

 <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p>	<p>CHAPTER: 1100</p> <p>INMATE HEALTH SERVICES</p>	<p>OPR:</p> <p>HS</p>
	<p>DEPARTMENT ORDER: 1101</p> <p><i>INMATE ACCESS TO HEALTH CARE</i></p>	<p>SUPERSEDES:</p> <p>DO 1101 (08/22/97) DI 261 (06/18/08) DI 296 (10/20/10) DI 307 (04/19/12)</p>
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PURPOSE

This Department Order requires inmates to be provided opportunities for reasonable and appropriate access to medical and dental health care at reasonable fees. The Department Order also requires appropriate and uninterrupted health care be provided to inmates with chronic health conditions. Security, program, transportation and health staff cooperate and coordinate their activities to provide scheduled health and emergency health treatment.

References to health care professional (i.e., Health Services, Mental Health Services, and Dental Services) are referring to the Health Services Contractor or their sub-contractors unless otherwise stated.

RESPONSIBILITY

The Assistant Director for ADC Health Services Contract Monitoring Bureau shall hold the Contractor providing Health Services accountable to ensure all inmates are provided access to scheduled and emergency (as needed) health care, and are not refused health care treatment due to financial reasons.

Health care shall be delivered through a joint effort of Health Services staff and security operations. Health Services staff are subject to the same security regulations as other Department employees. Clinical decisions and actions regarding health care services provided to inmates are the sole responsibility of qualified health care professionals.

Wardens, Deputy Wardens, and Administrators are responsible for ensuring security/transportation staff transport inmates for scheduled and emergency health care, and for ensuring appropriate security escort is provided when inmates are transported by ambulance.

The ADC Financial Services Bureau Administrator is responsible for providing a quarterly report relating to health care fees assessed to inmates to the Director and the ADC Assistant Director for Health Services Contract Monitoring Bureau.

APPLICABILITY - This Department Order applies to medical and dental health care services provided for inmates. For additional information concerning inmate health care functions, programs and controls, refer to the following Department Orders and NCCHC Standards:

- #108, Americans with Disabilities Act (ADA) Compliance.
- #1102, Communicable Disease and Infection Control.
- #1103, Inmate Mental Health Care, Treatment and Programs.
- #1104, Inmate Medical Records.
- #1105, Inmate Mortality Review.
- National Commission on Correctional Health Care 2008 Standards for Health Services in Prisons.

PROCEDURES

1101.01 GUIDELINES

1.1 The Health Services Contractor shall ensure providers have available to them the resources to provide a community standard of health care and appropriate referrals for inmates who appear for treatment.

1.1.1 Medications or restricted medical diets are available when medically necessary.

1.1.2 Interviews and treatment of inmates occur in private to the maximum extent possible to preserve confidentiality of the inmate-provider relationship.

1.1.3 When an inmate's behavior poses a danger to self or others, security staff shall monitor visits by health personnel with continuous, unimpaired, visual observations.

1.2 Condemned inmates shall not be transported off institutional grounds for routine medical appointments without the local Contract Health Site Manager coordinating transport with the Complex Warden at a minimum of 48 hours in advance to the medical appointment.

1101.02 CHARGING

1.1 The Contract Health Site Manager shall ensure Health Services staff forwards the original Appointment List, Form 1101-13 to the institution's business office each day.

1.2 The Institution's Business Manager shall:

1.2.1 Deduct the health fee from each inmate's account and deposit the monies in the State's General Fund within 30 calendar days.

1.2.1.1 If the inmate does not have sufficient funds in his/her account to pay the health fee, the Business Manager shall place a "hold" on the inmate's account for future debiting when funds become available.

1.2.2 Deduct, from all deposits into an inmate's account, including wages and mail money, any amounts on hold for health fees.

1.2.3 Ensure, when an inmate returns to custody after being released, but before his/her sentence has expired, any pre-existing obligations are posted to the inmate's account.

1.3 The Health Services Contractor shall submit statistical reports in accordance with the Health Services contract.

1.4 The Chief Financial Officer shall collect monthly statistics relating to health fees assessed to inmates (including fees collected and fees debited) and prepare a quarterly report to the ADC Assistant Director for Health Services Contract Monitoring Bureau, due by the 10th workday following the end of the quarter.

