenders have exhausted funds to the point that they are indigent.
 - a. All payments must have prior approval from the Chief Medical Officer/designee. If a medical emergency prevents prior approval,

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the Chief Medical Officer/designee will be notified as soon as possible after the emergency.

- b. The offender's health care costs paid for by the Department will be added as debt to the offender's account for future repayment per DOC 200.000 Trust Accounts for Offenders.

B. In the case of sexual misconduct, the Appointing Authority will authorize payment and coverage of medically necessary treatment and any identified mental health treatment.

- 1. A victim of sexual misconduct will not have debt added to his/her account for any medical or mental health treatment received as a result of reported sexual misconduct, whether or not s/he names the abuser or cooperates with any related investigation.

IV. Health Care Treatment

A. [4C-02] The Chief Medical Officer is the designated Health Authority for Work Releases that do not have on-site medical services.

- 1. At Rap House/Lincoln Park Work Release, the Registered Nurse is the designated Health Authority.


B. Health services are only provided by health care professionals acting within the scope of activities authorized by law.

C. Offenders will be given DOC 20-109 Point-to-Point Pass to attend approved health care appointments per DOC 300.550 Monitoring Graduated Community Access.

D. When attending health care appointments, and/or medical examinations related to serious, infectious, or communicable diseases, offenders will take DOC 14-016 Community Health Care Report for the health care provider to complete. The offender will return the completed form to the Work Release.

E. Facilities will ensure that all offenders who report being a victim of sexual misconduct have access to local community providers for medical treatment and mental health evaluation, as appropriate.

- 1. If an offender is transported to a community health care facility, employees/contract staff will:

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- a. Notify the Work Release/Residential Program Administrator during business hours, or the Statewide Work Release Duty Officer after hours.
- b. Ensure that the community health care facility personnel are notified of the reported misconduct.
- c. Take steps to protect the victim upon return from the community health care facility.

F. For offenders identified as the perpetrator in a substantiated allegation of sexual misconduct, employees/contract staff will submit a referral for a community mental health evaluation.

- 1. If the offender refuses to participate in the evaluation, s/he will be transferred to a Prison for evaluation and offered ongoing treatment as assess risk.

G. Female offenders housed in a Work Release will have access to pregnancy management services. [4C-14]

- 1. If pregnancy is the result of sexual misconduct which took place while incarcerated, the offender will receive timely and comprehensive information and treatment related to lawful pregnancy-related services.

H. For the purpose of handling emergencies, local procedures should provide for:


- 1. On-site emergency first aid and crisis intervention
- 2. Use of nearby hospitals and/or other methods of obtaining assistance
- 3. Emergency evacuation of an offender from the facility
- 4. Use of emergency vehicles for immediate transfer of the offender
- 5. A back-up plan in the event usual health care services are unavailable
- 6. Documentation of any health services provided

I. Emergency medical furloughs will be handled per DOC 420.110 Escorted Leaves, Furloughs, and Special Transports for Offenders.


J. Extraordinary medical placements will be handled per DOC 350.270 Extraordinary Medical Placement.

V. Medication

A. Facility employees/contract staff will assume initial control over all medications.

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1. [4C-12] Issuable medication and Over the Counter (OTC) items, as defined in the Pharmaceutical Management and Formulary Manual, may be returned to the offender for self-administration.
 - a. All issuable medications must be maintained in their original packaging.
 - b. Sharing of medications is prohibited. Offenders sharing medications will be subject to a violation.
2. If necessary for security or safety reasons, all medications, including OTC items, may be kept behind the counter and given to the offender one dose at a time for self-administration. [4C-12]
3. An employee/contract staff will observe the offender self-administering non-issuable medication to verify issuance complies with a doctor's order/prescription label. [4C-12]
4. [4C-13] Distribution of issuable medication and self-administration of non-issuable medication will be logged on DOC 14-047 Medication Log - Work Release.
 - a. At Rap House/Lincoln Park Work Release, issuance or administration will be logged on the Medication Administration Record (MAR).
- B. If a prescribed medication is not listed as issuable in the Pharmaceutical Management and Formulary Manual, it will be handled as non-issuable until a determination is made by a Department Pharmacist. This will be logged on DOC 14-047 Medication Log - Work Release.
 1. [4C-13] Logs will be audited monthly and documented by the auditing employee/contract staff's signature and date on the line below the final entry audited. Any discrepancies will be reported to the CCS immediately.
- C. Controlled substances must be placed in a locked cabinet. The CCS will be responsible for limiting access to the cabinet.
- D. Employees/contract staff will ensure needles and syringes are disposed of in appropriate containers.
- E. Disposal of pharmaceutical waste will be handled per DOC 650.080 Pharmaceutical Waste Management and Returning Viable Products.

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VI. On-site Health Services at Rap House/Lincoln Park Work Release

- A. Some on-site health services are provided at Rap House/Lincoln Park Work Release. All health services provided to offenders will be documented per the Health Information Management Protocols. Medications at Rap House/Lincoln Park Work Release will be managed per DOC 650.020 Pharmaceutical Management.
- B. When an offender is transferred to Rap House/Lincoln Park Work Release, his/her offender health record will be handled per DOC 280.500 Records Management of Official Offender Files.
- C. Current credentials and job descriptions will be maintained on file in the facility.

VII. Health Record Disclosure


- A. Health information may be disclosed to facility employees/contract staff on a need to know basis per DOC 640.020 Offender Health Records Management.

VIII. Health Education

- A. [5A-10] Offenders should have access to the following health information. Information on these and other topics may be found in the Health Information and Patient Education Self-Help Guide:
 - 1. Medical services and immunizations
 - 2. Personal hygiene
 - 3. Dental hygiene
 - 4. Nutrition
 - 5. Venereal disease
 - 6. HIV and AIDS
 - 7. TB and other communicable diseases
- B. Offenders who are victims of sexual misconduct which took place while incarcerated will receive information and access to services and treatment for sexually transmitted infections (STIs) and emergency contraception as medically appropriate.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

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ATTACHMENTS:

None

DOC FORMS:

- [DOC 13-373 Work Release Medical Examination](#)
- [DOC 13-399 Health Screening for Work Release](#) [4C-06]
- [DOC 13-455 Transfer Summary for Work Release](#)
- [DOC 14-016 Community Health Care Report](#)
- [DOC 14-026 Work Release Health Screening](#) [4C-06]
- [DOC 14-046 Consent - TB Skin Test](#)
- [DOC 14-047 Medication Log - Work Release](#) [4C-13]
- [DOC 20-109 Point-to-Point Pass](#)



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APPLICABILITY
PRISON
FACILITY/SPANISH MANUALS

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6/3/22

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DOC 610.600

POLICY

TITLE
INFIRMARY/SPECIAL NEEDS UNIT CARE

REVIEW/REVISION HISTORY:

Effective:	6/16/00	Revised:	9/13/10
Revised:	4/14/05	Revised:	6/7/12
Revised:	10/2/06	Revised:	5/26/14
Revised:	12/22/06 AB 06-017	Revised:	8/31/17
Revised:	2/28/08	Revised:	6/3/22

SUMMARY OF REVISION/REVIEW:

Updated terminology throughout
VI.C.1., VI.C.1.a., and VII.B.3. - Adjusted language for clarification

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

5/23/22

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

5/23/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/31/22

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.56](#); [RCW 72.10](#); DOC 320.265 Close Observation Areas; DOC 610.110 Transfer of Individuals for Health Reasons; DOC 620.200 Death of Incarcerated Individuals; DOC 630.550 Suicide Prevention and Response; DOC 650.020 Pharmaceutical Management; DOC-DOH Health, Environmental, & Safety Standards; Extended Observation Unit Protocol; [Washington DOC Health Plan](#)

POLICY:

- I. The Department will provide safe, cost-effective infirmary/special needs care in a setting that respects privacy and is equipped with all necessary medical equipment per RCW 72.10, the Washington DOC Health Plan, and the DOC-DOH Health, Environmental, & Safety Standards. Services will be provided in a manner that maintains the safe, secure, and orderly operation of the facility.
- II. Procedures for Close Observation Areas will be conducted per DOC 320.265 Close Observation Areas and DOC 630.550 Suicide Prevention and Response.

DIRECTIVE:

- I. General Requirements
 - A. An infirmary is a specific area of a healthcare facility, separate from other housing areas, where incarcerated individuals are housed and provided health services.
 1. Infirmary services will be provided to incarcerated individuals who require nursing care or supervision beyond what is available in the general population.
 2. Admission and discharge from this area for medical purposes will be controlled by medical orders or protocols.
 3. An infirmary may be used as the best temporary housing placement for incarcerated individuals without medical needs due to security or vulnerability concerns.
 - a. Medical need for infirmary beds will take priority over housing when there are insufficient beds.
 - b. Housing assignments of this sort will be coordinated through facility classification processes.

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c. Admission requires approval from the Facility Medical Director (FMD)/designee prior to placement.

4. Health services provided while in the infirmary will be documented in the inpatient section of the patient's health record.

a. The patient health record will be housed in the infirmary during admission and records for active infirmary admissions will only be thinned when directed by the treatment team.

5. Female patients may be admitted to a male infirmary for special needs (e.g., dialysis) on a case-by-case basis.

B. A Special Needs Unit is an area of a facility designated to house individuals who require Skilled Nursing Care, Extended/Assisted Living Care, or Sheltered Care, and who meet certain classification requirements.

1. Individuals assigned to the Special Needs Unit are considered outpatients.

C. An Extended Observation Unit (EOU) is intended for short stay medical observation of up to, but not to exceed, 96 hours.

1. EOUs will be operated per the Extended Observation Unit Protocol and all records associated with a patient's stay will be filed in the inpatient section of the patient's health record.

2. Patients on mental health observation will not be housed in the EOU, but assigned to observation units specific for mental health.

D. The Health Services Manager will ensure a daily census is completed using the levels of care.


1. The census will be provided daily to the Chief of Nursing Services, Health Services Quality Improvement Program Administrator, and emailed to NurseDesk@doc.wa.gov.

II. Infirmary Physical Plant

A. Sufficient bathing facilities will be available in the infirmary area to allow patients to bathe daily.

B. Patients will have access to:

1. Operable washbasins, with hot and cold running water, in a ratio which complies with state or local building or health codes.

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2. Toilets, 24 hours a day and without requiring employee assistance for access, in a ratio which complies with state or local building or health codes.

III. Staffing

- A. Licensed nursing employees/contract staff, under the direction of a Registered Nurse, will be on duty 24 hours a day, 7 days a week, and will maintain visual and/or auditory contact with patients in the Infirmary/Special Needs Unit.
- B. There will be 24 hour on-call coverage by an assigned medical practitioner/ medical Duty Officer, a mental health professional/mental health Duty Officer, and a physician available on-call for high-acuity consultation.
 1. Dental admissions require contact information for the admitting dentist or an on-call designee.
- C. Clinical practice will comply with licensure codes established in the DOC-DOH Health, Environmental, & Safety Standards.
 1. Each infirmary will have a Perry & Potter Clinical Nursing Skills and Techniques Manual to use as a procedural reference for nursing.
 2. When acuity or census needs exist, nursing employees/contract staff may contact the Health Services Manager/designee and request permission to bring in temporary additional staffing.

IV. Infirmary Levels of Care

- A. Levels of care are applicable to medical, dental, and mental health patients and will be determined by the admitting practitioner at the time of admission to the infirmary.
 1. The admitting practitioner will initiate infirmary admission and designate the appropriate level of care based on patient acuity and medical need. The levels of care will be used to:
 - a. Determine service level to be provided
 - b. Determine minimum documentation requirements
 - c. Compile the daily census
 2. Providers may add care and documentation requirements above the minimum on a case-by-case basis.

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3. Medication Administration Records (MARs) will be maintained per DOC 650.020 Pharmaceutical Management.

B. The levels of care are defined as follows:

1. The Skilled Care level is for patients who require continuous services (e.g., focused nursing/complex wound care, intravenous antibiotic treatment) and may include detoxification services when necessary.


a. The following documentation will be completed at the time of admission:

- 1) DOC 13-050 Infirmary/Extended Observation Unit Face Sheet completed by the admitting practitioner with level of care noted
- 2) DOC 13-145 Infirmary/Extended Observation Unit Care Plan
- 3) DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment, which will also be completed every 8 hours
- 4) DOC 13-468 Infirmary/Extended Observation Unit Admission Orders, including nursing directions
- 5) If applicable, detoxification orders and flow sheets based on the patient's specific conditions


b. The initial visit by a practitioner will be documented on DOC 13-013 Infirmary/Extended Observation Unit Progress Record and will include diagnosis, history of current problem, physical examination, assessment, and treatment plan.

- 1) All subsequent documentation, dictation, and progress notes will be maintained in the infirmary section of the patient's health record.
- 2) Patient orders will be documented on DOC 13-011 Infirmary/Extended Observation Unit Orders.
- 3) PULHES code(s) and DOC 13-378 Problem List should be updated by the admitting practitioner, as appropriate.


c. A practitioner will make and document patient care rounds at least once every business day.

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2. The Infirmary Observation Admission level is for patients who are only in the infirmary for a planned medical trip, 24 hour urine collection, pre/postoperative care including dental procedures, or as determined by the practitioner.
 - a. The following documentation will be completed at the time of admission:
 - 1) DOC 13-050 Infirmary/Extended Observation Unit Face Sheet completed by the admitting practitioner with level of care noted
 - 2) DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment
 - 3) DOC 13-468 Infirmary/Extended Observation Unit Admission Orders, including nursing directions
 - b. The practitioner will determine frequency of patient visits on a case-by-case basis.
 - c. Patient orders will be documented on DOC 13-011 Infirmary/Extended Observation Unit Orders.
 - d. The Infirmary Observation Admission level will not exceed 72 hours. The patient will be discharged or updated to a new, appropriate level of care, which will be reflected on the Infirmary Face Sheet.
 - 1) Additional form(s) required for the new level of care will be initiated/completed.
3. The Long Term Care level is for patients who require assistance with one or more activities of daily living and can no longer be managed in general population or housed in a Special Needs Unit.
 - a. Patients may require additional, professional nursing care (e.g., wound care, physical/oxygen therapy) and/or general monitoring due to dementia, deteriorated mental health, age, or chronic conditions.
 - b. This level of care will not be used as a substitute for mental health residential treatment.

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- c. The following documentation will be completed at the time of admission:
 - 1) DOC 13-050 Infirmary/Extended Observation Unit Face Sheet completed by the admitting practitioner with level of care noted
 - 2) DOC 13-426 Infirmary/Extended Observation Unit Assessment and Acuity Tool, which will include the long-term nursing care plan and will be assessed every 3 months, at a minimum, and adjusted as necessary
 - 3) DOC 13-449 Infirmary/EOU ADL Flow Sheet if deemed necessary by a practitioner
 - 4) DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment at admission and completed once per week
 - 5) DOC 13-468 Infirmary/Extended Observation Unit Admission Orders, including nursing directions
- d. Wellness checks will be performed daily by nursing employees/contract staff and documented on DOC 13-013 Infirmary/Extended Observation Unit Progress Record. Checks may coincide with medication administration and/or nursing assessment.
- e. A practitioner will make and document patient care rounds at least monthly.
 - 1) Patient orders will be documented on DOC 13-011 Infirmary/Extended Observation Unit Orders.
 - 2) PULHES code(s) and DOC 13-378 Problem List should be updated by the admitting practitioner, as appropriate.
- f. Patients may submit DOC 13-423 Health Services Kite to request outpatient services (e.g., sick call, mental health, dental).
 - 1) Services will be provided as infirmary or outpatient based on the patient's current health status and as determined by the infirmary nurse.


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4. The Housing Only level is for patients who need temporary or longer term housing due to security/vulnerability concerns (e.g., youthful incarcerated individuals, pre-conviction county boarders, transgender).
 - a. Patients will be assigned through the facility classification process with final approval required by the FMD/designee.
 - b. The admitting practitioner will complete DOC 13-050 Infirmary/Extended Observation Unit Face Sheet and initial next to the box marked "Housing Only" to verify approval of placement.
 - c. Wellness checks will be performed daily by nursing employees/contract staff and documented on DOC 13-013 Infirmary/Extended Observation Unit Progress Record.
 - d. Patients may submit DOC 13-423 Health Services Kite to request outpatient services.
 - 1) Services will be provided in a setting as determined by the infirmary nurse at the time of appointment.

- C. Changes in level of care must be ordered by an attending practitioner and noted, with date of change, on a current DOC 13-050 Infirmary/Extended Observation Unit Face Sheet and on the daily census.
 1. Each patient will remain in the infirmary as long as the practitioner determines it is necessary.

V. Infirmary Standards of Care

- A. A written nurse treatment plan will be developed for each patient on the shift which the patient is admitted if required for the designated level of care.
 1. The plan may be developed on the next shift only for end-of-shift admissions.
 2. Plan templates may be used, but must be individualized for each patient.
 3. Patient plans will be revised/modified as the need for care changes.
 4. Nursing employees/contract staff will enter an infirmary admission encounter into the Health Services section of the patient's electronic file for all infirmary admissions.

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B. When the patient has a serious, life-threatening illness or injury, the FMD will complete the top portion of DOC 13-109 Seriously Ill Notification, immediately notify the Superintendent, Health Services Manager/designee, and Headquarters Nurse Desk, and forward the form for further notifications.

1. The Superintendent/Religious Coordinator or designee will notify immediate family and other persons identified by the patient unless security reasons dictate otherwise.
2. When the patient recovers, the FMD/designee will complete the bottom portion of the original DOC 13-109 Seriously Ill Notification and notify the Health Services Manager/designee, who will ensure that further notifications are made.

C. The Health Services Manager/designee will report all adverse events per RCW 70.56 that occur to patients in infirmary beds to the Department of Health within 48 hours of event confirmation, using [DOH 689-004 Adverse Events Notification Form](#) and:


1. Notify the assigned Health Services Administrator,
2. Conduct a root cause analysis of the event and report the findings to the Department of Health within 45 days of discovering the event, and
3. Develop a corrective action plan and send it to the appropriate Health Services Administrator with a copy to the Health Services Quality Improvement Program Administrator.

D. If a patient dies while admitted to an infirmary, including during a hospital stay associated with an infirmary admission, it will be documented on DOC 13-050 Infirmary/Extended Observation Unit Face Sheet and procedures followed per DOC 620.200 Death of Incarcerated Individuals, which includes notification to the Department of Health.