1101.03 APPOINTMENTS

1.1 Inmates (including parole violators and releasees returned to custody) may access Health Services of a NON-EMERGENCY nature by making an appointment, for which there may be a charge. To make an appointment, inmates shall:

1.1.1 Complete the Health Needs Request (HNR), Form 1101-10ES.

1.1.2 Deposit the Health Needs Request form in the appropriately labeled drop box.

1.2 Health Services staff shall:

- 1.2.1 Collect Health Needs Request forms from drop boxes daily, as designed by the Contract Health Site Manager. Such a schedule shall include the requirement for a daily pick-up and shall not interfere with, or delay the scheduling of inmate appointments.
- 1.2.2 Separate Triage Health Needs Request forms by discipline. Each discipline shall prepare an Appointment List form utilizing the Inmate Health System or similar system for each workday.
 - 1.2.2.1 Health Needs Request forms requesting non-emergency Mental Health or Dental Services shall be referred to the relevant mental health or dental staff in the appropriate unit within 24 hours of receipt of the Health Needs Request form.
 - 1.2.2.2 In the event a Health Needs Request form indicates a serious mental health emergency, nursing staff shall contact available mental health staff, including on-call mental health staff, if after-hours, weekends and holidays.
 - 1.2.2.3 In the event a Health Needs Request form indicates a serious dental emergency, nursing staff shall contact available dental staff, including on-call dental staff, after-hours, weekends and holidays.
- 1.2.3 Provide, at least 18 hours prior to the scheduled appointment, a copy of the Appointment List form to each unit.
- 1.2.4 Retain the original Appointment List form for reference by Health Services staff.
- 1.3 Mental health staff shall:
 - 1.3.1 Review Health Needs Request forms requesting Mental Health Services upon receipt of such Health Needs Request forms.
 - 1.3.2 Review Health Needs Request forms received during weekends and/or holidays no later than the next working day.
 - 1.3.3 Respond to Health Needs Request forms requesting non-emergency Mental Health Services with a specific Plan of Action (HNR Section IV) within five working days.
 - 1.3.4 Respond within 24 hours of receipt of Health Needs Request form indicating serious mental health symptoms or complaints by conducting a face-to-face evaluation.
 - 1.3.4.1 During weekends and/or holidays a health care professional may conduct the face-to-face evaluation and consult with the on-call mental health staff.
 - 1.3.4.2 Suicide attempts, threats or verbalizations shall be handled according to Department Order #807, Inmate Suicide Prevention, Precautionary Watches and Maximum Behavioral Control Restraints.

- 1.4 Dental health staff:
 - 1.4.1 Review Health Needs Request forms requesting Dental Services upon receipt of such HNRs.
 - 1.4.2 Review Health Needs Request forms received during weekends and/or holidays no later than the next working day.
 - 1.4.3 Respond to Health Needs Request forms requesting non-emergency Dental Services with a specific Plan of Action (HNR Section IV) written within five working days.
 - 1.4.4 Respond within 24 hours of receipt of dental emergency (pain) Health Needs Request form indicating serious dental symptoms or complaints by conducting a face to face evaluation.
 - 1.4.4.1 During weekend and/or holidays a health care professional may conduct the face-to-face evaluation and consult with the on-call dentist.
- 1.5 The shift supervisor or representative shall:
 - 1.5.1 Upon electronic receipt of the copied Appointment List form, ensure security staff notify the inmate of the date and time of his/her medical appointment and return the completed Appointment List form signed by each inmate on the list to the Health Unit.
 - 1.5.2 Be the only person who may request an unscheduled medical examination, consisting of an emergency examination/mental health assessment or a non-emergency "security-need-to-know" examination, for which the inmate shall not be charged.
 - 1.5.2.1 If, after the unscheduled medical examination, a treatment plan is prepared with the inmate's consent, Health Services staff shall have the inmate sign the Emergency Appointment List form for which the inmate shall be charged a health fee.
 - 1.5.2.2 If, after the unscheduled medical examination, a treatment plan is prepared, but the inmate does not consent to it, Health Services staff shall counsel the inmate and ensure information (regarding the treatment plan, the inmate's refusal to consent to treatment, the counseling provided to the inmate, and instructions about appropriate housing relative to the health findings) is placed in the Medical Record, and shall not charge a health fee.
 - 1.5.2.3 Ensure inmates who refuse to consent to a treatment plan are returned to the appropriate housing area in accordance with instructions provided by Health Services staff.
- 1.6 Health Services staff shall:
 - 1.6.1 Retain the Appointment List form in the Health Unit after it is signed and returned by the shift supervisor.