VI. Transfer to Another Health Care Facility


A. Patients requiring a higher level of care may be transferred to another Department facility or a community health care facility. Before transfer, a telephone report will be given by a:

1. Nurse at the sending facility to a nurse at the receiving facility, and
2. Practitioner at the sending facility to a practitioner at the receiving facility.

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- B. If the patient is transferred to another Department facility, DOC 13-380 Release of Incarcerated Individual will be completed per DOC 610.110 Transfer of Individuals for Health Reasons and will accompany the patient to the receiving facility.
- C. If the patient is transferred to a community health care facility:
 - 1. The Consultation Request/Report will be printed from the Health Services section of the patient's electronic file, placed in a secure envelope with copies of pertinent health information, and sent with the patient to the receiving facility.
 - a. Emergent/urgent consults must be entered into the Health Services section of the patient's electronic file at the time of transfer.
 - 2. The facility Medicaid Coordinator will ensure facility clinical employees/contract staff monitor status of patients admitted to a community hospital.
 - 3. The FMD will ensure facility clinical employees/contract staff monitor status of patients admitted to a community hospital.
 - 4. The Headquarters Nurse Desk will assist with placement and other case management needs as requested.
- D. Health Services at each facility will identify a Medicaid Coordinator, who will screen and interview patients to assess Medicaid eligibility and complete related forms.
 - 1. Completed forms will be forwarded to the Department Medicaid Coordinator at Headquarters for processing upon the patient's return from an inpatient hospitalization.
 - 2. The Assistant Secretary for Health Services/designee will sign the forms on the patient's behalf.
- E. Transfers for health reasons that do not require inpatient care in a Department infirmary or community health care facility will be managed per DOC 610.110 Transfer of Individuals for Health Reasons.
- F. Transfers of Housing Only patients, including transgender and other potentially vulnerable individuals, will be managed by classification employees.


VII. Infirmary Discharge

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- A. Discharge information will be documented on DOC 13-050 Infirmatory/Extended Observation Unit Face Sheet prior to a patient being released from an infirmatory.
- B. When the patient is being discharged from infirmatory care while assigned a Skilled Care, Infirmatory Observation Admission, or Long Term Care level:
 - 1. The practitioner will complete a final discharge summary within 3 business days of discharge on one of the following:
 - a. A dictated note
 - b. DOC 13-013 Infirmatory/Extended Observation Unit Progress Record
 - c. DOC 13-070 Infirmatory/Extended Observation Unit Discharge/Transfer Summary
 - 2. The nurse will complete DOC 13-167 Infirmatory/Extended Observation Unit Patient Instructions, have the patient sign it, and provide a copy to the patient.
 - 3. An infirmatory nursing employee/contract staff will enter a discharge encounter in the Health Services section of the patient's electronic file.
- C. The Infirmatory Registered Nurse 3/designee will coordinate direct patient release from an infirmatory to the community with the Health Services Contract Claims and Benefits Unit and Headquarters Nurse Desk.

VIII. Special Needs Unit Care

- A. Upon an individual's admission to a Special Needs Unit, a Registered Nurse will assess the patient and complete DOC 13-426 Infirmatory/Extended Observation Unit Assessment and Acuity Tool to determine the appropriate level of care.
- B. For patients that require special housing, but do not have specific medical needs:
 - 1. A practitioner will see the patient at the first available appointment within one week of admission.
 - 2. The nursing team will create a nursing plan using DOC 13-145 Infirmatory/Extended Observation Unit Care Plan within 2 days of admission and will update the plan as needed in collaboration with a practitioner.
- C. Additional documentation will follow outpatient guidelines and will include DOC 13-435 Primary Encounter Report.
- D. Documentation will be filed in the outpatient section of the patient's health record.

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DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

- DOC 13-011 Infirmary/Extended Observation Unit Orders
- DOC 13-013 Infirmary/Extended Observation Unit Progress Record
- DOC 13-050 Infirmary/Extended Observation Unit Face Sheet
- DOC 13-070 Infirmary/Extended Observation Unit Discharge/Transfer Summary
- DOC 13-109 Seriously Ill Notification
- DOC 13-145 Infirmary/Extended Observation Unit Care Plan
- DOC 13-167 Infirmary/Extended Observation Unit Patient Instructions
- DOC 13-378 Problem List
- DOC 13-380 Release of Incarcerated Individual
- DOC 13-423 Health Services Kite
- DOC 13-426 Infirmary/Extended Observation Unit Assessment and Acuity Tool
- DOC 13-435 Primary Encounter Report
- DOC 13-449 Infirmary/EOU ADL Flow Sheet
- DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment
- DOC 13-468 Infirmary/Extended Observation Unit Admission Orders



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POLICY

TITLE
OUTPATIENT SERVICES

REVIEW/REVISION HISTORY:

Effective: 12/6/99	Revised: 12/20/10
Revised: 12/29/04	Revised: 3/11/13
Revised: 8/23/06	Revised: 2/16/15
Revised: 12/22/06 AB 06-018	Revised: 6/12/18
Revised: 11/13/07	Revised: 7/30/21
Revised: 2/20/09	Revised: 9/7/23
Revised: 5/24/10	

SUMMARY OF REVISION/REVIEW:

Adjusted terminology throughout
 I.A. - Added that patients will be assigned a primary care provider
 I.B.1. and II.F. - Removed unnecessary language
 I.B.4., and II.F.14. - Adjusted language for clarification
 I.B.2., 3., & 4. - Added to the senior Health Services Manager’s responsibilities

APPROVED:

Signature on file

MARYANN CURL, MD
 Chief Medical Officer

7/26/23

 Date Signed

Signature on file

DAVID FLYNN,
 Assistant Secretary for Health Services

8/3/23


 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

8/4/23

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; DOC 320.255 Restrictive Housing; DOC 320.260 Secured Housing Units; DOC 320.265 Close Observation Areas; DOC 590.100 Extended Family Visiting; DOC 600.025 Health Care Co-Payment Program; DOC 610.010 Patient Consent for Health Care; DOC 610.040 Health Screenings and Assessments; DOC 610.110 Transfer of Individuals for Health Reasons; DOC 610.600 Infirmary/Special Needs Unit Care; DOC 630.500 Mental Health Services; DOC 640.020 Health Records Management; DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program; DOC 890.000 Safety Program; [Washington DOC Health Plan](#)

POLICY:

- I. The Department will ensure incarcerated individuals, including community supervision violators and individuals from other jurisdictions housed in a Department facility, have access to healthcare services as outlined in the Washington DOC Health Plan.
- II. Except for services provided in an infirmary or Extended Observation Unit, all health services provided within a Department facility are considered outpatient services and will be provided in a manner that maintains the safe, secure, and orderly operations of the facility and conducted in settings that respect patient privacy.

DIRECTIVE:


- I. General Responsibilities
 - A. Except in Reception Diagnostic Centers, the Facility Medical Director and facility senior Health Services Manager will ensure patients are assigned a primary care provider.
 1. Primary care providers will be assigned by living unit(s) or alphabetically by an individual’s last name. Specific patient names will not be posted.
 - B. The senior Health Services Manager will ensure:
 1. Incarcerated individuals have access to healthcare services conducted by qualified personnel per the Washington DOC Health Plan.
 2. Current primary care coverage is posted weekly in the living units.
 3. A process is established to inform patients of additional care providers (e.g., mental health) and how to request alternative providers.
 4. Kites and confidential envelopes are available in Restrictive Housing.

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5. Facility operational memorandums based on this policy are reviewed annually by the Assistant Secretary for Health Services/Chief Medical Officer/designee.
- C. Facilities will ensure requests for healthcare services are collected and triaged daily, including voiced concerns/requests from individuals in Restrictive Housing.
1. Requests to be seen at sick call or for scheduled appointments will be triaged by qualified healthcare providers.
 - a. Non-emergent outpatient services will be provided during business hours.
 - b. Appointments will be prioritized and scheduled according to patient need as follows:
 - 1) Emergent - Now
 - 2) Urgent - Within 1-2 business days
 - 3) Routine - Within 1-2 weeks or at the provider's clinical discretion
 2. During non-business hours, triage will be determined based on reports of emergencies from patients or health services employees/contract staff.

II. General Requirements


- A. Informed consent will be obtained and documented per DOC 610.010 Patient Consent for Health Care.
- B. Initial and subsequent health screenings and assessments will be conducted per DOC 610.040 Health Screenings and Assessments.
- C. Copayments for outpatient services will be assessed and charged, if applicable, per DOC 600.025 Health Care Co-Payment Program.
 1. Copayments will not be charged for new work-related injuries, which will be managed per DOC 890.000 Safety Program.
 2. Assessed copays may be reversed if an L&I claim is filed and approved.
- D. Patients assigned to a Close Observation Area (COA) bed within an infirmary will be considered outpatients unless they are also being admitted as an infirmary patient for medical issues.

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1. Health services for COA patients will be conducted per DOC 320.265 Close Observation Areas.
 2. Health services for infirmary patients will be conducted per DOC 610.600 Infirmary/Special Needs Unit Care.
- E. Patients may be transferred to obtain required health services not available at their facility per DOC 610.110 Transfer of Individuals for Health Reasons.
- F. All outpatient healthcare services will be consistent with the Washington DOC Health Plan, and will follow chronic care management, infection prevention, and other statewide and Health Services protocols, including:
1. Care for illnesses/injuries,
 2. Treatment of chronic conditions (e.g., diabetes, hypertension, asthma),
 3. Mental health services per DOC 630.500 Mental Health Services,
 4. Dental care,
 5. Referral to appropriate medical, mental health, or dental providers, when necessary,
 - a. Referrals may include consultants or specialists at the parent facility, other Department facilities, telemedicine, or community-based care.
 - b. The General Consult in the Health Services section of the patient's electronic file will be completed when referring a patient to onsite specialists or community-based providers.
 6. Physical therapy services,
 7. Lab services ordered by authorized providers,
 - a. Facilities will establish procedures for processing lab tests conducted at an off-site lab, to include logging specimens.
 - b. The requesting healthcare provider will review, initial, and date lab results within 24 hours of receipt. If the results indicate a concern, the provider will request an appointment with the patient before filing the results in the patient's health record.
 8. Diagnostic imaging services ordered by authorized providers,

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- a. Nursing employees/contract staff may use DOC 13-038 Diagnostic Imaging Request to document verbal orders from a clinical practitioner.
- b. The requesting healthcare provider/designee will review, initial, and date diagnostic testing results within 24 hours of receipt. If the results indicate a concern, the provider will request an appointment with the patient before filing the results in the patient's health record.
- 9. Prevention services per DOC 670.000 Communicable Disease, Infection Prevention, and Immunization Program,
- 10. When necessary, recommendations concerning healthcare requirements related to housing, medications, physical activities, work assignments, medical devices, diet, and classification transfers to other facilities,
 - a. Healthcare providers will complete a Health Status Report (HSR) in the Health Services section of the patient's electronic file per the Health Status Reports (HSRs) protocol to communicate requirements to non-clinical employees.
- 11. Prescribed medications (e.g., immunizations, transfer/release medications),
- 12. Gender-specific health needs of female patients, including:
 - a. Women's health (e.g., pap smear, mammogram).
 - b. Pregnancy management, including:
 - 1) Testing,
 - 2) Prenatal care,
 - 3) High-risk care,
 - 4) Postpartum care,
 - 5) Management of the chemically addicted,
 - 6) Appropriate nutrition, and
 - 7) Comprehensive counseling and assistance, when requested.
 - c. Medical contraceptive treatment, which may be started during the month before release or an approved Extended Family Visit per DOC 590.100 Extended Family Visiting.
- 13. Medically necessary prostheses or other durable medical equipment, and

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14. Medically appropriate gender-affirming care.

G. Discussions among employees/contract staff regarding patient care will occur in private, without the potential for being overheard by other individuals or non-health services employees/contract staff.

H. Except in emergencies, when a female patient is examined by a male provider, a female health services employee/contract staff will be present during the visit.

1. Documentation of the visit will include details concerning any emergency where a female health services employees/contract staff is not present.

I. When a genital or rectal examination is performed, the provider will have another healthcare provider present during the exam, regardless of the patient's gender.

J. Any patient has the right to request a second healthcare provider be present during a medical examination.

III. Emergency Healthcare Services

A. Emergency response for healthcare is available 24 hours a day.

1. Employees/contract staff will declare a medical emergency for all serious or potentially life-threatening emergencies they encounter.


2. Patients requiring emergency services not available at the facility will be referred to a local community healthcare facility or another Department facility with 24 hour nursing care and/or an infirmary.

a. The Shift Commander or onsite provider will call the on-duty medical officer/practitioner, who will determine emergency care needs and patient transfer.

3. All patients have the right to declare a healthcare emergency. Patients may verbally report an emergency to any employee/contract staff.

4. A patient reporting a health emergency will not be denied access to healthcare, including evaluation and clinically indicated treatment, even when there is suspicion or history of abuse of the medical emergency system.

a. Allegations of abuse of the medical emergency system will be referred to the senior Health Services Manager and Facility Medical Director after healthcare is provided. Individuals will not receive a violation from a healthcare provider.

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IV. Access to Non-Emergency Healthcare Services

A. Patients may request non-emergency healthcare services by:

1. Signing up to be seen at the next sick call, or
2. Submitting DOC 13-423 Health Services Kite or an electronic kite through the kiosk.
 - a. Kites will be collected daily and stamped with the date and time received.
 - b. Responses to kites will be completed within 10 days by appropriate health services employees/contract staff and will be:
 - 1) Consistent with clinical care standards and timeframes,
 - 2) Handled in a manner that meets confidentiality requirements for protected health information, and
 - 3) Professional in tone and provide enough information that the individual's question or concern is addressed.
 - c. Except for kites requesting an appointment be scheduled, multiple kites with the same subject may receive a single response or refer to the response previously sent when the answer is the same.


V. Outpatient Services in Restrictive Housing

A. A qualified healthcare provider will conduct wellness checks/visits daily for individuals in Restrictive Housing per DOC 320.255 Restrictive Housing and DOC 320.260 Secured Housing Units. Wellness checks/visits:

1. Must include visual observation, requested healthcare patient concerns, and noted response (e.g., verbal, movement) from every individual.
2. Should be separate but may be included in pill line if necessary.

B. Healthcare screenings, evaluations, and conversations of a personal nature, excluding a brief description of a concern, will not be conducted at the cell front.

1. Facilities will designate a treatment room within the Restrictive Housing unit for health services to be provided in a private setting or establish a process for services to be provided safely in the health services clinic.

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2. If significant safety concerns prevent patient movement from the cell, every effort will be made to maintain confidentiality (e.g., speaking at a low volume that others cannot hear).
- C. Confidentiality of correspondence, including kites, containing protected health information will be protected using sealed envelopes.
- D. Assessments provided by healthcare providers during recorded events (e.g., emergency response, use of force) will be kept confidential, safety permitting. Cameras will be pulled back or turned away and audio should not disclose/record specific clinical information.

VI. Ongoing Healthcare Services

- A. The need for ongoing healthcare services, including periodic health examinations and chronic care management, will be determined by healthcare providers consistent with the Washington DOC Health Plan.
- B. A local process will be developed to:
 1. Schedule patients
 2. Check patients into the clinic using the callout system
 3. Allow patients to cancel their appointments
 4. Track, evaluate, and minimize no shows
 5. Track chronic care patients
 6. Track pregnancies
 7. Review health records to determine if appointments need to be rescheduled

VII. Documentation

- A. Documentation will be completed and managed per DOC 640.020 Health Records Management.
- B. DOC 13-378 Problem List and PULHES codes should be updated when applicable.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Gender-Affirming, Parent Facility. Other words/terms appearing in this policy may also be defined in the glossary section.

ATTACHMENTS:



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None

DOC FORMS:

DOC 13-038 Diagnostic Imaging Request

DOC 13-378 Problem List

DOC 13-423 Health Services Kite



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DOC 620.010

POLICY

TITLE
ADVANCE DIRECTIVES

REVIEW/REVISION HISTORY:

Effective:	12/15/89	Revised:	12/23/09
Revised:	9/1/94	Revised:	8/29/11
Revised:	11/12/03	Revised:	7/1/13
Revised:	11/5/08	Revised:	7/1/15
Reviewed:	3/24/09	Revised:	6/22/21

SUMMARY OF REVISION/REVIEW:

Adjusted terminology throughout
Removed II.B. if an incarcerated individual selects another incarcerated individual to serve as power of attorney, it must be reviewed and approved by the Superintendent

APPROVED:

Signature on file

SARA KARIKO, MD
Chief Medical Officer

5/12/21

Date Signed

Signature on file

DAN JOHNSON, MBA
Assistant Secretary for Health Services

5/21/21


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/26/21

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 11.94](#); [RCW 70.122](#); DOC 630.520 Mental Health Advance Directives; McNabb v. Department of Corrections, et al., 163 Wn.2d 393, 180 P.3d 1257 (2008)

POLICY:

- I. Incarcerated individuals may give instructions for the management of their health care in the event they are unable to express their wishes, by communicating those specific wishes in advance in one of the following Advance Directives:
 - A. Health Care Directive (i.e., Living Will), or
 - B. Giving someone else the authority to make the decisions on their behalf in a Durable Power of Attorney for Health Care.
- II. Nothing in this policy shall be construed to condone, authorize, or approve mercy killing or active euthanasia.
- III. Mental Health Advance Directives will be handled per DOC 630.520 Mental Health Advance Directives.
- IV. Health services employees/contract staff will receive training per DOC 600.000 Health Service Management.

DIRECTIVE:

- I. Health Care Directive
 - A. Individuals may, at any time, sign a Health Care Directive outlining their wishes with regard to treatment, including life-sustaining treatment.
 - 1. The attending physician will inform an individual of the individual’s right to have life-sustaining treatment withheld or withdrawn, the consequences of those actions, and document the discussion in the health record.
 - 2. DOC 13-311 Health Care Directive must be signed by the individual and witnessed by 2 other persons, who:
 - a. Are not employees,
 - b. Are not related to the individual through blood or marriage, and
 - c. Cannot benefit from the individual’s death.
- II. Durable Power of Attorney for Health Care

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- A. An incarcerated individual may, at any time, establish a Durable Power of Attorney for Health Care, which designates an agent to make health care decisions when the individual is unable to and establishes the powers of that agent.
 - 1. DOC 13-392 Durable Power of Attorney for Health Care must be signed by the individual and notarized.
 - 2. The individual may designate one Durable Power of Attorney for Health Care and one alternate who can serve in the event the primary designee is unavailable.
- B. The Department will make all reasonable efforts to contact the identified agent if the agent is needed.

III. Substitute Documents

- A. While Department forms are preferred, a legally valid Health Care Directive, Living Will, Durable Power of Attorney for Health Care, or other Advance Directive will be honored in the absence of the corresponding Department form.
- B. All Department and non-Department health care directives and durable power of attorney(s) forms will be maintained in the front of the health record and moved to the legal section when the individual is released.

IV. Withholding or Withdrawing Life-Sustaining Treatment

- A. For medically necessary and indicated life-sustaining treatment to be withheld or withdrawn:
 - 1. The incarcerated individual must have a valid DOC 13-311 Health Care Directive or equivalent for health care on file, and
 - 2. There must be a diagnosis of a terminal condition by the attending physician or a diagnosis of a permanent unconscious state by 2 physicians and documented in the individual's health record.
- B. When applying an Advance Directive, the attending physician should ensure that all steps comply with RCW 70.122.030 and are consistent with the individual's wishes.
- C. As Department forms may not be recognized by community emergency response personnel and other community health care providers, an individual who wishes

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to have life-sustaining treatment withheld or withdrawn should also have a valid [Physician Orders for Life-Sustaining Treatment](#) (POLST) on file.

- D. A valid DOC 13-311 Health Care Directive, POLST, or non-Department Advance Directive will not preclude administration of medications or procedures necessary to alleviate pain.

V. Revocation


- A. An incarcerated individual may revoke any Advance Directive at any time without regard to mental state or competency by:
 - 1. Signing and dating a written revocation,
 - 2. Verbally stating intent to revoke, or
 - 3. Canceling, defacing, or otherwise destroying the Advance Directive, either personally or by direction to another person in the individual's presence.
- B. Revocation becomes effective only when it is communicated to the attending physician by the individual or by a person acting on the individual's behalf.
- C. Upon receiving revocation, the attending physician will record the time and date in the health record and remove the Advance Directive from the record for return to the individual or person acting on the individual's behalf.
- D. There will be no criminal or civil liability on the part of any person for failure to act upon a revocation made pursuant to this policy unless the person has actual or constructive knowledge of the revocation.
- E. If the individual becomes comatose or is rendered incapable of communicating with the attending physician, any Advance Directives shall remain in effect until the individual's condition renders the individual able to communicate with the attending physician.

VI. Self-Harm

- A. Advance Directives to withhold life-sustaining treatment, POLST, and Durable Power of Attorney for Health Care will not be valid in cases where an otherwise healthy individual has taken deliberate action to harm the individual's self, including attempting suicide.

VII. Liability

- A. Any physician, health care provider acting under the direction of a physician, or health facility personnel who participates in good faith in the withholding or

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withdrawal of life-sustaining treatment from an incarcerated individual per RCW 70.122 shall be immune from legal liability, including civil, criminal, or professional conduct sanctions unless otherwise negligent.

- B. No nurse, physician, or other health care practitioner is required by law or contract to participate in the withholding or withdrawal of life-sustaining treatment if they object to doing so.
 - 1. The person must notify their supervisor, immediately upon learning that an individual has an order in place, of the unwillingness to carry out such an order.
- C. No person may be discriminated against in employment or professional privileges because of participation or refusal to participate in the withholding or withdrawal of life-sustaining treatment.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

DOC 13-311 Health Care Directive
DOC 13-392 Durable Power of Attorney for Health Care



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POLICY

TITLE
NON-CONSENSUAL BLOOD DRAWS

REVIEW/REVISION HISTORY:

Effective: 6/14/91 DOC 620.002	Revised: 6/13/11
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Revised: 2/25/04	Revised: 6/8/15
Revised: 6/15/07	Revised: 6/20/21
Reviewed: 9/24/08	Revised: 6/3/22
Revised: 7/16/09	

SUMMARY OF REVISION/REVIEW:

I.B.1. - Adjusted for person-centered language
II.B.3. - Updated terminology

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

5/17/22

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

5/17/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/31/22

Date Signed

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	TITLE NON-CONSENSUAL BLOOD DRAWS		

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 43.43.754](#); [RCW 70.24](#); DOC 420.250 Use of Restraints (RESTRICTED); DOC 420.255 Emergency Restraint Chair and Multiple Restraint Bed (RESTRICTED); DOC 610.010 Patient Consent for Health Care; DOC 630.540 Involuntary Antipsychotic Administration; DOC 670.020 HIV Infection and AIDS; DOC 890.600 Bloodborne Pathogen Protection and Exposure Response

POLICY:

- I. The Department will conduct blood draws consistent with RCW 70.24 for Human Immunodeficiency Virus (HIV) testing and RCW 43.43.754 for Deoxyribonucleic Acid (DNA) identification, and in compliance with a court order.

DIRECTIVE:

- I. Blood Draws
 - A. Blood may be drawn:
 1. In response to a court order.
 2. For involuntary DNA testing.
 3. For HIV testing purposes, when authorized by law, per DOC 670.020 HIV Infection and AIDS.
 4. For involuntary source person testing per DOC 890.600 Bloodborne Pathogen Protection and Exposure Response.
 5. To monitor therapeutic medication levels and side effects per DOC 630.540 Involuntary Antipsychotic Administration.
 6. When a practitioner determines that involuntary treatment, including blood draws, may be necessary per DOC 610.010 Patient Consent for Health Care.
 - B. These draws may be made by any employee/contract staff who is a licensed provider, only after it has been determined that such action can be done with reasonable safety for employees/contract staff and the incarcerated individual, especially when the individual is uncooperative.
 1. Licensed and privileged providers that are not Department employees/contract staff will only conduct a non-consensual blood draw if informed

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that the incarcerated individual has not provided consent and a court order exists.

II. Consent

- A. Employees/contract staff will inform the individual of the authority under which blood will be drawn.
- B. If the individual refuses:
 - 1. In Level 3 or higher facilities, the Superintendent and Chief Medical Officer/designee will be advised.
 - a. The Superintendent will verify that the individual has been informed of the consequences for not complying and, if so, may authorize the use of restraints per DOC 420.250 Use of Restraints (RESTRICTED) and/or DOC 420.255 Emergency Restraint Chair and Multiple Restraint Bed (RESTRICTED) to safely perform the blood draw.
 - b. The Chief Medical Officer/designee will authorize the procedure and the testing method.
 - 2. In Level 2 facilities, the individual will be transported to a Level 3 or higher facility or local community hospital so the blood can be drawn.
 - 3. Individuals in a Reentry Center will be transported to a Level 3 or higher facility so the blood can be drawn.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

None



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POLICY

TITLE
FORCE FEEDING OF INCARCERATED INDIVIDUALS

REVIEW/REVISION HISTORY:

Effective: 7/2/01	Revised: 8/13/12
Revised: 7/18/07	Revised: 12/22/14
Revised: 12/26/08	Revised: 5/6/22
Revised: 12/13/10	Revised: 9/27/23

SUMMARY OF REVISION/REVIEW:

Policy statement I., Directive I.D., and III.A.6. - Added clarifying language
 Policy statement II., Directive I.H. & I., II.A.1., II.C., III.A., and III.C.2., - Adjusted language for clarification
 Removed I.C. as repetitive information
 I.D.3. and III.A.3. - Removed unnecessary language
 Added II.B.1. that the Facility Medical Director will be immediately notified upon identifying an individual at risk
 Added III.A.2. that an MDT may be convened when an individual is identified as at risk
 Added III.B. that the Health Services Manager will provide administrative assistance upon request from the Facility Medical Director

APPROVED:

Signature on file

MARYANN CURL, MD
 Chief Medical Officer

8/25/23

 Date Signed

Signature on file

DAVID FLYNN,
 Assistant Secretary for Health Services

8/31/23


 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

9/7/23

 Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into this policy; [RCW 70.122](#); DOC 320.255 Restrictive Housing; DOC 610.010 Patient Consent for Health Care; DOC 620.010 Advance Directives; DOC 620.020 Non-Consensual Blood Draws

POLICY:

- I. Individuals in total confinement will be provided with the nutrition and fluids, including intravenous fluids, necessary to preserve their life and health.
- II. Nothing in this policy is intended to:
 - A. Supersede an individual’s rights under federal or state law.
 - B. Limit or override the exercise of sound medical judgment by medical employees/ contract staff responsible for the individual’s medical care. Each case will be evaluated on its own merits and individual circumstances.

DIRECTIVE:

- I. General Requirements
 - A. When possible, the individual's condition before force feeding, and the process of any invasive procedure done without the individual's consent per DOC 610.010 Patient Consent for Health Care (e.g., insertion of feeding tube or intravenous catheter, venipuncture), should be videotaped.
 1. It is not necessary to videotape ongoing or non-invasive activities (e.g., nutriment infusion, external intravenous tubing replacement, blood pressure measurement).
 - B. Voluntary feeding is preferred over any medical intervention unless contradicted by medical evaluation.
 - C. Individuals at risk should be treated at their assigned facility when possible. In collaboration with the Facility Medical Director and Health Services Manager, the Superintendent may:
 1. Retain the individual in the individual’s current housing unit,
 2. Immediately transfer the individual to another unit or the infirmary, or
 3. Recommend the individual be transferred to another facility better equipped to treat the individual.
 - D. All actions taken will be documented in the appropriate unit log.




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- E. Final approval for force feeding and the type and venue of feeding must be provided, in writing, by the Chief Medical Officer/designee.
- F. A plan for use of force, if needed, requires approval by the Superintendent/designee in advance.
- G. Restraints may be used on an ongoing basis when necessary to prevent removal of medical devices. If there are conflicts with any other restraint policy, written permission must be provided by the appropriate Assistant Secretary for Prisons/designee.
- H. Treatment and documentation of intake and output of fluid/food will continue until adequate oral intake of food and fluids is achieved or until it is apparent through clinical and laboratory monitoring that the individual's life or health is no longer threatened.

II. Individuals at Risk


- A. An individual will be identified as at risk when any employee/contract staff receives information that the individual:
 - 1. Has not participated in the Food Service Program for 9 consecutive meals or consumed commissary food and/or fluids in more than 72 hours, or
 - 2. Is failing to ingest food and/or fluids to the extent that the individual's health may be in jeopardy.
- B. Upon identifying an individual at risk, employees will immediately notify their supervisor/Shift Commander, who will immediately notify the:
 - 1. Facility Medical Director,
 - 2. Health Services Manager/designee, and
 - 3. Superintendent/designee, via the chain of command.
- C. Monitoring and documentation of food and/or fluid intake and output will be initiated immediately.
 - 1. Employees/contract staff will report suspected intake of food and/or fluids before the end of shift of the 9th refused meal.
- D. If an individual in segregation or an Intensive Management Unit/Intensive Treatment Unit refuses all food and/or fluids, the refusal will be documented per DOC 320.255 Restrictive Housing.
- E. Terminally ill individuals:

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1. Without an Advance Directive may be identified as at risk, but clinical judgment will be used when assessing the benefits of intervention.
2. Who have executed a directive that life sustaining procedures be withheld per RCW 70.122 will not be identified as at risk, and the refusal will be addressed per DOC 620.010 Advance Directives.

III. Health Services Employee/Contract Staff Procedures

- A. Upon notification that an individual has been identified as at risk, the Facility Medical Director will:
 1. Immediately assign appropriate medical and mental health employees/contract staff to examine the individual to determine the individual's overall medical and mental health condition.
 2. Determine if a Multidisciplinary Team (MDT) needs to meet to review the case.
 - a. The MDT will be comprised of:
 - 1) Medical
 - 2) Behavioral health
 - 3) Nursing
 - 4) Custody
 - 5) Assigned Classification Counselor
 - 6) Others as appropriate (e.g., Religious Coordinator, Social Worker)
 - b. Input from the individual's immediate family should be considered.
 - c. The MDT will meet at least weekly until the individual is no longer at risk.
 3. Assign medical employees/contract staff to perform diagnostic tests to determine the individual's health condition, using the least invasive methods possible.
 - a. The tests may include, but will not be limited to:
 - 1) Height and weight
 - 2) Vital signs
 - 3) Appropriate urine tests
 - 4) X-rays

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- 5) Necessary and appropriate blood tests
 - 6) Psychological or psychiatric evaluation by a licensed mental health professional
- b. If the individual refuses any blood test, medical employees/contract staff will follow DOC 620.020 Non-Consensual Blood Draws.
4. Have all medical and mental health procedures completed or attempted by medical employees/contract staff documented in the health record.
 5. Determine the frequency of medical employee/contract staff visits necessary to monitor the individual's condition, based on test and evaluation results.
 - a. At a minimum, visits will be conducted once every 24 hours.
 6. Encourage the individual to eat/drink voluntarily and explain the medical risks the individual faces by not eating or drinking. These efforts will be documented in the health record.
 7. Ensure that food and drink are brought to the individual at mealtimes and document on the intake/output record unless the individual is housed in a unit where trays are routinely offered.
 8. If medically required, recommend to the Superintendent that the individual be transferred to a more appropriate facility for treatment or evaluation.
- B. The Health Services Manager will provide administrative assistance upon request from the Facility Medical Director.
- C. If the individual's medical condition indicates serious deterioration in the individual's health, the assigned practitioner will:
1. Make a clinical determination and document in the health record whether the individual's life or health is immediately threatened by continued refusal to eat and/or drink.
 2. Immediately notify the Facility Medical Director, Health Services Manager/designee, and Superintendent that the criteria are met and recommend the individual either:
 - a. Remain in the facility and be force fed using any recognized medical procedure deemed appropriate by medical employees/contract staff (e.g., nasogastric tube, intravenous feeding), or

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- b. Be placed in a medical facility better able to treat the individual's medical condition (e.g., facility infirmary, community hospital).

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

None



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POLICY

TITLE
DEATH OF INCARCERATED INDIVIDUALS

REVIEW/REVISION HISTORY:

Effective:	5/15/95	Revised:	10/9/09
Revised:	3/9/01	Revised:	1/9/12
Revised:	3/12/02	Revised:	8/1/12
Revised:	6/18/07	Revised:	1/26/15
Revised:	9/11/07 AB 07-024	Revised:	9/27/21
Revised:	4/30/09		

SUMMARY OF REVISION/REVIEW:

Major changes to include updated title and terminology throughout and alignment with new legislation. Read carefully!

APPROVED:

Signature on file

SARA KARIKO, MD
Chief Medical Officer

8/17/21

Date Signed

Signature on file

DAN JOHNSON, MBA
Assistant Secretary for Health Services

8/17/21


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

8/17/21

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 11.08.111](#); [RCW 11.20.010](#); [RCW 68.50.010](#); [RCW 70.58.170](#); [RCW 72.09](#); [WAC 137-36-040](#); [WAC 246-840-830](#); DOC 350.270 Extraordinary Medical Placement; DOC 400.100 Incident and Significant Event Reporting (RESTRICTED); DOC 400.110 Reporting and Reviewing Critical Incidents; DOC 410.255 Critical Incident Stress Management (RESTRICTED); DOC 440.000 Personal Property for Offenders; DOC 440.010 Personal Property for Work Release Offenders; DOC 620.300 Organ/Blood Donations by Incarcerated Individuals; DOC 640.020 Health Records Management; DOC 890.000 Safety Program

POLICY:

- I. Department employees/contract staff will take uniform and consistent action in the event of the death of an incarcerated individual.

DIRECTIVE:

- I. Pronouncement of Death
 - A. Only the following employees/contract staff are legally authorized to pronounce death when present at the scene to directly assess an individual's condition:
 1. Physician (i.e., Medical Doctor (MD) or Doctor of Osteopathic Medicine),
 2. Advanced Registered Nurse Practitioner (ARNP),
 3. Physician Assistant (PA-C), and
 4. Registered Nurse (RN).
 - a. For a Department RN to pronounce death:
 - 1) The deceased must have been under the care of a Department practitioner and a valid "Do Not Resuscitate" order must be on file in the health record.
 - 2) A physical assessment must be performed of the individual's condition and the findings documented in the health record.
 - b. If a Department RN pronounces death, the RN will ensure the individual's family and the Department practitioner are notified and document the notification in the health record.
 - B. Only a Physician, ARNP, PA-C, or Coroner/Medical Examiner/designee can certify death and sign the death certificate.

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- C. Deaths of individuals on extraordinary medical placement status will be handled per DOC 350.270 Extraordinary Medical Placement.

II. Notification

- A. In the event of an incarcerated individual's death, employees/contract staff will:

1. Secure the immediate area.
2. Notify the Shift Commander/Reentry Center Community Corrections Supervisor (CCS) or other designated employee/contract staff, who will make notifications per DOC 400.100 Incident and Significant Event Reporting and alert:
 - a. Local law enforcement, when applicable,
 - b. The county Coroner/Medical Examiner,
 - c. A Health Services Manager,
 - d. The facility Religious Coordinator, when applicable,
 - e. Correctional Records employees during business hours, and
 - f. The Correctional Investigator, when applicable.
3. Identify employees, contract staff, volunteers, visitors, and other incarcerated individuals with first-hand information or involvement in the incident.
4. Follow all other facility investigative procedures.


- B. The Superintendent/Reentry Center CCS will have a system in place to positively identify the individual. This may require the Correctional Records Supervisor or employee/ contract staff to take fingerprints and photos of the deceased.

- C. The Appointing Authority/designee will send a letter of condolence to the family when applicable.

III. Reporting

- A. A report will be completed in the Incident Management Reporting System (IMRS) within one hour of the incident per DOC 400.100 Incident and Significant Event Reporting when requested by the Shift Commander/Reentry Center CCS.


1. Incident reports are factual observation reports which do not need to provide the level of detail recorded in the health record.