- 1.6.2 Have each inmate who appears for an appointment sign the Appointment List form.
- 1.6.3 Retain a copy of the original Appointment List form after it has been signed by each inmate.
- 1.6.4 Forward the original Appointment List form to the institution's Business Office daily.
- 1.7 Health Services staff shall notify the shift supervisor within four hours about inmates who do not appear for their scheduled appointments. Upon being notified, the shift supervisor shall:
 - 1.7.1 Investigate and determine why the inmate failed to appear for the appointment and notify the Health Unit.
 - 1.7.2 If the inmate refuses to keep the on-site appointment and refuses treatment, security staff shall bring the inmate, if compliant, to the Health Unit and health staff shall counsel the inmate on risks of refusing the appointment. If he/she still refuses the appointment, ask the inmate to sign the Refusal to Submit to Treatment, Form 1101-4 (Negativa de Someterse a Tratamiento, Form 1101-4S).
 - 1.7.2.1 If the inmate refuses to sign the form, Health Services staff shall have two independent witnesses attest to the refusal by signing the form.
 - 1.7.3 If the inmate agrees to the appointment and there is not sufficient time for health staff to conduct the appointment the inmate shall be rescheduled.
- 1.8 Health Services staff shall submit to the appropriate Deputy Warden or Administrator each workday an Information Report, Form 105-2, listing missed appointments for which the Health Unit has received no explanation or otherwise remain unresolved.
- 1.9 The Deputy Warden or Administrator shall investigate the circumstances of each unresolved missed appointment, and take appropriate action, ensuring the information regarding the missed appointment is transmitted to the Contract Health Site Manager for inclusion in the Medical Record within seven workdays.
- 1.10 Health Services staff shall reschedule the appointment if treatment is still needed.

1101.04 OUTSIDE SPECIALITY CARE CLINICAL APPOINTMENTS

- 1.1 When a health care provider has determined an outside specialist appointment is required for diagnosis or treatment of an inmate, the health staff shall:
 - 1.1.1 Explain the clinical need to the inmate.
 - 1.1.2 Complete an Inmate Outside Consultation Appointment Agreement, Form 1101-74.
 - 1.1.3 Ask the inmate to sign the Inmate Outside Consultation Appointment Agreement form.
- 1.2 If the inmate refuses to sign the Inmate Outside Consultation Appointment Agreement form (e.g., chooses not to go to a specialty appointment):

- 1.2.1 The health staff shall inform the inmate no specialty appointment will be made.
- 1.2.2 An informed refusal shall be documented in the Medical Record.
- 1.3 If the inmate agrees and signs the Inmate Outside Consultation Appointment Agreement form:
 - 1.3.1 The appointment shall be made and scheduling shall proceed according to routine procedures.
- 1.4 If, on the scheduled appointment day, the inmate refuses to go to the appointment or refuses to be seen by the consultant at the specialty clinic, the security staff shall issue a disciplinary ticket to the inmate utilizing the Inmate Disciplinary Report, Form 803-1, in accordance with Department Order #803, Inmate Discipline System.
- 1.5 If charges are billed to the Department for the refused appointment, the information shall be forwarded to the unit Disciplinary Officer for restitution of charges incurred.

1101.05 DETENTION

- 1.1 The shift supervisor shall:
 - 1.1.1 Notify health staff within one hour after an inmate is placed in detention as outlined in Department Order #804, Inmate Behavior Control.
 - 1.1.2 Notify health staff immediately if an inmate placed in detention is injured or appears to be ill, and follow up by submitting the Detention Assignment Checklist, Form 804-1.
 - 1.1.3 Allow inmates assigned to detention to submit a Health Needs Request form in accordance with the institution's post orders.
- 1.2 The Contract Health Site Manager shall:
 - 1.2.1 Require nursing staff, upon notification, to immediately review the inmate's Medical Record to determine if any health issue exists which would be impacted by the detention status; document their findings in the Medical Record; add their signature, date and time on the Medical Record; and respond appropriately.
 - 1.2.2 Require nursing staff, when the notification includes information the inmate is injured or appears to be ill, to conduct an immediate hands-on assessment (for which there is no health fee).
 - 1.2.3 Require health staff to visit an inmate placed in detention within 24 hours of notification by the shift supervisor (for which there is no health care fee). Health staff shall visit inmates in detention/segregation based on the following NCCHC Standards for which a Post Order shall be published identifying what NCCHC Standards is to be followed for detention/Special Management Units for the complex:
 - 1.2.3.1 P-E-09 "SEGREGATED INMATES".

- 1.2.3.1.1 Inmates under extreme isolation with little or no contact with other individuals are monitored daily by health staff and at least once a week by mental health staff.
- 1.2.3.1.2 Inmates who are segregated and have limited contact with staff or other inmates are monitored three days a week by medical or mental health staff.
- 1.2.3.1.3 Inmates who are allowed periods of recreation or other routine social contact among themselves while being segregated from the general population are checked weekly by medical or mental health staff.
- 1.2.3.2 Rounds shall be documented on Daily Isolation Flow Sheet, Form 1102-9.
- 1.2.3.3 Should circumstances, such as, an extreme shortage of health staff or a disturbance, preclude health staff from making a required visit, security staff shall provide the escort and supervision necessary to ensure access to health care.
- 1.2.4 Require mental health staff to visit an acutely Seriously Mentally Ill inmate placed in isolation or a lock-down cell within 24 hours of notification to Health Unit staff by the shift commander, except on weekends and holidays when the inmate shall be seen by a nurse within 24 hours, in consultation with a mental health staff. Mental health staff shall visit with Seriously Mentally Ill inmates in detention/isolation three times a week.
- 1.2.5 Require mental health staff to follow-up with a face-to-face visit with a Seriously Mentally Ill inmate on the first working day following the inmate's placement in isolation, and ensure timely and appropriate follow-up mental health treatment upon the inmate's release from isolation.
- 1.2.6 Require Health Services staff, when an inmate's housing, custody status or severity of illness precludes reporting to the Health Unit, to make daily visits to observe the inmate's health status and provide or coordinate any treatment required (for which there is no health fee).

1101.06 EMERGENCIES

- 1.1 Health Services staff shall:
 - 1.1.1 Add the inmate's name on the Appointment List form (ER) for the day.
 - 1.1.2 Provide appropriate health care (for which there may be a charge), immediately, when necessary, or during the appointment.
 - 1.1.3 Obtain verbal authorization from the ADC Assistant Director for Health Services Contract Monitoring Bureau or designee prior to the off-site transportation of a condemned inmate.

- 1.2 Warden, Deputy Warden and Administrators shall ensure:
 - 1.2.1 Security and/or transportation staff exerts every reasonable effort to transport inmates for emergency and scheduled health treatment.
 - 1.2.2 Appropriate security escort is provided if an inmate is in need of emergency treatment and is transported by an ambulance.

1101.07 CHRONIC ILLNESSES

- 1.1 Physicians, Physician's Assistants, Director of Nursing and nurses shall:
 - 1.1.1 Ensure the Chief of Security and the shift commander are given brief written instructions about the appropriate intervention for each medical emergency which may arise from a chronic condition existing in the institution.
 - 1.1.2 Ensure allergic substances, including medications, are recorded - in red ink - within the Medical Record file, i.e., on the problem list, medical history form, the outside front cover of the Medical Record jacket and the chronic condition card.
 - 1.1.3 Inmates with a chronic condition(s) must be entered into the Inmate Health System Monitored Condition Data base, or similar tracking system, to ensure inmates with a chronic condition(s) is seen on a regularly scheduled basis, as ordered by the health care provider.
 - 1.1.4 Re-order medications and treatments for inmates with chronic conditions in a timely manner so the inmates receive the necessary treatment for their chronic conditions without interruption or unnecessary delay.
 - 1.1.5 Notify the Contract Health Site Manager when a movement is required in order to provide a special assignment or special housing to accommodate an inmate's chronic condition.
- 1.2 The Contract Health Site Manager shall:
 - 1.2.1 When notified of a movement requirement:
 - 1.2.1.1 Arrange for an intra-facility movement, when appropriate.
 - 1.2.1.2 The Contract Health Site Manager shall coordinate with their chain of command and Offender Services Bureau to initiate inmate movement for medical reasons.
 - 1.2.1.3 Notify the Deputy Warden or Administrator.
 - 1.2.2 Ensure special arrangements are made for treatment or delivery of medications immediately after being notified of such a need by the supervising Physician or Director of Nursing.
 - 1.2.3 Chronic Condition Reporting shall be in accordance with the Contract Reporting Requirements.