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- B. If a work-related accident/injury results in the death of a Class II or IV worker, the appropriate employer will notify Department of Labor and Industries within 8 hours per DOC 890.000 Safety Program.
- C. If death occurred at a Prison, the individual's primary care practitioner or, if unavailable, another medical practitioner assigned by the Health Services Manager will enter a death report in the Health Services section of the individual's electronic file.
 - 1. If the report cannot be entered into the electronic file, it will be documented on DOC 13-402 Medical Reporting of Patient Death
 - a. At facilities without a practitioner onsite each business day, the Health Services Manager/designee will only complete the reporting number, date, and patient identification sections of the form.
 - b. The practitioner will complete the Details of Death and Practitioner sections and email the form.
 - 2. The report/form must be emailed no later than the next business day following the death to the Department of Health, Office of Corrections Ombuds, and the Chief Medical Officer.

IV. Autopsy

- A. The Superintendent/Reentry Center CCS will request and authorize an autopsy when notifying the Coroner/Medical Examiner of the death.
 - 1. If the Coroner/Medical Examiner does not intend to conduct an autopsy, the Superintendent/Reentry Center CCS will immediately notify the appropriate Deputy Director or Reentry Center Administrator and the Chief Medical Officer. The notification will include the:
 - a. Circumstances of death,
 - b. Reasons cited by the Coroner/Medical Examiner for not conducting the autopsy, and
 - c. Basis upon which the Superintendent/Reentry Center CCS thinks an autopsy should be conducted, if applicable.
 - 2. The Deputy Director, Reentry Center Administrator, or Chief Medical Officer should contact the Coroner/Medical Examiner directly and attempt to secure an autopsy when determining an autopsy is imperative.

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B. A Department health care practitioner should attend the autopsy whenever possible.

V. Family Notification

A. A list of persons to be notified in the event of serious injury, illness, or death will be maintained in each individual's central file.

1. At Prisons, health services employees/contract staff will request an updated notification list for seriously ill patients housed in the infirmary or special needs unit.

a. The updated list will be shared with the Religious Coordinator, who will review for protocols relative to the individual's faith tradition, if applicable.

2. At Reentry Centers, the list will be documented on DOC 05-116 Reentry Center Intake Information and maintained at the front duty station.

B. The Superintendent/Reentry Center CCS will ensure a designee notifies immediate family and/or emergency contacts as soon as possible. When possible, this notification should be made by a Religious Coordinator or health care provider.

1. Verbal notification will be confirmed by letter.

2. Information communicated will include time of death and location of remains.


3. The family will be provided contact information for the Family Services Unit at Headquarters, which may offer or refer services to the family.

VI. Disposition of Remains

A. The Coroner/Medical Examiner will arrange for the removal of the body.

1. When the Superintendent/Reentry Center CCS or designee releases the remains, DOC 05-799 Release of Body will be completed and maintained in the individual's central file.


B. The Coroner/Medical Examiner or Department employee/contract staff will consult with the next of kin concerning disposition of remains.

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1. The Religious Coordinator or the assigned Headquarters Program Manager for Religious Programs may be consulted regarding the individual's faith tradition.
 2. If the next of kin will not take responsibility, the Coroner/Medical Examiner should take responsibility for the disposition of remains.
 3. Organ donation will be handled per DOC 620.300 Organ/Blood Donations by Incarcerated Individuals.
- C. The Department may authorize minimal funeral services, transportation, and disposition, up to \$1,000, for remains if:
1. The individual and the individual's family are declared indigent by the Superintendent/Reentry Center CCS, or
 2. Extenuating circumstances exist (e.g., the local minimum standard service is cremation and is against the individual's faith tradition).
- D. The Superintendent/Reentry Center CCS may authorize payment of up to \$1,000 from a deceased individual's funds for burial services per RCW 11.08.111 upon showing the funeral expenses are unpaid.
- E. Property of the deceased will be handled per DOC 440.000 Personal Property for Offenders or DOC 440.010 Personal Property for Work Release Offenders.

VII. Handling of Wills

- A. If an incarcerated individual has left a Will with the facility, the Will must be delivered within 30 days of the individual's death to the:
1. Superior Court of the county where the individual died, and
 2. Person named in the Will as executor.
- B. When a Will is sent to the court, the Superintendent/Reentry Center CCS will provide a cover letter indicating:
1. The Will is being provided pursuant to RCW 11.20.010,
 2. The date of the death,
 3. A summary of the property at the facility, and
 4. That the property will be handled pursuant to WAC 137-36-040 and RCW 11.08.111.
- C. A copy of the cover letter and the Will will be retained at the facility.

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VIII. Documentation in Health Record and Central File


- A. The Superintendent/Reentry Center CCS will ensure that a copy of the death certificate is obtained and forwarded to the facility/Regional Correctional Records Supervisor.
 - 1. In Prisons, a copy will be forwarded for placement in the health record.
- B. If a death occurs at a facility with onsite health services, the health record will be placed in a secure area in the Health Services Unit as soon as possible after death and per DOC 640.020 Health Records Management.
- C. Once all clinical records, the death certificate, and autopsy report or written denial of autopsy are filed, the health record will be forwarded to the designated Correctional Records Supervisor and combined with the central file.
 - 1. If a death occurs at a Reentry Center, the autopsy report or written notification of the autopsy denial will be provided to the Regional Correctional Records Supervisor to add to the central file.

IX. Debriefing

- A. Following the death of an incarcerated individual, the Superintendent/Reentry Center CCS, Deputy Director, or Reentry Center Administrator will consult with the Critical Incident Stress Management (CISM) Team Leader to determine whether CISM services are necessary per DOC 410.255 Critical Incident Stress Management.
- B. Other incarcerated individuals who may be affected by the death may be provided assistance.
- C. Fact finding or a critical incident review may be conducted per DOC 400.110 Reporting and Reviewing Critical Incidents.
- D. The Health Services Mortality Review Committee will conduct a mortality case review for every patient whose death occurred while in Department custody to identify opportunities for system improvement and quality of care delivery.

X. Unexpected Fatality Review

- A. When the death of an incarcerated individual is presumed to be unexpected or when requested by the Office of the Correctional Ombuds, an Unexpected Fatality Review (UFR) will be conducted per RCW 72.09.
- B. A UFR Committee will be convened to include:

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1. Appropriate Department representatives with applicable professional expertise and no previous involvement in the incident
 2. A representative of the Office of the Correctional Ombuds
 3. A representative of the Department of Health
- C. A UFR report will be published to the Department’s external website and distributed per RCW 72.09 within 120 days unless an exception is approved by the Governor. The report will include:
1. Results of the UFR, and
 2. Recommendations from the UFR Committee to include changes in practices or policies to prevent fatalities and strengthen safety and health protections for incarcerated individuals.
- D. Within 10 days of the completion of the UFR report, a corrective action plan will be developed to implement any recommendations made by the review team in the report.
1. Corrective action plans will be implemented within 120 days unless an extension is granted by the Governor.

DEFINITIONS:

The following words/terms are important to this policy and defined in the glossary section of the Policy Manual: Unexpected Fatality Review. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

- DOC 05-116 Reentry Center Intake Information
- DOC 05-799 Release of Body
- DOC 13-402 Medical Reporting of Patient Death



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5/31/24

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POLICY

TITLE
**ORGAN/BLOOD DONATIONS BY INCARCERATED
INDIVIDUALS**

REVIEW/REVISION HISTORY:

Effective: 4/15/94
 Revised: 7/3/03
 Revised: 10/17/07
 Revised: 12/26/08
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 Revised: 2/1/13
 Reviewed: 11/24/14
 Revised: 7/29/21
 Revised: 5/31/24

SUMMARY OF REVISION/REVIEW:

I.A.1. and II.A.1. - Removed unnecessary language
 I.A.4.a. & b., I.B., and II.B. - Adjusted language for clarification
 I.B.1.a. - Added clarifying language

APPROVED:

Signature on file

MARYANN CURL, MD, MS
 Chief Medical Officer

12/11/23

 Date Signed

Signature on file

DAVID FLYNN, MPA
 Assistant Secretary for Health Services

12/11/23


 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

5/6/23

 Date Signed

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	<p>TITLE ORGAN/BLOOD DONATIONS BY INCARCERATED INDIVIDUALS</p>		

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 68.64](#); DOC 600.020 Patient-Paid Healthcare; DOC 620.010 Advance Directives; DOC 620.200 Death of Incarcerated Individuals; [Washington DOC Health Plan](#)

POLICY:

- I. The Department has established procedures to facilitate organ/blood donations by living incarcerated individuals, and organ donations by deceased individuals who have chosen to be donors per RCW 68.64.

DIRECTIVE:

- I. Organ Donations
 - A. Living Incarcerated Individuals
 - 1. Incarcerated individuals will generally be permitted to donate organs only when the recipient is the individual’s immediate family member and with the approval of the Secretary and the Assistant Secretaries for Prisons and Health Services/designees.
 - a. The Department may make exceptions to the requirement that the recipient be a member of the donor’s immediate family on a case-by-case basis.
 - 2. The organ donation process may occur only within Washington State.
 - 3. Individuals will be required to sign a statement provided by the hospital indicating they wish to donate an organ to a specified relative, and they understand the possible dangers of the donation and operation.
 - 4. The Department will incur no cost, including custody costs before, during, or after the hospitalization and surgery. This includes any real or potential complications that may result from the surgery and/or the organ donation.
 - a. Organ donations will be allowed only after documents have been vetted with the appropriate entities to ensure that the Department incurs no liability or expense of any kind as a result of the organ donation.
 - b. Costs will be handled, and insurance coverage verified per DOC 600.020 Patient-Paid Healthcare.

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- c. The Department will assist in the necessary preliminary medical evaluations if they can be performed with minimal expense.

B. Deceased Incarcerated Individuals

1. Upon an individual's death, organ donations will be permitted when the individual or nearest living family member has consented to the donation per RCW 68.64. Nothing in this policy will preclude the Department from requesting an autopsy be performed per DOC 620.200 Death of Incarcerated Individuals.
 - a. Individuals may give consent to donate by completing an Organ Donor Card or DOC 13-311 Healthcare Directive per DOC 620.010 Advance Directives.
 - b. An individual's valid driver's license/ID card bearing the organ donor symbol will be considered consent to donate.
2. The Department will make every effort to give timely notice to the appropriate authorities when it has knowledge that the deceased individual or the individual's nearest living family member has consented to donate the individual's organ(s).
 - a. The Health Services Manager/designee will notify the Donor Referral Line at 1-888-266-4466 giving past medical history, cause of death, and contact information for the nearest living family member or legal representative, if known.
3. The Department will not assume financial responsibility for the cost of the organ donation or transplant process.

II. Blood Donations

- A. Blood donations by individuals during incarceration will only be allowed in the following situations on a case-by-case basis:
 1. Medical authority indicates that the individual is the sole source of blood for an immediate family member in need,
 2. Blood donation for an individual scheduled for surgery through an autologous (i.e., obtained from the same individual) blood transfusion, when consistent with the Washington DOC Health Plan and recommended by the attending surgeon.

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- B. The Department will not assume financial responsibility for the cost of a blood donation that is not medically necessary for the individual.
 - 1. Costs will be handled per DOC 600.020 Patient-Paid Healthcare.
- C. Individuals who donate will be required to sign a statement provided by the blood center or hospital indicating they understand the risks of donating blood.
- D. The Department will assist in any necessary preliminary medical evaluations if they can be performed with minimal expense.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Immediate Family. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 13-311 Healthcare Directive



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NUMBER
DOC 630.500

POLICY

TITLE
MENTAL HEALTH SERVICES

REVIEW/REVISION HISTORY:

- Effective: 3/8/01
- Revised: 11/25/06
- Revised: 7/19/10
- Revised: 10/17/11
- Revised: 2/17/12
- Revised: 6/21/12
- Revised: 3/1/13
- Revised: 4/28/17
- Revised: 3/18/22

SUMMARY OF REVISION/REVIEW:

Major changes to include updating terminology throughout. Read carefully!

APPROVED:

Signature on file

FRANK LONGANO, MD
Chief Medical Officer

1/31/22

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

1/31/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

2/25/22

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 71.05](#); [RCW 72.09](#); [RCW 74.09](#); DOC 300.380 Classification and Custody Facility Plan Review; DOC 320.265 Close Observation Areas; DOC 420.250 Use of Restraints (RESTRICTED); DOC 610.010 Patient Consent for Health Care; DOC 610.040 Health Screenings and Assessments; DOC 610.110 Transfer of Offenders for Health Reasons; DOC 630.540 Involuntary Antipsychotic Administration; DOC 630.550 Suicide Prevention and Response; DOC 630.590 Reentry Community Services Program; DOC 640.020 Health Records Management; [Pharmaceutical Management and Formulary Manual](#); [Washington DOC Health Plan](#)

POLICY:

- I. Individuals in a Prison will be provided medically necessary mental health and psychiatric services per the Washington DOC Health Plan, Pharmaceutical Management and Formulary Manual (i.e., The Formulary), Mental Health Services Protocols and Guidelines, and the Mental Health and Psychiatric Care Review Committee.
- II. Individuals under the Department’s jurisdiction in need of mental health and psychiatric treatment who are on community supervision or are housed in a Reentry Center will be provided referrals to community-based providers for services described in this policy.
- III. Mental health and psychiatric services that are not medically necessary but support correctional objectives will be provided as described in this policy.
- IV. The Director of Mental Health and/or the Chief of Psychiatry may allow for exceptions to this policy as needed to optimize the delivery of mental health and psychiatric services to incarcerated individuals.


DIRECTIVE:

- I. Responsibilities
 - A. The Director of Mental Health will:
 1. Direct mental health services and ensure statewide implementation of this policy.
 2. Along with the Chief of Psychiatry and Chief Psychologists, develop and implement clinical guidelines, procedures, protocols, and algorithms which are evidence-based and align with the Washington DOC Health Plan and The Formulary.

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POLICY

- a. Health Services protocols will be posted under Health Services on the Department's internal website
- B. Supervising psychologists, under the clinical direction of the Director of Mental Health and Chief Psychologists and the administrative direction of the Health Services Manager, will:
1. Implement this policy within the facility, and
 2. Assign a primary therapist (i.e., mental health provider responsible for coordinating the individual's mental health care) prior to arrival at the facility for each individual with a PULHES "S" code of 2 or higher.
- C. Primary therapists will coordinate mental health services for each individual assigned to them in accordance with the Washington DOC Health Plan and this policy.
- D. Mental health employees designated to facilitate care coordination will ensure that individuals with mental illness receive release planning services as outlined in this policy.
- E. All mental health employees and contract staff will report any knowledge, suspicion, or information regarding:
1. Incidents of sexual abuse or sexual harassment occurring within any facility, including non-Department facilities.
 2. Retaliation against individuals under the Department's jurisdiction or Department personnel who have reported incidents of sexual abuse or sexual harassment.
 3. Any neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- II. Access to Care
- A. Individuals under the Department's jurisdiction will have access to mental health services through:
1. Screening
 - a. All individuals will receive a mental health screening at intake by mental health employees/contract staff using DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening.

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2. Self-Referral

- a. Individuals under the Department’s jurisdiction may request mental health services by:
 - 1) Submitting DOC 13-423 Health Services Kite.
 - 2) Declaring a mental health emergency and expressing acute mental health symptoms to employees/contract staff.
 - a) Once declared, employees/contract staff will notify the onsite mental health provider or Mental Health Duty Officer, if after hours.

3. Employee Referral


- a. Facility employees/contract staff will report mental health concerns on DOC 13-420 Request for Mental Health Assessment.
 - 1) Urgent referrals will be made through immediate verbal contact with a mental health provider/contract staff and followed up with documenting on DOC 13-420 Request for Mental Health Assessment.
 - a) If the referral occurs when mental health employees/contract staff are not at the facility, the referral will be made to an onsite medical employee/contract staff.

B. Consent for services will be obtained per DOC 610.010 Patient Consent for Health Care.

III. Mental Health Services Provided Under the Washington DOC Health Plan


A. Crisis Services

- 1. Crisis services are provided for individuals with symptoms of an acute mental disorder that impair the individual’s ability to function in areas such as self-care, social functioning, communication, and/or judgment. The individual may pose a safety risk to themselves and/or others. In addition to the services that are provided per DOC 630.550 Suicide Prevention and Response, crisis services may include:

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- a. Emergent/urgent mental health crisis screening, which will be the basis for prioritizing the individual for further mental health assessment.
 - b. Immediate access to services if a crisis exists at the time of evaluation.
 - c. Delivery of emergent/urgent psychiatric services and/or psychotropic medications per DOC 610.010 Patient Consent for Health Care and/or DOC 630.540 Involuntary Antipsychotic Administration.
 - d. Delivery of brief crisis counseling services.
2. If mental health providers are not available at the facility during a mental health crisis:
- a. Health Services employees/contract staff or the Shift Commander/designee will contact the Mental Health Duty Officer.
 - b. DOC 630.550 Suicide Prevention and Response and DOC 420.250 Use of Restraints (RESTRICTED) will be followed, as appropriate.
 - c. The Shift Commander/designee, in consultation with the Mental Health Duty Officer, will direct safety and security measures to address the crisis.
 - 1) Mental health will be responsible to direct care needs.
 - d. Responses will continue until mental health providers are available or the individual is moved to a facility with the appropriate mental health services.
3. Based on an individual's behavior and mental health status, a mental health provider may request a safety watch per the Safety Watch Procedure located under Health Services on the Department's internal website, DOC 320.265 Close Observation Areas, and/or DOC 630.550 Suicide Prevention.
- a. Mental health providers will use DOC 13-393 Close Observation Conditions of Confinement to establish any necessary conditions of confinement.

B. Routine Mental Health Services


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1. A mental health employee/contract staff will complete DOC 13-376 Mental Health Appraisal per DOC 610.040 Health Screenings and Assessments.
 - a. To qualify for outpatient mental health services or admission to a Residential Treatment Unit (RTU), an individual must have a qualifying condition defined in the Washington DOC Health Plan.
 - 1) The Director of Mental Health/designee may approve immediate RTU placement for individuals with acute needs.
 - b. A mental health provider will assess the need for mental health services in cases where the individual reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services documented on DOC 13-509 PREA Mental Health Notification.
2. The assigned primary therapist, in consultation with the supervising Psychologist, will complete DOC 13-450 Behavioral Health Discharge Summary for individuals who are anticipated to meet criteria for unemployability due to disability related to a mental illness.
 - a. Individuals meeting the following criteria will be reviewed:
 - 1) Residing in one of the following at the time of discharge:
 - a) Special Offender Unit at Monroe Correctional Complex (MCC)
 - b) Baker/Adams/Ranier mental health unit at Washington State Penitentiary (WSP)
 - c) Treatment and Evaluation Center at Washington Corrections Center for Women (WCCW)
 - d) Skill Building Unit at Stafford Creek Corrections Center (SCCC)
 - 2) PULHES “S” code of 3 or higher, and
 - 3) PULHES “S” code of 2 identified as having a serious and persistent mental illness believed to be unemployable.