- 1.3 Medical Records Clerks shall ensure the appropriate colored label, as described in the Medical Records Technical Manual, is placed in the Medical Record file pertaining to each inmate with a chronic condition.
- 1.4 For further information regarding movement of chronically ill inmates, see Department Order #108, Americans with Disabilities Act (ADA) Compliance.

1101.08 EXTRAORDINARY LIFE SUPPORT MEASURES – The Department and the Health Services staff shall ensure all efforts are taken to maintain the inmate’s life while on the prison complex.

- 1.1 During the receiving unit orientation or at the inmate’s Correctional Plan Review, the Correctional Officer III (CO III) shall interview the inmate and ensure (via signature as witness):
 - 1.1.1 Inmates read, or have read to them, the Right to Medical Care Directive forms.
 - 1.1.2 Inmates sign acknowledgment of their Right to Medical Care Directives forms.
 - 1.1.3 All COMPLETED Medical Care Directive forms, including the Acknowledgement form, are forwarded to the inmate’s medical and institutional records and a copy is provided to the inmate.
 - 1.1.3.1 The Medical Records Clerk shall file the forms into the Legal/Administrative section of the Medical Record.
 - 1.1.3.2 The Medical Records Clerk shall notate on the front of the Medical Record which forms have been signed by the inmate and date.
 - 1.1.3.3 The Institution Offender Information Unit shall file the forms in the inmate file.
- 1.2 The CO III shall also complete the following steps during the orientation or Corrections Plan interview:
 - 1.2.1 Meet with the inmate and provide them with all Medical Care Directive forms and attachments.
 - 1.2.1.1 The Medical Care Directive forms and attachments to be provided or read to the inmate are as follows:
 - 1.2.1.1.1 Revocation of Medical Care Directives, Form 1101-90;
 - 1.2.1.1.2 Durable Health Care Power of Attorney, Form 1101-97;
 - 1.2.1.1.3 Living Will (End of Life Care), Form 1101-98;
 - 1.2.1.1.4 Inmate Acknowledgement of Rights, Form 1101-99;
 - 1.2.1.1.5 Attachment A - WHO DECIDES? / QUIEN DECIDES?;
 - 1.2.1.1.6 Attachment B – Definitions of Medical Care Directive Forms.

- 1.2.2 Explain to the inmate how to complete the forms as referenced in 1.2.1.1 above.
- 1.2.2.1 To assist the CO III in explaining the Medical Care Directives forms, the CO III shall be provided with standardized explanations of the Medical Care Directive forms being provided to the inmate (See Attachment B, Definitions of Medical Care Directive Forms).
 - 1.2.2.2 To assist the inmate in understanding the purpose of the Medical Care Directives forms, the inmate may read or have read to them Attachment A, “WHO DECIDES? / QUIEN DECIDES?”.
 - 1.2.2.3 The CO III shall inform the inmate of the completed forms which have to be signed in the presence of the CO III. The CO III shall forward the completed forms (signed by inmate and witness signature by CO III) to the Medical Records Clerk and Institution Offender Information Unit. If the inmate does not want to complete the forms at that time, he/she may take the forms to review and notify the CO III by Inmate Letter, Form 916-1 requesting an appointment to meet with the CO III to finalize the forms.
 - 1.2.2.4 The CO III shall document in the Adult Inmate Management System (AIMS), comment code DT08 1 AC to indicate when the Medical Care Directive forms are given to the inmate. The DT08 comments shall be entered as follows: Under Action enter A; under TYPE, enter AC, Sequence 01 and enter the Comment “MCD forms provided” and the Date/CO III initials.
- 1.2.3 Upon receiving the completed Medical Care Directives forms, the Medical Records Clerk shall:
- 1.2.3.1 Enter DT08 1 ##### (ADC number) M2 when Living Will form is signed by inmate.