IV. Residential Treatment

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- A. Residential treatment is provided for individuals unable to function in general population with a significant mental disorder, the symptoms of which result in serious impairment in adaptive functioning and may include a safety risk for the individual and/or others.
- B. Residential treatment will be provided as defined in the Washington DOC Health Plan at MCC, WSP, and WCCW.
- C. For RTU services, there will be a treatment plan documented on DOC 13-379 Mental Health Residential Treatment Plan for all individuals with a PULHES “S” code of 2 or higher.
 - 1. DOC 13-379 Mental Health Residential Treatment Plan must be initiated at the beginning of routine mental health services, including case management services, and must be updated:
 - a. At least annually for outpatient services.
 - b. At least every 90 days for residential services.
 - c. If there is a change in the course of treatment.
- D. DOC 13-476 Mental Health Residential Treatment Update for RTU services will be completed for all individuals who have a PULHES “S” code of 2 or higher:
 - 1. At least every 12 months from the original DOC 13-376 Mental Health Appraisal or most recent DOC 13-476 Mental Health Residential Treatment Update, if applicable.
 - 2. Within 30 days of an intrasystem transfer unless one has been completed in the past 180 days.
 - 3. When there is a significant change in mental status that results in providing increased treatment.
- V. Outpatient Services
 - A. Outpatient services are provided for individuals with mild to moderate symptoms of mental illness. Services will be prioritized based on acuity level and functional impairment, with the most acute/impaired being given the highest priority.
 - B. Outpatient mental health services are provided as defined in the Washington DOC Health Plan.
 - C. DOC 13-600 Mental Health Update and Treatment Plan for outpatient services will be completed for all individuals who have a PULHES “S” code of 2 or higher:

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1. At least every 12 months from the original DOC 13-376 Mental Health Appraisal or most recent DOC 13-600 Mental Health Update and Treatment Plan, if applicable.
2. Within 30 days of an intrasystem transfer unless one has been completed in the past 180 days.
3. When there is a significant change in mental status that results in providing increased treatment.

VI. Telepsychiatry Services

- A. Telepsychiatry services may be provided for individuals with serious mental illness or individuals who have significant behavioral or cognitive issues per the Telepsychiatry Procedure located under Health Services on the Department's internal website.

VII. Mental Health Services Provided Outside the Washington DOC Health Plan

- A. Services provided within restrictive housing units by mental health employees/ contract staff include:
 1. DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening completed for all newly admitted individuals within one business day of placement.
 2. Rounds, at least weekly, to assist in ongoing monitoring of all individuals.
 - a. Mental health providers will attempt to make brief, verbal contact with each individual and observe the cell, taking note of any indicators of psychiatric decompensation.
 - 1) If indicators of decompensation are present, or if the individual requests it, a face-to-face meeting will be scheduled for a more thorough assessment.
 - 2) If the individual refuses to come out of the cell for an assessment, the mental health provider will document observations on DOC 13-538 Mental Health Encounter Report and DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment.
 - 3) If there are clinical indicators of potential detrimental effects of restrictive housing upon completion of the assessment,

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the mental health provider will make recommendations for an alternative placement.

- 4) Recommendations for alternate placement will be documented on DOC 13-538 Mental Health Encounter Report. If RTU or Close Observation Area is recommended, appropriate steps will be taken per DOC 610.110 Transfer of Offenders for Health Reasons or DOC 320.265 Close Observation Area.

3. Facilitating cognitive behavioral interventions, as resources allow, in consultation with the supervising psychologist.

B. Consultation services provided include:


1. Participation in regularly scheduled screening committees per RCW 72.09 and DOC 300.380 Classification and Custody Facility Plan Review.
2. Coordination between the Custody Facility Plan, DOC 13-379 Mental Health Residential Treatment Plan, and/or DOC 13-069 Individual Behavior Management Plan.
3. Development and implementation of Individualized Behavior Management Plans (IBMPs).
 - a. IBMPs will be developed per Managing Challenging Mental Health Patients (IBMP) Protocol for individuals in a Prison to support change in behavior and increase safety for employees, contract staff, and the individual.

- C. Indeterminate Sentence Review Board evaluations will be conducted by a licensed psychologist.

VIII. Consultation for Individuals on Community Supervision or in a Reentry Center

- A. Community Corrections/Reentry Center employees who express concerns to Department mental health employees/contract staff about an individual's mental health will be referred to:

1. The local community or private mental health provider if the individual is currently receiving routine treatment.
2. Local community mental health crisis services or emergency room for urgent treatment.

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3. A designated crisis responder in the community, if there is concern about imminent harm to self or others, or grave disability that would potentially meet the civil commitment requirements of RCW 71.05.

a. The Community Corrections/Reentry Center employee will:

- 1) Request that the individual be evaluated for civil commitment and provide any background or additional information needed for the evaluation, and
- 2) Notify the Nurse Desk at Headquarters of the referral and disposition.

IX. Facility Transfer

A. Individuals will be transferred per DOC 300.380 Classification and Custody Facility Plan Review. Additional requirements for transfers to/from a mental health RTU, and transfers of individuals with a PULHES “S” code of 3 or higher, including transfers between restrictive housing units, are as follows:


1. The individual must be transferred per the Mental Health Transfer Procedure located under Health Services on the Department’s internal website.
2. Additional requirements do not apply for individuals initially being placed in a restrictive housing unit.

X. Release Planning for Individuals with Serious Mental Illness

A. Six months prior to the individual’s Earned Release Date (ERD), a health services reentry employee/contract staff will initiate care coordination for individuals identified as having a serious mental illness and/or those with an “S” code of 3 or higher.


1. For identified individuals, the health services reentry employee/contract staff designated to facilitate care coordination will:
 - a. Assist with referrals to community supports and appropriate benefits or entitlements, and
 - b. Collaborate with case managers in planning and preparation for transition into the community.

B. Three months prior to ERD, the health services reentry employee/contract staff designated to facilitate care coordination, in collaboration with the supervising

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psychologist, will identify individuals that may be eligible for Department of Social and Health Services (DSHS) disability-based benefits and will:

1. Assist identified individuals in completing their application for expedited Medicaid eligibility for medical benefits as required in RCW 74.09.555 by submitting an application through the Headquarters Medicaid Team.
 2. Ensure DOC 13-450 Behavioral Health Discharge Summary is complete and accessible after hours for response to requests from law enforcement and mental health providers per DOC 640.020 Health Records Management.
- C. Release planning for individuals who are designated for the Reentry Community Services Program must be provided per DOC 630.590 Reentry Community Services Program. This includes participation in the planning meetings and responding to all information requests by Reentry Community Services Program employees/contract staff.
- D. Civil Commitment
1. If there is concern about imminent harm to self or others, grave disability, or an individual in the Reentry Community Services Program is releasing under an involuntary antipsychotic medication order that would potentially meet the civil commitment requirements of RCW 71.05, the primary therapist or psychiatric prescriber will coordinate with the supervising psychologist (i.e., psychologist responsible for clinical oversight of mental health services provided for an individual) to:
 - a. Contact the designated crisis responder in the community one week prior to the release date,
 - b. Request that the individual be evaluated for civil commitment,
 - c. Provide any background or additional information needed for the evaluation, and
 - d. Document the process in the health record and in the individual's electronic file, indicating the date that the RCW 71.05 evaluation was requested and the outcome.
 2. Extraordinary Medical Placement (EMP).

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- a. The Psychiatric Social Worker or health services reentry employee/ contract staff will assist with finding placement in the community and ensure follow-up health services are identified.

XI. Recordkeeping

- A. Mental health providers/designees will document all Department mental health services and the individual's responses to treatment in the health record. At a minimum, there must be documentation of:
 1. Crisis, acute, and residential treatment services, including:
 - a. Each clinical contact, evaluation, psychological assessment, and/or medication review,
 - b. Status/progress of the individual at least weekly, and
 - c. Current and updated PULHES codes and diagnosis entered on the Patient Encounter screen in the Health Services section of the individual's electronic file (i.e., OMNI-HS) at the time of the encounter or by the end of the business day.
 2. Facility screenings, outpatient care, appraisals, and evaluations, including:
 - a. Each mental health screening, appraisal, outpatient contact, evaluation, and/or medication review.
 - b. Current and updated PULHES codes and diagnosis entered on the Patient Encounter screen in the Health Services section of the individual's electronic file at the time of the encounter or by the end of the business day.
 3. Designation as a Vulnerable Adult, which will be completed per the Vulnerable Adult Protocol.
 - a. Only the supervising psychologist, Director of Mental Health, or a Chief Psychologist will change an individual's Vulnerable Adult designation for mental health reasons in the Health Services section of the individual's electronic file.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Mental Health Professional, Seriously Mentally Ill, Vulnerable Adult. Other words/terms appearing in this policy may also be defined in the glossary.

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ATTACHMENTS:

None

DOC FORMS:

- DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment
- DOC 13-069 Individual Behavior Management Plan
- DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening
- DOC 13-376 Mental Health Appraisal
- DOC 13-379 Mental Health Residential Treatment Plan
- DOC 13-393 Close Observation Conditions of Confinement
- DOC 13-420 Request for Mental Health Assessment
- DOC 13-423 Health Services Kite
- DOC 13-450 Behavioral Health Discharge Summary
- DOC 13-476 Mental Health Residential Treatment Update
- DOC 13-509 PREA Mental Health Notification
- DOC 13-538 Mental Health Encounter Report
- DOC 13-600 Mental Health Update and Treatment Plan



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DOC 630.520

POLICY

TITLE
MENTAL HEALTH ADVANCE DIRECTIVES

REVIEW/REVISION HISTORY:

Effective: 1/7/10
Revised: 11/7/11
Revised: 6/21/12
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Revised: 9/28/21
Revised: 6/14/24

SUMMARY OF REVISION/REVIEW:

I.C.2. - Adjusted language for clarification

APPROVED:

Signature on file

MARYANN CURL, MD, MS
Chief Medical Officer

12/8/23

Date Signed

Signature on file

DAVID FLYNN, MPA
Assistant Secretary for Health Services

12/13/23


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/17/24

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 71.32](#); [RCW 72.09.370](#); DOC 630.590 Reentry Community Services Program

POLICY:


- I. Individuals may give instructions regarding their mental health treatment in the event that the individual becomes incapacitated to make treatment decisions by completing a Mental Health Advance Directive. A Mental Health Advance Directive can improve functioning and communication between individuals, providers, and family members, which may result in reduced use of hospital services and involvement with the criminal justice system and can enhance the therapeutic relationship and the individual’s role and responsibility in treatment options.
- II. Nothing in this policy or in a Mental Health Advance Directive will be construed to mandate health services employees/contract staff to render treatment that is not indicated, medically necessary, or within practice standards, or that is contrary to law, other policies, or reasonable penological objectives.
- III. This policy does not forbid treatment in emergency situations including, but not limited to, involuntary medication and specific treatment needed to protect an individual or others from imminent danger.

DIRECTIVE:

- I. Mental Health Advance Directives
 - A. The Department will honor any Mental Health Advance Directive that meets the requirements of RCW 71.32.
 1. When an individual in Prison informs an employee/contract staff of having a Mental Health Advance Directive that was executed before incarceration, the employee/contract staff will inform a facility mental health employee/contract staff, who will make reasonable efforts to obtain a copy of the Mental Health Advance Directive. The Mental Health Advance Directive will be placed in the health record.
 - B. A pre-existing Mental Health Advance Directive may be invoked when an individual is declared incapacitated.
 1. An individual may only be declared incapacitated by:

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- a. A court, if the request is made by the individual or the individual’s agent (i.e., generally the person assigned Durable Power of Attorney, which grants the authority to make mental health treatment/care decisions), or
 - b. Two Department mental health/health services providers (i.e., Advanced Registered Nurse Practitioner (ARNP), physician, physician’s assistant, licensed psychiatrist/psychologist).
 - 1) When declared by health services providers, at least one of the providers must be a psychiatrist, licensed psychologist, or psychiatric ARNP.
- C. A Department health services employee/contract staff will inform the individual when a capacity determination is being requested.
- 1. The individual may request that the determination be made by a court, at which point the employee/contract staff receiving the request will ensure that the Office of the Attorney General is informed.
 - 2. If the individual does not request that the determination be made by a court, the Director of Behavioral Health/designee will assign 2 Department mental health/health services providers as identified above to make the determination within 48 hours of the assignment.
 - a. At least one of the providers will personally examine the individual.
 - b. During this time, the individual may only be treated:
 - 1) In an emergency,
 - 2) In accordance with other statutes and/or policies, or
 - 3) If the individual gives informed consent, even for treatment to which the individual previously consented, as long as the individual continues to accept the treatment voluntarily.
- D. When the individual is declared incapacitated, the Mental Health Advance Directive is invoked.
- E. Capacity will be re-evaluated within 5 days of:
- 1. A request by the individual or the individual’s agent, or
 - 2. Any substantial improvement in condition that suggests the individual may have regained capacity.

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F. Treatment may continue according to the Mental Health Advance Directive until the individual is determined to have regained capacity or until the directive is revoked or superseded.

G. Subsequent determinations of capacity will follow this process.

II. Practice Standards and Limitations

A. If unable to follow the Mental Health Advance Directive, in whole or part, the individual or the individual's agent, if applicable, will be promptly notified and the reason documented in the health record.

B. An executed Mental Health Advance Directive is not evidence of incapacitation or the presence of mental illness.

C. Being found incapacitated for the purposes of mental health treatment does not establish incapacitation in other areas of decision making.

D. Individuals with mental health needs who express the desire to execute a Mental Health Advance Directive may seek appropriate outside assistance within relevant legal and policy limitations.

III. Revocation

A. A Mental Health Advance Directive can be revoked or superseded by:

1. The individual, or


a. An individual who has capacity may revoke a directive in writing or by stating intent to revoke in the presence of a licensed mental health provider involved in the individual's care.

b. An incapacitated individual may only revoke a directive when the directive specifically allows revocation while incapacitated.

c. Executing a subsequent Mental Health Advance Directive will result in the revocation of the previous directive.

2. Any court order which revokes or conflicts with the directive.


B. Revocation becomes effective only when it is communicated to a licensed mental health provider involved in the individual's care. Any other Department employee/contract staff who receives a revocation will alert the licensed mental health provider involved in the individual's care.

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- C. Upon receiving the revocation, the licensed mental health provider will record the time and date in the health record. Any written revocation will be placed in the health record, and the Mental Health Advance Directive being revoked will be removed for return to the individual or the individual's agent.
- D. An individual's consent to treatment which conflicts with a Mental Health Advance Directive will not constitute revocation of the directive.
- E. There will be no criminal or civil liability on the part of any person for failure to act upon a revocation made pursuant to this policy unless the individual has actual or constructive knowledge of the revocation.

IV. Mental Health Advance Directives for Reentry Community Services Program (RCSP) Participants

- A. Individuals participating in the RCSP Program per DOC 630.590 Reentry Community Services Program will be informed of a Mental Health Advance Directive and offered assistance in executing one.
 - 1. Individuals will be provided information on Mental Health Advance Directives as part of the Multi-System Transition Planning Team meetings.
 - 2. At the meeting, the assigned RCSP employee will:
 - a. Discuss the benefits, scope, and purposes of a Mental Health Advance Directive, and
 - b. Provide the individual with the following documents:
 - 1) [Department of Social and Health Services 22-641 Mental Health Advance Directives: Information for Consumers](#), and
 - 2) [RCW 71.32.260 Mental Health Advance Directive Notice to Persons](#).
 - 3. After the meeting:
 - a. The assigned RCSP Transition employee will:
 - 1) Document on DOC 21-964 Reentry Community Services Program Transition Plan that the Mental Health Advance Directive was discussed with the individual and the above information was offered.

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2) Document the encounter in the Health Services section of the individual's file using the RCSP-Advance Directive CPT code.

b. The assigned RCSP employee will inform the RCSP contracted community mental health provider of the individual's desire to execute a Mental Health Advance Directive if the provider was not present at the meeting.

B. For individuals releasing to an area with no RCSP service contract, the assigned RCSP employee will inform the appropriate community mental health provider when the individual has established service in the community.

V. Limitations on Employee/Contract Staff Involvement

A. Department employees/contract staff will not:

1. Attempt to influence an individual regarding specific desires or plans related to the Mental Health Advance Directive that the individual is considering.
2. Participate in determining an individual's capacity as it relates to executing a Mental Health Advance Directive.
3. Serve as a witness for a Mental Health Advance Directive.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

DOC 21-964 Reentry Community Services Program Transition Plan



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POLICY

TITLE
INVOLUNTARY ANTIPSYCHOTIC ADMINISTRATION

REVIEW/REVISION HISTORY:

Effective:	11/21/02	Revised:	7/7/14
Revised:	11/25/06	Revised:	12/24/15
Revised:	12/22/06 AB 06-019	Revised:	1/31/19
Revised:	12/19/10	Revised:	7/7/21
Revised:	8/16/11	Revised:	5/9/22

SUMMARY OF REVISION/REVIEW:

III.A.2. - Added clarifying language
VI.D. - Adjusted assessment intervals for administering involuntary antipsychotic medication

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

4/25/22

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

4/25/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

4/25/22

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.96A.020](#); [RCW 71.05](#); DOC 410.200 Use of Force (RESTRICTED); DOC 610.010 Patient Consent for Health Care; [Washington v. Harper, 494 US 210 \(1990\)](#)

POLICY:

- I. The Department has established procedures for the involuntary administration of antipsychotic medication to a patient suffering from a mental disorder who, as a result of the disorder, is gravely disabled and/or presents a likelihood of serious harm to self, others, and/or property. Involuntary administration of antipsychotic medication will not be used for disciplinary purposes.
- II. Administration of involuntary antipsychotic medication will follow due process.
- III. The principles of medical ethics will govern all situations involving the administration of involuntary antipsychotic medication.
- IV. Administration of medications, other than involuntary antipsychotics, will be handled per DOC 610.010 Patient Consent for Health Care.

DIRECTIVE:


- I. Emergency Antipsychotic Medication
 - A. If the patient is capable, an attempt will be made to obtain valid, informed consent before proceeding with the intended treatment. If the patient consents, treatment will be provided without further regard to this policy.
 - B. A licensed physician, Advanced Registered Nurse Practitioner (ARNP), or Physician Assistant (PA) may order emergency administration of involuntary antipsychotic medication for up to 72 hours, excluding weekends and holidays, without an involuntary antipsychotic hearing if it is determined the patient:
 1. Suffers from a mental disorder,
 2. Is presenting an imminent likelihood of serious harm or failure to care for self if the harm is imminent, and
 3. Will not likely respond to less restrictive, medically acceptable alternatives, or such alternatives are unavailable or have not been successful.

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- C. If involuntary antipsychotic medication is ordered and use of force is required, only the amount of force reasonably necessary to administer the antipsychotic medication will be used per DOC 410.200 Use of Force (RESTRICTED).
- D. The ordering practitioner will:
 - 1. Ensure monitoring occurs for adverse reactions and side effects,
 - 2. Document the justification in the health record, including when and how the antipsychotic medication is to be administered,
 - 3. Notify the Health Services Manager/designee when emergency antipsychotic medication is initiated, and
 - 4. If not a psychiatric prescriber, consult with a psychiatrist or psychiatric ARNP/PA as soon as possible either before, if the situation permits, or after the antipsychotic is ordered.
- E. An involuntary antipsychotic hearing is required to administer medication for more than 72 hours for a single emergency, excluding weekends and holidays.
 - 1. No more than 2 emergencies may be declared within any 30 day period.
- F. If a hearing is required, the treating psychiatrist or psychiatric ARNP/PA will:
 - 1. Request a 14 day involuntary antipsychotic hearing from the Director of Mental Health/designee,
 - 2. Inform the local Health Services Manager/designee of the request, and
 - 3. Document the request and justification in the health record.
- G. The emergency antipsychotic medication order may be continued up to 24 hours before the 14 day involuntary antipsychotic hearing.

II. Hearing Lay Advisor

- A. A lay advisor will be appointed to the patient during the hearing process, and:
 - 1. Be an independently licensed employee/contract staff with formal training in clinical mental health, who understands the psychiatric issues involved and is the non-treating provider.
 - a. For the purposes of this policy, non-treating means the provider is not the current provider and has not provided any service to the


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patient beyond routine coverage for another provider within the last 30 days.


2. Meet with the patient at least 24 hours before the hearing to discuss the patient's wishes.
 3. Assist the patient in identifying potential witnesses, including names, available contact information, and expected testimony.
 4. Be present at the hearing, even if the patient is excluded or chooses not to participate.
 5. Represent and articulate the patient's wishes, objections, and concerns to the extent they are known.
- B. The patient is not required to use the services of the lay advisor. Patients may limit the participation of the lay advisor during the hearing.

III. Hearing Process

- A. The Director of Mental Health/designee will designate members for an Involuntary Antipsychotic Hearing Committee. The committee will include a:
1. Chair, who is a non-treating clinician with a master's or more advanced degree in a clinical field or an employee in a supervisory position,
 2. Non-treating psychiatrist or psychiatric ARNP, and
 3. Non-treating psychologist.
- B. The treating psychiatrist or psychiatric ARNP/PA and the treating mental health professional/psychologist will each prepare DOC 13-329 Involuntary Antipsychotic Report for the committee.
1. At a minimum, the report will include:
 - a. The basis for the request,
 - b. Diagnosis, disturbed behaviors observed, and mental status,
 - c. Recommended antipsychotic(s),
 - d. Methods used to encourage voluntary adherence,
 - e. Voluntary and involuntary medication history, and
 - f. Description of the less intrusive treatment alternatives considered or attempted.
 2. The reports will be distributed to the committee members at least 24 hours before the hearing.

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- C. The chair/designee will schedule a hearing as soon as possible, but no later than 7 days following the chair’s designation.
1. If a hearing is not scheduled within 72 hours of emergency administration of involuntary antipsychotic medication, excluding weekends and holidays, the medication must be discontinued unless a continuance is granted on DOC 13-326 Request for Continuance of Involuntary Antipsychotic Hearing.
 2. The chair/designee may request a hearing continuance of up to 7 days for good cause (e.g., facility lockdown).
 - a. The Director of Mental Health/designee will approve/deny the request within 2 business days.
 - 1) If the continuance is denied, the hearing will proceed.
 - 2) If the continuance is approved, the hearing will be scheduled within 7 days from the date of the original scheduled hearing/continuance request, whichever is later.
 - 3) If a hearing is not conducted within 7 days from the date of scheduling/continuance request, the involuntary antipsychotic process must be reinitiated, and any emergency antipsychotic medications discontinued.
 - b. The patient will be served with a copy of the continuance.
- D. The chair/designee will ensure the patient receives:
1. DOC 13-330 Notice of Involuntary Antipsychotic Hearing (24 Hour), which outlines the patient’s rights, no later than 24 hours before the hearing, and
 - a. The patient will be verbally notified of the right to refuse involuntary medications within 24 hours of the hearing upon being provided the hearing notice.
 2. A copy of the completed DOC 13-329 Involuntary Antipsychotic Report indicating involuntary antipsychotic medication is being considered.
- E. If the patient refuses to attend the hearing, the chair/designee will make a reasonable effort to encourage participation (e.g., request the lay advisor consult with the patient).
1. Refusal to participate will be documented in the hearing minutes.

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- F. Employee/contract staff witnesses will make every effort to be present to testify at the hearing. Witnesses may be allowed to testify by telephone or secure video conferencing at the discretion of the chair/designee. A written witness statement may be considered in a witness's absence upon showing good cause.
- G. Hearings will be audio or video recorded whenever possible. Recordings will be transferred to a CD and maintained in the health record.
- H. Information may be withheld from the patient only if it is considered detrimental to the patient's mental health as determined by the treating psychiatrist or psychiatric ARNP/PA and approved by the Director of Mental Health/designee.
 - 1. Information that is withheld will be revealed to the lay advisor and documented in the hearing minutes.
 - 2. The patient will be informed additional evidence was relied upon and not revealed because it was considered detrimental to the patient's health.
- I. The patient's rights should only be limited when there is a good cause finding by the chair/designee.
 - 1. The chair/designee will document specific reasons (e.g., safety/security, disruptive, irrelevance, redundancy, possible reprisals) for excluding a patient, witness, testimony, or questioning of witnesses.
 - 2. The chair/designee may postpone the hearing one time for no more than 3 business days to attempt to secure the patient's participation.

IV. Hearing Decision

- A. After the presentation of evidence, the patient, lay advisor, treating clinicians, and any other witnesses will be dismissed during the committee's deliberations. The committee will make a decision based on:
 - 1. Information provided during the hearing by treating mental health providers.
 - 2. DOC 13-329 Involuntary Antipsychotic Report.
 - 3. A review of the health record.
 - 4. Testimony of the patient if participating in the hearing.
 - 5. Consideration of the evidence presented by the patient.
 - 6. Preferences of the patient with regard to medication options.
 - a. The decision will incorporate the preferences as much as possible.

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7. Whether antipsychotics are appropriate.
 - a. Specific antipsychotics may be included/excluded in the decision.
- B. The committee's decision will be made by majority vote and documented on DOC 13-327 Decision of Involuntary Antipsychotic Hearing Committee.
 1. The non-treating psychiatrist must vote in favor of involuntary antipsychotic medication administration for the decision to be approved.
 2. The patient will receive a copy of the decision at the end of the hearing.
- C. Each committee member will complete DOC 13-503 Involuntary Antipsychotic Hearing Minutes Statement.
- D. The chair/designee will ensure DOC 13-502 Involuntary Antipsychotic Hearing Minutes is completed. The minutes will include:
 1. A summary of the evidence relied upon, including a summary of each witness's testimony.
 2. Whether a mental disorder is present and its nature.
 3. If mental disorder is present, whether it is related to a likelihood of serious harm or grave disability.
 4. Any imposed limitations on the antipsychotic medications that may be prescribed.
 5. Reason(s) for not audio/video recording the hearing, if applicable.
- E. If the committee authorizes administration of involuntary antipsychotic medication, the chair/designee will notify the:
 1. Director of Mental Health/designee
 2. Superintendent/designee
 3. Local Health Services Manager
 4. Treating psychiatrist/mental health professionals
 5. Nursing supervisor
 6. Correctional Unit Supervisor
- F. Within 72 hours of the hearing, excluding weekends and holidays, the patient will be provided a copy of DOC 13-502 Involuntary Antipsychotic Hearing Minutes and DOC 13-328 Receipt of Minutes of Involuntary Antipsychotic Hearing Committee and Appeal Procedures.


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1. A patient may appeal the committee decision to the Director of Mental Health within 24 hours of receipt using DOC 13-423 Health Services Kite or DOC 13-328 Receipt of Minutes of Involuntary Antipsychotic Hearing Committee and Appeal Procedures.
2. The Director of Mental Health will review all appeals and take action within 3 business days of receipt to determine whether the required procedures were followed. If required procedures were not followed, the Director of Mental Health will vacate the results.
3. Nothing in this policy will be construed as preventing a patient from seeking judicial review of involuntary antipsychotic treatment.


V. Duration of Involuntary Antipsychotics

- A. At the initial hearing, involuntary antipsychotic medications may be approved for up for up to 14 consecutive days.
- B. A 180 day involuntary antipsychotic hearing will be conducted if the treating psychiatrist or psychiatric ARNP/PA recommends that involuntary antipsychotic medication continue longer than 14 consecutive days. The committee will:
 1. Meet before the termination of the 14 day involuntary treatment order.
 2. Make a decision on the continuation of involuntary antipsychotic medication for up to 180 days.
- C. 180 day involuntary antipsychotic hearings may continue indefinitely as long as the patient remains resistant to antipsychotic medication and, based on the patient's history, would present a danger to self, others, and/or property, or become gravely disabled if medication were discontinued.
- D. After 2 consecutive 180 day involuntary antipsychotic medication authorizations, the Chief of Psychiatry/designee will review the hearing minutes, and document findings and any recommendations in the health record.
 1. The Chief of Psychiatry/designee may not review the hearing minutes if they were a member of the committee and another designee must be selected to conduct the review.
 2. Reviews will be conducted at each subsequent hearing.

VI. Administering Involuntary Antipsychotic Medication

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- A. Once authorized, the treating psychiatrist or psychiatric ARNP/PA will order medication as clinically indicated and change the patient’s PULHES “U” code to 4.
 1. The patient may be observed off antipsychotic medication for a period of time when deemed necessary.
 2. Blood may be drawn, involuntarily if necessary, to monitor therapeutic medication levels, side effects, or adverse effects.
- B. Before antipsychotic medication is administered, the patient will be asked to take the medication voluntarily.
- C. The nurse will document the following in the health record:
 1. The patient’s response when asked to take the medication voluntarily,
 2. Administration of involuntary antipsychotic medication,
 3. Follow-up care when medication is provided using force, and
 4. Assessments, which will include:
 - a. Assessing mental status (e.g., alert, oriented), motor activity, speech, excess sedation,
 - b. Monitoring extrapyramidal symptoms (e.g., dystonia, parkinsonism, akathisia, tremor, dyskinesia),
 - c. Observing behaviors and/or aggressions (e.g., agitated, assaultive, psychosis, hallucinations, delusions, disorganized speech), and
 - d. Taking vital signs, including blood pressure, pulse, temperature, and respirations.
- D. Assessments will be completed at the following intervals:
 1. Immediately following the injection,
 2. 30 minutes after the injection,
 3. One hour after the injection,
 4. Two hours after the injection, and
 5. Any time as clinically indicated.
- E. Administering involuntary antipsychotic medication must be discontinued, and the reasons documented in the health record, as soon as the treating psychiatrist or psychiatric ARNP/PA determines that the patient:

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1. No longer meets the criteria for involuntary antipsychotic medication and is unlikely to deteriorate to a condition that would necessitate involuntary antipsychotic medications being administered again, or
 2. Is willing, in good faith, to take the antipsychotic medication voluntarily and has been consistently taking the medication voluntarily.
- F. Only the treating psychiatrist or psychiatric ARNP/PA may write the order to discontinue involuntary antipsychotic medication.
1. When the order is discontinued, the treating psychiatrist or psychiatric ARNP/PA will notify the Director of Mental Health/designee and change the patient's "U" code to 3.
- G. Administration of involuntary antipsychotic medication may not exceed the 14 or 180 day timeframe from the date of the involuntary antipsychotic hearing.
- H. The treating psychiatrist or psychiatric ARNP/PA and treating mental health professional/psychologist will each meet with the patient at least once a month to review the need for involuntary antipsychotic medication and review/prepare treatment plan goals to implement less restrictive treatment alternatives as soon as possible. The review will be documented in the health record.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Antipsychotic Medication, Gravely Disabled, Likelihood of Serious Harm, Significant Harm, Mental Disorder. Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

- DOC 13-326 Request for Continuance of Involuntary Antipsychotic Hearing
- DOC 13-327 Decision of Involuntary Antipsychotic Hearing Committee
- DOC 13-328 Receipt of Minutes of Involuntary Antipsychotic Hearing Committee and Appeal Procedures
- DOC 13-329 Involuntary Antipsychotic Report
- DOC 13-330 Notice of Involuntary Antipsychotic Hearing (24 Hour)
- DOC 13-423 Health Services Kite
- DOC 13-502 Involuntary Antipsychotic Hearing Minutes
- DOC 13-503 Involuntary Antipsychotic Hearing Minutes Statement



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POLICY

TITLE
HEALTH RECORDS MANAGEMENT

REVIEW/REVISION HISTORY:

Effective: 12/15/89	Revised: 1/8/10
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Revised: 4/30/96	Revised: 10/22/12
Revised: 10/11/99	Revised: 3/1/15
Revised: 7/5/05	Revised: 9/26/19
Revised: 10/31/06	Revised: 9/21/20
Revised: 11/5/08	Revised: 10/13/22
Revised: 1/26/09 AB 09-002	

SUMMARY OF REVISION/REVIEW:

Adjusted terminology throughout
 I.B.4., I.C.4.a., V.B.1. - Adjusted language for clarification
 III.C., V.B.3., V.D.1.d.1), V.D.1.d.4) - Removed unnecessary language
 II.E., III.B.1., and V.F. - Adjusted for person-centered language
 Added V.B.2. that individuals will be notified of fees for copies and may receive copies at no charge if indigent
 Added V.D.1.d.7) Reentry Senior Administrator as authorized to document and access limited health information

APPROVED:

Signature on file

MARYANN CURL, MD MS
 Chief Medical Officer

9/23/22

 Date Signed

Signature on file

DAVID FLYNN,
 Assistant Secretary for Health Services

9/27/22


 Date Signed

Signature on file

CHERYL STRANGE, Secretary
 Department of Corrections

10/6/22

 Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 9.95.170](#); [RCW 40.14](#); [RCW 70.02](#); [RCW 74.09.555](#); [WAC 137-08](#); [WAC 137-100](#); DOC 210.115 Forms Management; DOC 280.500 Records Management for Individuals; DOC 610.040 Health Screenings and Assessments; DOC 610.600 Infirmary/Special Needs Unit Care; DOC 800.010 Ethics

POLICY:

- I. A health record will be created and maintained per the Health Record Procedure (HRP) and state and federal regulations for each patient to include accurate, chronological documentation of medical, dental, and mental health care services provided to patients housed in a Prison.
- II. The Department has established guidelines for disclosing protected health information and ensuring confidentiality per RCW 70.02.
 - A. Patients have the right to confidentiality of health information, personal access, grant access to others, request amendments, and review disclosures.
 - B. Patients will not be required to waive their rights as a condition of receiving treatment.

DIRECTIVE:


- I. Responsibilities
 - A. The Health Services Forms and Records Analyst Supervisor will ensure the HRP is updated as necessary and maintained on the Health Services SharePoint site.
 - B. Each facility will:
 1. Maintain a health record for each patient assigned to the facility.
 2. Provide equipment, supplies, and sufficient space for health records, including overflow volumes.
 3. Maintain health records in a secure location accessible only to authorized employees/contract staff.
 - a. Health records will be maintained separate from the central file, except as outlined per DOC 280.500 Records Management for Individuals.

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4. Ensure health records are returned and secured in the designated location by the end of the business day.
- C. The facility Health Services Manager will ensure the health records system meets regulatory, Department policy, and HRP requirements, and appropriate coverage of employees/contract staff are available to:
1. Perform daily operational tasks (e.g., filing, thinning, preparing charts).
 2. Ensure accurate retention and maintenance for documentation in the health record, including overflow.
 3. Create/update health records during the screening and assessment process per DOC 610.040 Health Screenings and Assessments.
 4. Conduct monthly formal audits per the HRP.
 - a. Errors will be corrected (e.g., illegible, misfiled, duplicates, incomplete documents) as soon as possible, but within 2 business days of discovery.
 - 1) The author's signature will be obtained on unsigned documents, or the Facility Medical Director may sign for document authors who are unavailable.
 5. Comply with the facility process for ongoing chart review to identify and correct misfiled documents.
- D. Anyone within the Department having access to health information will receive initial orientation, annual training, and sign DOC 14-003 Confidentiality Statement to ensure proper handling.
1. Use, access, or provision of access to information in a manner that violates Department policy may be subject to disciplinary action, up to and including dismissal and/or criminal prosecution per DOC 800.010 Ethics.

II. Documentation Requirements


- A. Health record documentation will comply with required statutes and regulatory standards. Documentation should be completed as soon as possible, but no later than 2 business days after an encounter, and will include:
1. Healthcare history (e.g., family/social history, allergies, surgeries, illness)
 2. History of current illness and related physical examination
 3. Assessments and plan

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4. Healthcare needs and clinical priorities
 5. Documentation of health services provided
 6. Explanation of treatment risks and benefits, including any education provided
 7. Filing in the correct section of the record by the author, or delivered upon completion to the secured health records area for filing
- B. Only current Department forms will be used per DOC 210.115 Forms Management.
- C. Documentation will:
1. Include patient name, DOC number, and date of birth on each page, including documents received from external sources. Embossing cards and pre-printed labels are allowed.
 2. Include the date (i.e., month/day/year) and time (i.e., 24-hour).
 3. Be typed or legibly written in black/blue ink that does not erase/smudge.
 4. Use standard language and minimize abbreviations.
 5. Be entered consecutively with no blank spaces between entries.
 6. Be limited to comments/notations specific to the document. Additional notes should be documented separately.
 7. Include any discipline-specific directives.
 8. Have all required fields completed.
 9. Be self-authenticated.
 - a. Self-authentication will be original and include:
 - 1) Printed name stamp consisting of first initial, last name, and professional title with hand-written initials,
 - a) Pre-made signature stamps will not be used in lieu of wet signatures for health record documentation.
 - b) Signature stamps may be used with permission when needed for disability accommodation.