<u>ACTION</u>	<u>TYPE</u>	<u>SEQUENCE</u>	<u>COMMENTS</u>
A	M2	01	LW SIGNED/ DATE/INITIALS
 - 1.2.3.2 Enter DT08 1 ##### (ADC number) M3 when Power of Attorney form is signed by inmate.

<u>ACTION</u>	<u>TYPE</u>	<u>SEQUENCE</u>	<u>COMMENTS</u>
A	M3	01	POA SIGNED/ DATE/INITIALS
- 1.2.4 The Medical Records Clerk shall file the completed Medical Care Directives in the Legal/Administrative section of the Medical Record. The Medical Records Clerk shall note on the front cover of the Medical Record which forms are in the chart and date signed.

1.2.5 This is a onetime interview/documentation process for each inmate, except the inmate may request to change the original or subsequent decisions at any time. The CO III shall inform the inmate he/she may at any time sign, modify or revoke any or all of the forms provided by submitting an Inmate Letter form to the CO III.

1.2.6 The CO III shall be responsible for providing the inmate with the necessary forms when any changes are requested in writing by Inmate Letter form.

1.2.7 If an inmate desires to modify and/or revoke any or all of the Medical Care Directives, he/she shall submit an Inmate Letter form to the CO III. The CO III shall interview the inmate and provide the inmate with Revocation of Medical Care Directives (MCD) form.

1.2.7.1 In the event of a modification, the CO III shall provide the inmate with the appropriate form(s) he/she wishes to change, and then allow the inmate to make the change(s), and then forward the form to the Institution Offender Information Unit and Medical Records Clerk in the assigned unit with a copy for the inmate.

1.2.7.1.1 Under Action enter A; under TYPE, enter AC, Sequence 01 and enter the Comment “MCD forms modified & forwarded to MRL” and the date/CO III initials.

1.2.7.2 In the event of a revocation(s), the CO III shall provide the inmate with the Revocation of Medical Directives form, allow the inmate to complete it, sign it (both inmate and CO III), and then forward the completed form to the Institution Offender Information Unit and the Medical Records Clerk, who, in turn shall stamp the Directive “REVOKED”.

1.2.7.2.1 Under Action enter A; under TYPE, enter AC, Sequence 01 and enter the Comment “MCD revocation form updated and forwarded to MRL” and the date/CO III initials.

1.2.7.3 In the event of a modification and/or revocation, the Medical Records Clerk in the assigned unit shall update the inmate’s AIMS records accordingly. The Medical Records Clerk shall:

1.2.7.3.1 Enter DT08 1 ##### (ADC number) M4 when Living Will is revoked by the inmate.

<u>ACTION</u>	<u>TYPE</u>	<u>SEQUENCE</u>	<u>COMMENTS</u>
A	M4	01	LW REVOKED/ DATE INITIALS

1.2.7.3.2 Enter DT08 1 ##### (ADC number) M5 when Power of Attorney is revoked by inmate.

<u>ACTION</u>	<u>TYPE</u>	<u>SEQUENCE</u>	<u>COMMENTS</u>
A	M5	01	POA REVOKED/ DATE INITIALS

- 1.3 An inmate’s Pre-Hospital Care Directive or “Do Not Resuscitate (DNR)” request does NOT apply to security staff. A “Do Not Resuscitate” is for use only by outside health care providers, hospitals and/or hospice facilities. Health staff and correctional staff are obligated to engage life-saving measures to any inmate in physical distress regardless of the cause.
- 1.4 When Emergency Medical Staff (EMT/Paramedic) arrive the inmate shall be transported to the appropriate community emergency hospital.

1101.09 TERMINAL ILLNESSES – The Health Services Contractor shall provide on-site hospice care or arrange with the contracted community hospitals for the management of terminally ill inmates by:

- 1.1 Requesting copies of the "Do Not Resuscitate" procedures used at the hospital providing patient services for the terminally ill inmate.
- 1.2 Providing written notification to the hospital the Department shall not object to a “Do Not Resuscitate” order if:
 - 1.2.1 The order is written as a medical order by the physician.
 - 1.2.2 The hospital has a written procedure for such an order.
 - 1.2.3 The hospital procedures are the same for all patients.
- 1.3 Developing a liaison with the hospital and monitoring the condition of inmates who are hospitalized in critical condition.
- 1.4 Providing a copy of the inmate’s declaration upon admission to a hospital.