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- 2) Typed/pre-printed name and professional title with hand-written initials,
 - 3) Legibly printed name and professional title with hand-written initials, or
 - 4) Electronic signature to include computer-generated name stamps when those cannot be altered.
- b. For multiple-page documents, self-authentication and the word “continued” will be written on the bottom of each page.
- D. When documentation authored by the patient is received by health services employees/contract staff and determined to be critical to patient care:
1. The employee/contract staff will write a note on DOC 13-435 Primary Encounter Report, DOC 13-047 Dental Treatment Record, or DOC 13-538 Mental Health Encounter Report to include:
 - a. The date it was received, and
 - b. How the document is critically relevant to patient care,
 2. The document received must be date-stamped and authenticated by the healthcare provider and filed in the General Correspondence section of the patient’s health record.
- E. The health record, including copies, will only be removed from Department premises for official duties. Copies are only allowed:
1. For reproduction of lost/damaged records.
 2. When the original is printed on thermal paper. The copy will be considered the original document.
 3. When the author is off-site and documentation is authenticated and scanned.
 - a. Once printed, the scanned image will be considered the original. Any nurse notes will be recorded on this document.
 4. When required for treatment. These documents will be immediately destroyed upon treatment completion or patient transfer.

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a. Copies will be maintained in a secured location in the Health Services area and will not be considered part of the official health record.

F. Electronic documents will be immediately destroyed once added to the health record.

G. Amendments to correct information can only be made per the HRP and RCW 70.02.

H. Information to revise/update previous notes/encounters will be documented as appropriate, reference the original document, and be filed by the date of the new document and not the original.

1. Documentation occurring more than 2 business days from the date of the original document requires approval from the Facility Medical Director and clinical director supervising the author.

a. Documents scanned to the Facility Medical Director for stand-alone Level 2 facilities to be signed and scanned back will be considered originals.

III. Filing and Thinning

A. Health record documents will be filed in the appropriate section of the health record as soon as possible, but not to exceed 5 business days from creation. Documents removed for any reason must be immediately refiled to ensure documentation is not lost or misfiled.


B. Health records will be filed and thinned per Health Record Procedure HR101 Filing and Thinning located on the Health Services SharePoint site.

1. Consultation dividers are required if a patient has received a consult.

2. Designated dividers will be used for discipline-specific sections.

3. Overflow envelopes will be used for thinning health records, as needed. Records requiring repeated thinning will be added to existing overflow envelopes.

a. Records for active infirmary admissions will only be thinned when directed by the treatment team per DOC 610.600 Infirmary/Special Needs Unit Care.

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- C. Exceptions to thinning procedures may only be approved by the primary care provider/therapist or dentist to meet treatment needs.
 - 1. Any non-standard thinning will be returned to standardized format prior to transferring a record from the facility.

IV. Transfer, Release, or Death


- A. When a patient is transferred, the health record will be handled per DOC 280.500 Records Management for Individuals and the HRP.
 - 1. For transfers between Department Prisons, the transporting officer will ensure the health record is transferred with the patient.
 - 2. While stored at the regional records office, records employees may only open the health record to incorporate loose filing. All other access must be authorized by the Health Services Forms and Records Analyst Supervisor.
- B. At no time should the health record be provided to patients upon transfer/release or to attend off-site/outpatient medical appointments.
- C. If a death occurs, the patient’s health record will be sent to Headquarters Health Services per the HRP.

V. Health Information Disclosure

- A. Information contained in the health record, including information shared with health care professionals, is confidential and will only be disclosed/photocopied as authorized by statute. Requests will be processed per the HRP.
- B. Patients may request, in writing, to examine or obtain a copy of all or part of their health information. A response will be made within 15 business days upon receipt of the written request.
 - 1. Requests for copies will be submitted to the Department of Corrections Public Records Unit at P.O. Box 41118, Olympia, WA 98504.
 - 2. The individual will be notified of the fees for copies.
 - a. For individuals who are indigent, copies from the previous 6 months will be provided at no charge. Individuals will be charged for duplicate copies.

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3. Information must be pre-screened to ensure patient health/safety and confidentiality (e.g., group encounter with multiple patient names).
- C. Authorization by a patient for voluntary disclosure of the health record, including copies, must be made in writing and maintained in the health record.
1. Verbal disclosures must be documented on DOC 13-203 Health Information Disclosure and verified using the code word provided on DOC 13-035 Authorization for Disclosure of Health Information.
 - a. A list of verbal disclosure authorizations will be maintained on the Health Services SharePoint site under Authorizations for Verbal Communications. Entries will be deleted from the Health Services SharePoint site when the authorization is expired/revoked.
- D. Information may be disclosed without the patient's authorization as follows:
1. In the course of official duties, access to the health record is granted to:
 - a. Health services employees/contract staff (e.g., direct care, administrative, oversight).
 - b. The Americans with Disabilities Act (ADA) Compliance Manager and facility ADA Coordinators.
 - c. Employees/contract staff authorized by the Assistant Secretary for Health Services or per policy.
 - d. The following case management employees designated by the Secretary, who may document and access limited health information contained in a patient's electronic file while under the Department's jurisdiction:
 - 1) Case managers
 - 2) Correctional Program Managers
 - 3) Correctional Unit Supervisors
 - 4) Community Corrections Supervisors
 - 5) Field Administrators
 - 6) Reentry Center Administrator
 - 7) Reentry Senior Administrator
 2. Non-health services employees/contract staff with a need to know patient health information will complete DOC 13-159 Request for Health Information for each request and submit separate emails as follows:

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- a. In Prison, to the Registered Health Information Administrator (RHIA)/RHIT/designee at the facility where the patient is housed.
- b. In partial confinement or on community supervision, to dochealthinformation@doc1.wa.gov.
- 3. Information may be disclosed and/or exchanged with:
 - a. Health care providers in the community to ensure continuity of care per RCW 70.02.050(1)(a) and RCW 74.09.555
 - b. Coroners/medical examiners
 - c. Bill payers/payees
 - d. Attorneys General (AAG) representing the Department involved with current litigation (i.e., lawsuit or other legal action)
 - e. Representatives of other state agencies, public health authorities, or law enforcement personnel as authorized per statute/policy
 - f. Office of Corrections Ombuds (OCO)
 - 1) Mental health and sexually transmitted infections require authorization.
- E. Access to the health record, except health services employees/contract staff who have been granted access, will be documented on DOC 13-235 Health Record Access Log and maintained as a permanent document in the legal section of the health record.
- F. Employees and contract staff receiving copies from health records will ensure confidentiality and will only provide information as allowed under RCW 70.02.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:



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POLICY

TITLE
HEALTH RECORDS MANAGEMENT

- DOC 13-035 Authorization for Disclosure of Health Information
- DOC 13-047 Dental Treatment Record
- DOC 13-159 Request for Health Information
- DOC 13-203 Health Information Disclosure
- DOC 13-235 Health Record Access Log
- DOC 13-435 Primary Encounter Report
- DOC 13-538 Mental Health Encounter Report
- DOC 14-003 Confidentiality Statement



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DOC 650.040

POLICY

TITLE
OVER THE COUNTER COMMISSARY ITEMS

REVIEW/REVISION HISTORY:

- Effective: 1/10/99
- Revised: 6/20/00
- Revised: 9/4/06
- Revised: 6/15/09
- Revised: 8/2/10
- Revised: 12/1/11
- Revised: 4/14/14
- Revised: 9/14/15
- Revised: 6/3/22

SUMMARY OF REVISION/REVIEW:

Updated terminology throughout
I.B.1.a. & b. - Adjusted language for clarification
II.B. - Added clarifying language
Removed VI.A.2. that commissary OTC items will not be provided to individuals in an inpatient unit or restrictive housing

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

5/18/22

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

5/23/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/31/22

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; DOC 200.000 Trust Accounts for Incarcerated Individuals; DOC 200.210 Prison Commissary; DOC 630.550 Suicide Prevention and Response; [Washington DOC Health Plan](#)

POLICY:

- I. The Department will promote patient self-reliance and participation in their own health care by making selected Over the Counter (OTC) items available through the commissary. Unless otherwise specified, OTC items referenced in this policy are limited to the items listed on [Over the Counter \(OTC\) Health Related Items](#).
- II. The Secretary/designee and the Chief Medical Officer/designee will jointly approve OTC policy and procedures.

DIRECTIVE:

- I. OTC Items
 - A. Prescribed OTC items may be dispensed from the central pharmacy only when they are medically necessary as defined in the Washington DOC Health Plan and approved by the Facility Medical Director.
 1. Medically necessary OTC items require a prescription order to be dispensed from the pharmacy and administered or issued by a nurse.
 - B. OTC items that are not considered medically necessary per the Washington DOC Health Plan will be available for purchase at the commissary, based on product availability.
 1. There are 2 categories of non-medically necessary OTC items:
 - a. Debttable - Items that may incur debt, and
 - b. Non-Debttable - Items that may not incur debt.
 2. Before distribution, commissaries will charge OTC orders to the individual's account per DOC 200.000 Trust Accounts for Incarcerated Individuals. If the individual lacks sufficient funds, the commissary will refuse the order unless the item is on the Debttable list.
- II. Commissary Sales
 - A. Items will be available for purchase in the quantity and at the interval indicated in the Over the Counter (OTC) Health Related Items list based on availability.

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1. Commissaries may sell or distribute an item in a quantity other than that listed, as long as the deviation is 15 percent or less. These items will be provided at the interval listed.

a. If the deviation is more than 15 percent, written approval from the Director of Pharmacy is required. The written approval may indicate a change in the interval.

B. Each OTC item must satisfy all legal packaging and labeling requirements for direct-to-consumer sale per DOC 200.210 Prison Commissary. The package must be intact when distributed.

C. Changes to the Over the Counter (OTC) Health Related Items list will be processed through the Pharmacy and Therapeutic Committee with the approval of the Chief Medical Officer/designee and the Secretary.

1. Department employees/contract staff may recommend or request changes through the Pharmacy and Therapeutic Committee and, if approved, a revised list will be issued to ensure consistency system wide.

D. Commissaries will attempt to deliver requested OTC item(s) within 7 days of receiving the order.

E. Unless otherwise noted, OTC items covered by this policy will be provided at the individual's request and will not require authorization from a health care practitioner.


F. If an individual is determined to be at high risk for self-harm or suicide by drug overdose, the individual may be restricted from purchasing OTC medications that are potentially harmful or lethal.

III. Cost

A. Commissaries will make OTC items available at the lowest cost possible and will carry generic items when available.

IV. Possession

A. Individuals may have 2 containers, one open or in use and one sealed, of each OTC item in their cells unless otherwise indicated in the Health Services section of the electronic file. All OTC items must be stored in the original container.

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B. Employees/contract staff will follow DOC 630.550 Suicide Prevention and Response if there is any concern that self-harm may result from the possession of OTC items.

V. OTC Items in the Outpatient Setting

A. If a health care practitioner recommends the use of a listed OTC item, the health care practitioner may suggest that the individual submit an order using the commissary order form.

1. The practitioner may submit a prescription order to the pharmacy for the OTC item using the sig code "Purchased by individual from commissary" for the medication order to appear in the Medication Administration Record (MAR).
2. The pharmacist will:
 - a. Check for any drug interactions or any other clinical contraindications in the current medication profile.
 - b. Notify the practitioner of any significant contraindication and delay dispensing the prescribed order.

B. Any clinical communication with an individual regarding an OTC item (e.g., Primary Encounter Report, Kite) should be appropriately documented in the health record.

C. OTC medications will remain on the medication profile unless the health care practitioner requests removal.


VI. OTC Items in the Inpatient Setting and in Intensive Management Units (IMUs), Intensive Treatment Units (ITUs), and Segregation

A. For patients housed in an Inpatient Unit (e.g., Close Observation Area, Infirmary, Residential Mental Health Unit) or in IMU/ITU/Segregation, OTC items will only be available by prescription order and dispensed by the pharmacy.

1. OTC items will be ordered only after a current medical evaluation determines the item(s) is appropriate to manage current health care needs.

B. OTC item orders will be:

1. Kept on Pill Line unless a health care practitioner allows the OTC to be issued to the individual.

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- a. The practitioner must write a separate prescription order for each OTC item and must rewrite it each time it is reordered.
 - b. If the nurse receives a prescription order that does not indicate if the OTC item should be Pill Line or Keep on Person, the OTC item will be kept on Pill Line until the prescription order is clarified.
2. Posted to a MAR and administered by appropriately licensed employees/contract staff per the Medication Administration and Documentation Procedure.
 3. Administered one dose at a time if the OTC item is dispensed from bulk or unit dose containers.

VII. Exceptions

- A. The Chief Medical Officer or Director of Pharmacy may grant exceptions to this policy on a case-by-case basis.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

None



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POLICY

TITLE
**COMMUNICABLE DISEASE, INFECTION
PREVENTION, AND IMMUNIZATION PROGRAM**

REVIEW/REVISION HISTORY:

Effective: 8/30/06
Revised: 1/14/08
Revised: 8/17/09
Revised: 1/10/11
Revised: 3/1/12
Revised: 5/1/15
Revised: 7/7/21
Revised: 6/3/22

SUMMARY OF REVISION/REVIEW:

Updated terminology throughout
III.D. and V.A.1. - Adjusted language for clarification

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

5/23/22

Date Signed

Signature on file

DAVID FLYNN,
Assistant Secretary for Health Services

5/23/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/31/22

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.02](#); [WAC 246-100-211](#); [WAC 246-101](#); [WAC 246-170](#); DOC 590.320 Residential Parenting Program; DOC 610.040 Health Screenings and Assessments; DOC 610.300 Health Services for Work Release Offenders; DOC 650.055 Needles, Syringes, and Hazardous Medical and Dental Instruments (RESTRICTED); DOC 890.030 Hazardous/Dangerous Waste Management; DOC 890.000 Safety Program; DOC 890.090 Respirator Program; DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment; DOC 890.600 Bloodborne Pathogen Protection and Exposure Response; DOC-DOH Health, Environmental, & Safety Standards; DOC Exposure Control Guide; [Pharmaceutical Management and Formulary Manual](#); Tuberculosis (TB) Screening Protocol and Management of TB Disease; [Washington DOC Health Plan](#)

POLICY:

- I. The Department has established a Communicable Disease and Infection Prevention Program to ensure a safe and healthy environment for everyone.
- II. Health services employees/contract staff will consult with the Washington State Department of Health and respective county health departments in the prevention and management of communicable and infectious disease, when indicated.

DIRECTIVE:

- I. General Requirements
 - A. The Department will maintain:
 1. An Exposure Control Guide that includes procedures for employees and contract staff to eliminate or minimize exposure to pathogens, and
 2. A written pandemic plan that includes preparation and response procedures to mitigate the outbreak of a pandemic.
 - B. Each facility will have personal protective equipment readily available for use and provide the procedures, equipment, and supplies necessary to meet the requirements in:
 1. DOC-DOH Health, Environmental, & Safety Standards for environmental safety and sanitation,

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2. DOC 650.055 Needles, Syringes, and Hazardous Medical and Dental Instruments (RESTRICTED) for medical/dental equipment decontamination,
3. DOC 890.000 Safety Program for prevention and training requirements,
4. DOC 890.030 Hazardous/Dangerous Waste Management for the disposal of biohazardous and infectious waste,
5. DOC 890.130 Job Safety Analysis, Hazard Assessments, and Personal Protective Equipment, and
6. DOC 890.600 Bloodborne Pathogen Protection and Exposure Response for preventing the risk of exposure and cleanup of blood or body fluid spills.

C. All employees and contract staff will use appropriate personal protective equipment and follow standard precautions unless instructed by health services or public health employees/contract staff to use additional precautions.

D. If an individual has been diagnosed with a serious communicable disease, health services employees/contract staff will instruct correctional employees/contract staff on measures to prevent transmission if measures beyond standard precautions are necessary.


1. Individuals in a Reentry Center may be transferred to a Prison for care per DOC 610.300 Health Care for Work Release Offenders.
2. Facilities will post visible signs that specify the type of precautions required when entering a cell/room as determined by the Infection Prevention Nurse (IPN).

II. Screening and Identification

A. Incarcerated individuals will be screened for infectious diseases per DOC 610.040 Health Screenings and Assessments and the Washington DOC Health Plan.

1. Individuals will be screened routinely for Tuberculosis (TB) and as required per the Tuberculosis Screening Protocol and Management of TB Disease.

B. Screening will be conducted for incarcerated individuals at intake, unless refused, for:

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1. Human Immunodeficiency Virus (HIV)
2. Hepatitis A, hepatitis B, and hepatitis C
3. Gonorrhea, chlamydia, and trichomonas for all females and any males under 30 years of age

III. Immunizations

- A. Immunizations will be provided to incarcerated individuals per the Washington DOC Health Plan and the Pharmaceutical Management and Formulary Manual.
 1. Before an immunization is administered, the individual will be provided information regarding possible adverse reactions including the current version of the [Centers for Disease Control and Prevention Vaccine Information Statements](#).
 - a. Administration of the vaccination and publication date of the Vaccine Information Statement provided to the individual will be documented on DOC 13-480 TB/Immunization Record.
- B. Before being assigned to work in Health Services, incarcerated individuals must complete the following. Individuals will be offered the COVID-19 vaccination, but it is not required.
 1. The hepatitis B series of immunizations or have a positive test for the hepatitis B surface antibody, and
 2. Influenza immunization appropriate for the upcoming influenza season, which will be required annually thereafter.
- C. Before being assigned to blood/body fluid or other potentially infectious material cleanup, incarcerated individuals must complete the:
 1. Hepatitis A total antibody, and
 2. Hepatitis A and/or B series of immunizations or have a positive test for the hepatitis B surface antibody.
- D. Incarcerated individuals at the Washington Corrections Center for Women should comply with immunization requirements in DOC 590.320 Residential Parenting Program.

IV. Droplet/Airborne Respiratory Pathogens

- A. Health services employees/contract staff involved in the direct care of incarcerated individuals (e.g., inpatient unit/transportation officers) will be

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qualified in N95 mask and/or Powered Air Purifying Respirator (PAPR) use per DOC 890.090 Respirator Program.

1. PAPRs may be used as an alternative for health services employees/contract staff who cannot wear N95 respirators due to existing medical conditions or facial hair.
2. During a pandemic response, employees/contract staff may be required to wear an N95 respirator and meet the necessary requirements.

V. Gastrointestinal Pathogens


- A. Individuals working in Food Services, who report or are observed to have a symptom(s) of an enteric (i.e., gastrointestinal) illness (e.g., nausea, vomiting, diarrhea, yellow eyes), will be removed from work until evaluated and cleared by Health Services.
 1. If a gastrointestinal pathogen is suspected, a Health Status Report will be completed for the duration of the illness.

VI. Treatment

- A. Individuals diagnosed with acute or chronic communicable diseases will receive prompt care, treatment, and medical isolation per the Washington DOC Health Plan, Department policy or protocol, and other recognized standards and guidelines using current infection prevention standards.
- B. Before being released into the community from a Prison or Reentry Center, health services or Reentry Center employees/contract staff will ensure continuity of care with available appropriate community resources is established.

VII. Prison Infection Prevention Committee

- A. Each Prison will have an Infection Prevention Committee to oversee communicable disease and infection prevention practices. This committee will meet at least quarterly.
 1. Members of the committee will include:
 - a. Facility Medical Director or clinical designee,
 - b. IPN or clinical designee,
 - c. Health Services Manager or administrative designee, and
 - d. Representative from custody.

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2. Regular membership and participation will also be sought from each clinical discipline, food service, lab, safety, physical plant, and facility administration.

B. Functions of the Infection Prevention Committee include:

1. Tracking communicable and infectious diseases, including conditions that require reporting, and identifying trends.
2. Submission of proposals to decrease incidence of communicable disease.
3. Evaluation of the facility's application of standard precautions, cleaning and disinfecting techniques, and the disposal of medical sharps and biohazardous waste.

C. Minutes of the Infection Prevention meetings will be submitted to the Health Services Manager/designee.


VIII. Reporting

A. Communicable and infectious diseases are reported to the Washington Department of Health per WAC 246-101 and the Department of Health [Notifiable Conditions Reporting](#) list. Prisons will also notify the facility's Infection Prevention Committee.

1. The IPN or treating practitioner will notify the local health jurisdiction in the county where the individual is housed of any reportable condition.
2. Disease reporting telephone numbers are available on the Department of Health [Local Health Jurisdiction Communicable Disease Reporting Lines](#). If no one can be reached at the local health jurisdiction and a condition requires immediate reporting, the IPN or treating practitioner will call the 24-hour reporting line at 1-877-539-4344.
3. Reentry Center employees/contract staff will work with Headquarters health services employees/contract staff as necessary to ensure proper reporting.

IX. Training and Education

- A. Employees will be provided training in communicable diseases and infection prevention in new employee training and on an annual basis.
- B. Incarcerated individuals will be provided information about transmission and methods to prevent future infection of self or others.

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1. HIV, viral hepatitis, TB, and sexually transmitted infection education is available to individuals anytime during their incarceration.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Tuberculosis (TB). Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 13-480 TB/Immunization Record



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DOC 690.400

POLICY

TITLE
INDIVIDUALS WITH DISABILITIES

REVIEW/REVISION HISTORY

Effective: 9/1/98 DOC 490.050	Revised: 6/10/13
Revised: 1/24/03	Revised: 5/25/15
Revised: 8/28/06	Revised: 4/25/17
Revised: 9/25/07 DOC 690.400	Revised: 12/21/20
Revised: 2/27/09	Revised: 6/3/22
Revised: 3/17/11	Revised: 6/7/24

SUMMARY OF REVISION/REVIEW:

Attachment 1, II.B., IV.A.1., IV.A.2.b., and IV.F. - Adjusted language for clarification
 Removed I.A.1. that access to all legal requirements will be provided
 II.A., II.B.1., IV.C.3., and IV.E.3.a. - Added clarifying language
 Added II.B.2. that a report of monthly accommodations will be sent to the HSA and appropriate
 Deputy Assistant Secretary
 Added III.A.2.a. that an evaluation may be conducted for sensory disability accommodation
 IV.B.1., IV.C., IV.E.2., and V.A.1.-3. - Removed unnecessary language
 Added II.A.2.a. that the Superintendent will be consulted for accommodations based on safety
 concerns and the ADA Coordinator will be notified of determinations
 Added IV.C.1.a.1) that the contracted education provider will be consulted

APPROVED:

Signature on file

12/11/23

MARYANN CURL, MD, MS
Chief Medical Officer

Date Signed

Signature on file

5/3/24

DAVID FLYNN, MPA
Assistant Secretary for Health Services


Date Signed

Signature on file

5/6/24

CHERYL STRANGE, Secretary
Department of Corrections

Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY PRISON/REENTRY/FIELD FACILITY/SPANISH MANUALS		
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	TITLE INDIVIDUALS WITH DISABILITIES		

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; DOC 420.250 Use of Restraints (RESTRICTED); DOC 550.100 Resolution Program; [29 U.S.C. § 794\(a\)](#); [Americans with Disabilities Act of 1990](#); [OCIO Policy 188](#); [Records Retention Schedule](#); [Rehabilitation Act of 1973 Section 504\(a\)](#)

POLICY:

- I. The Department will not discriminate on the basis of disability when providing services, programs, and activities. The Department will ensure the rights of individuals under the Department’s jurisdiction with disabilities are addressed consistent with legitimate penological interests. Individuals with disabilities are those with identifiable disabilities as defined by state and federal law.
- II. The Department is committed to providing individuals with disabilities access to/use of information, data, and content that is available to individuals without disabilities per section 508 of the Rehabilitation Act and Office of the Chief Information Officer (OCIO) Policy 188.
- III. The Department will determine the appropriate accommodation based on assessment of the individual’s disability and access needs, facility security and safety, accommodation effectiveness, and cost.

DIRECTIVE:

- I. General Requirements
 - A. The Department will provide access to:
 1. Programs designed to educate and assist those with disabilities, and
 2. Qualified employees/contract staff familiar with the challenges faced by individuals with physical, mental, or other disabilities.
 - B. Individuals with disabilities will be provided reasonable accommodation that allows participation in services, programs, and activities, which may include:
 1. Modifying policies, practices, or procedures, when reasonable,
 2. Removing barriers to access, and/or
 3. Providing auxiliary aids and services.
 - C. During orientation, individuals will be provided the information on the Notice of Rights for Individuals with Disabilities (Attachment 1) using an effective means of communication.

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1. The notice will be posted or available in prominent places at each Department facility, including reception/intake areas, living units, and libraries.

D. Restraint of individuals with disabilities will be addressed per DOC 420.250 Use of Restraints (RESTRICTED).

E. Individuals will be searched consistent with prudent security practices and consideration for their specific disability. The shift supervisor will provide directions for searching an individual whose disability prevents a routine search.

II. Responsibilities

A. The appropriate Appointing Authorities/Reentry Center Manager (RCM) will designate Americans with Disabilities Act (ADA) Coordinators for each facility or geographical area, who will facilitate local compliance with ADA requirements and Department policy.

B. The ADA Compliance Manager will provide:

1. Orientation and annual training to Prison, Reentry Center, and Community Corrections ADA Coordinators and will monitor compliance with ADA requirements.

2. A monthly report to the Health Services Administrator (HSA) that includes the number of monthly accommodations reviewed, approved, denied, deferred, and appealed.


a. The HSA will forward the report to the appropriate Deputy Assistant Secretary for Prisons/Reentry.

C. All facilities will develop emergency procedures for the rapid identification and safe evacuation of all individuals with disabilities. Individuals with disabilities will be instructed on emergency procedures specific to their needs.

1. Employees will be trained regarding the evacuation of individuals with disabilities.

D. Employees/contract staff will effectively communicate information, announcements, procedures, and other directions to individuals with disabilities.

1. ADA Coordinators or designated instructors will provide disability awareness training for employees and contract staff in direct contact with individuals with disabilities.


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III. Identifying Individuals with Disabilities


- A. Reasonable efforts will be made to identify individuals with disabilities at Reception Diagnostic Centers and Reentry Centers as soon as possible after coming under Department jurisdiction.
 - 1. The identification process will be interactive and will include employee/contract staff observations, self-reports, and/or documentation of an individual's disability.
 - 2. Referrals will be made to health services/mental health employees/contract staff/ADA Coordinators for evaluation and determination of disabilities.
 - a. The ADA Compliance Manager/designee may conduct an evaluation to determine the appropriate accommodation for a sensory disability.
- B. Individuals with disabilities who are housed in Department facilities are responsible for making their needs known to medical or classification employees/contract staff and/or the designated ADA Coordinator.
 - 1. Employees/contract staff will refer individuals unable to make their accommodation needs known to the designated ADA Coordinator.
- C. Individuals may be identified by the Department of Social and Health Services Developmental Disabilities Administration (DDA) as intellectually disabled and as eligible for and enrolled in their services.
 - 1. For individuals in Prison who are identified as intellectually disabled by the DDA, the case manager will complete an adaptive functioning review using DOC 13-457 Intellectual Disability Review at each regularly scheduled classification review.

IV. Accommodation Process


- A. Information provided by the individual, healthcare providers, and/or others qualified to evaluate disability and accommodation needs will be used to identify reasonable accommodations.
 - 1. The need for durable medical equipment or other accommodation for disability will be evaluated by health services employees/contract staff, ADA Coordinators, or the RCM as applicable.

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2. Safety and security concerns will take precedence when considering any accommodation and may result in the temporary or permanent suspension of any accommodation.
 - a. The Health Services Manager will consult the Superintendent to make a determination for any temporary or permanent suspension based on security.
 - 1) If an agreement cannot be reached, the Chief Medical Officer, Deputy Assistant Secretary for Health Services, and appropriate Deputy Assistant Secretary for Prisons will make a determination.
 - 2) The Superintendent will notify the ADA Coordinator of any permanent suspensions for determination of alternate accommodation.
 - b. Accommodations will be documented in the Health Services section of the electronic file by the:
 - 1) The ADA Compliance Manager when related to an Accommodation Status Report (ASR).
 - 2) The Health Services Manager when related to a Health Status Report (HSR).
3. If the action needed to provide effective access would create an undue burden by fundamentally altering a service, program, or activity, or undue financial and administrative burdens on the Department, the action may not be required.
 - a. Denials will be referred through the ADA Compliance Manager to the Secretary/designee, and the Department will investigate other means to provide effective access.
- B. Healthcare providers will document a medically necessary device(s) or accommodation on a HSR in the Health Services section of the individual's electronic file (i.e., OMNI-HS).
 1. The HSR will specify the duration of the accommodation.
 2. Health services employees/contract staff will issue medically necessary devices/accommodations and the individual will be provided with a copy of the HSR.

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- C. Durable medical equipment or accommodations that does not meet medical necessity criteria but are medically appropriate to allow individuals to participate in programs, services, and activities may be issued as a reasonable accommodation for a disability.
1. The ADA Coordinator will:
 - a. Consult with the individual's healthcare provider to verify that a disabling condition requiring accommodation exists.
 - 1) For education program accommodation requests, the contracted education provider will be consulted to identify appropriate accommodations.
 - b. Complete DOC 13-508 Accommodation Status Report and submit it to the Captain/senior custody officer for security considerations.
 - 1) The Captain/senior custody officer will approve/deny the accommodation and sign the form. If denied, the Captain/senior custody officer may make a recommendation for an alternative reasonable accommodation.
 - c. Scan the signed form and email a copy to the ADA Compliance Manager.
 2. The ADA Compliance Manager will chair the Accommodation Review Committee (ARC), which will review and approve, modify, or deny ASRs.
 - a. The ADA Compliance Manager may temporarily approve an ASR until the ARC can consider it for approval.
 - b. The ARC will include:
 - 1) ADA Coordinators who have submitted an ASR for consideration,
 - 2) A healthcare representative, if appropriate and requested by the ADA Coordinator,
 - 3) Program employees/contract staff if an ASR will affect the individual's program or activity,
 - 4) The facility's senior custody officer/designee when an ASR is not approved for security reasons.

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- a) Safety/security concerns that cannot be resolved will be referred to the facility's Superintendent/RCM for a final determination.
3. The ADA Coordinator will document decisions on DOC 13-510 Accommodation Review Committee - Decision Notification and, if approved, provide a copy of the ASR to the individual.
 4. ASRs will be valid for a maximum of one year unless otherwise specified by the ARC.
 5. Approved ASRs will be honored across facilities and will not require re-approval due to transfer.
 - a. Exception approval for a pager is not transferable since pagers are not available at all facilities and are designed for use only at a specific facility.
 6. The individual will be provided with DOC 13-510 Accommodation Review Committee - Decision Notification and a copy of the ASR if approved.
 7. Individuals may appeal the ARC's decision in writing to the ADA Compliance Manager within 10 days of receiving notification using DOC 13-584 Patient Appeal of Accommodation Review Committee Decision, and send to:

ADA Compliance Manager
Health Services
Department of Corrections
PO Box 41123
Olympia, WA 98504-1123

 - a. The appeal will be reviewed by the appeals committee consisting of:
 - 1) Chief Medical Officer/designee
 - 2) Medical Director/Quality Care Management/designee
 - 3) ADA Compliance Manager/designee
 - 4) Others designated as needed
 - b. The individual will be notified in writing of the outcome of the appeal on DOC 13-585 HQ ARC Appeals Committee Response to Patient Appeal.

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8. Individuals receiving durable medical equipment will sign DOC 13-400 Durable Medical Equipment (DME) Agreement.

- D. Health Services Managers may permit individuals to retain medically necessary durable medical equipment and/or customized assistive devices upon transfer or release unless the Facility Medical Director and/or the ADA Compliance Manager has been consulted and a determination has been made to the contrary. Such determination will be documented in the Health Record or the Health Services section of the electronic file as applicable.

- E. Previously approved durable medical equipment prescribed under an HSR may be permanently removed only by order of a healthcare practitioner.
 1. Facility employees/contract staff should not remove any assistive devices without approval of a healthcare practitioner or the ADA Coordinator.
 2. If the device presents a threat to safety and security, the Health Services Manager/designee will collaborate with the Superintendent on a decision regarding removal.
 - a. The Chief Medical Officer, Deputy Assistant Secretary for Health Services Operations, and appropriate Deputy Assistant Secretary for Prisons will resolve the issue if the Health Services Manager/designee and the Superintendent cannot come to an agreement.


- F. In Reentry Centers and the Community Corrections Division, the RCM or Community Corrections Supervisor will make the decision regarding durable medical equipment removal.

- G. Individuals may decline any accommodation offered.

- H. Facilities will develop a process to ensure employees/contract staff receive updated information regarding the specific needs of individuals with disabilities.

- I. Temporary disabilities and/or accommodations will receive case-by-case evaluation and review.

- V. Facility/Program Placement
 - A. Individuals with disabilities will:
 1. Be placed in facilities consistent with their health, safety, and security requirements. Housing will be accessible and allow for interaction with other individuals.

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- a. Individuals with disabilities will not be precluded from placement in a Level 2 facility or Reentry Center based solely on their disability.
 - b. Programs and services will be available and accessible to individuals residing in the facility.
2. Be allowed the opportunity to participate in programs, including work programs. They will be provided effective access and must be able to perform basic and/or essential functions of the work or program assignment.
 3. Receive education, equipment, and support necessary to perform self-care and personal hygiene in a reasonably private environment.
- B. Appropriately trained persons will be assigned to provide assistance to individuals with disabilities who are unable to perform activities of daily living.

VI. Documentation

- A. The facility Health Services Forms/Records Analyst will enter approved accommodations noted on the ASR in the Comments for Custody section of the individual's electronic file.
- B. Records related to individuals with disabilities, including assessments of accessibility and compliance with the Americans with Disabilities Act, will be retained per the Records Retention Schedule.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Disability, Intellectual Disability. Other words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

Notice of Rights for Individuals with Disabilities (Attachment 1)

DOC FORMS:

DOC 13-400 Durable Medical Equipment (DME) Agreement
 DOC 13-457 Intellectual Disability Review
 DOC 13-508 Accommodation Status Report
 DOC 13-510 Accommodation Review Committee - Decision Notification
 DOC 13-584 Patient Appeal of Accommodation Review Committee Decision
 DOC 13-585 HQ ARC Appeals Committee Response to Patient Appeal

NOTICE OF RIGHTS FOR INDIVIDUALS WITH DISABILITIES

THE RIGHT TO REASONABLE ACCOMMODATIONS

Individuals with disabilities have the right to receive reasonable accommodations to make programs and services accessible.

To ensure effective access to programs, activities, and services, the Department will, as needed by individuals with disabilities:

1. Make reasonable modifications in policies, practices, and/or procedures,
2. Remove barriers to access, and/or
3. Provide auxiliary aids and services.

If the action needed to provide effective access creates an undue burden or poses a legitimate safety or security concern, the action will not be required.

Deaf and hard of hearing individuals may get an interpreter and other services at facilities where needed in:

- Classification
 - Community supervision
 - Dental
 - Substance Use Disorder Treatment
 - Disciplinary hearing
 - Education
 - Resolution requests
 - Medical
 - Mental health
 - Programs
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HOW TO ASK FOR A REASONABLE MODIFICATION/ACCOMMODATION

Individuals with disabilities must ask the facility ADA Coordinator, case manager, or other Department personnel, in person or in writing, for accommodations, interpreters, and other services.

THE FACILITY/SECTION ADA COORDINATOR IS:

HOW TO FILE FOR RESOLUTION

Individuals who believe they were discriminated against by Department personnel because of their disabilities, have the right to file a request for a resolution per DOC 550.100 Resolution Program.

This notice will be posted or available for review in prominent places at each Department facility, including reception/intake areas, living units, and libraries.