1101.10 DENTAL SERVICES

- 1.1 Initial Treatment
 - 1.1.1 Within seven days of entering the system, all inmates shall have the following performed:
 - 1.1.1.1 A Panorex x-ray or two bite wing x-ray.
 - 1.1.1.2 A dental exam consisting of either the screening of the x-rays or visual examination by the dentist or hygienist.
 - 1.1.1.3 Oral hygiene instruction and a soft tissue exam on those patients seen by a dentist/dental hygienist.
 - 1.1.2 Dentists shall classify all patients according to dental treatment needs via the visual exams or screening of the Panorex x-ray, as follows:
 - 1.1.2.1 Class I - No further treatment.
 - 1.1.2.2 Class II - Routine treatment needed. (Second priority)
 - 1.1.2.3 Class III – immediate need. (First priority)

- 1.1.3 All Class III patients who have had only a screening of the x-rays shall be seen by a dentist within thirty days from the date of screening for oral hygiene instruction and soft tissue exam supporting x-ray, and necessary treatment at the receiving facility.
 - 1.1.3.1 The examination notice shall advise the patient a "no show" shall be treated as a refusal of treatment unless he/she advises the dentist/hygienist of some other reason for the "no show."
 - 1.1.3.2 A Class III patient who fails to show for an appointment and further fails to contact the dentist shall institute a new request for treatment.
 - 1.1.3.3 Minor inmates shall have the right to refuse treatment. Such refusals shall be referred to the minor inmate's caseworker.
- 1.1.4 All patients classified as I or II and who request treatment at the receiving facility shall be seen by the dentist within three months from date of screening. The dentist shall:
 - 1.1.4.1 Chart all treatment which is required in the dental chart when first contact is made with the patient. The treatment plan shall not be completed until clinical examination has occurred.
 - 1.1.4.2 Outline the treatment plan in sequential order of the treatment phase.
 - 1.1.4.3 Determine the extent of treatment, including extractions, restorations, periodontal treatment, prosthesis and consultation with referral to a recognized specialist in dentistry (e.g., an oral surgeon or orthodontist).
 - 1.1.4.4 Take and record a dental/medical history on the dental chart when the patient is first seen.
 - 1.1.4.5 Record a complete charting of all existing restoration and missing teeth on the dental chart upon initial contact with the patient.
 - 1.1.4.6 Place a color label on the upper left corner of the dental folder to indicate class status, as indicated below. This determination may initially be made via screening of the Panorex x-ray or initial visual exam by either the dentist or hygienist.
 - 1.1.4.6.1 Class I – Green.
 - 1.1.4.6.2 Class II – Yellow.
 - 1.1.4.6.3 Class III – Red.
 - 1.1.4.7 Place a color label of blue next to the classification label of red or yellow to indicate the patient has refused treatment, and indicate the refusal date. The inmate shall then have to initiate request for any further treatment.
 - 1.1.4.8 Alter all classification in the dental chart and color label accordingly as work progresses to indicate new classification.

- 1.1.4.9 Record all treatment rendered in the dental chart. Included shall be the date, facility, tooth number, treatment rendered, anesthesia (amount and type) and signature of dentist/hygienist providing treatment. The name stamp shall be used next to the provider's signature.
- 1.1.4.10 Enter any medication prescribed in the Medical Record in the appropriate area.
- 1.2 Pre-Existing Orthodontic Treatment - The Department shall ensure inmates entering an institution upon commitment are currently undergoing orthodontic treatment shall not have treatment interrupted or changed without the written approval of the orthodontist or dentist of record.
 - 1.2.1 A complete history shall be obtained, including dentist of record, date treatment started and course of treatment to date.
 - 1.2.2 The history information shall be provided to the Statewide Dental Director immediately upon compilation.
 - 1.2.3 No treatment shall be performed, other than in an emergency situation, unless authorized by the Statewide Dental Director.
 - 1.2.4 If authorized, the dentist or orthodontist of record shall be contacted by the dentist and/or dental hygienist, and any necessary arrangements shall be made for follow-up treatment.
 - 1.2.5 Prosthesis - Each dental unit shall maintain a Dental Prosthetic List, Form 1101-15, containing names of inmates requesting full or partial dentures, or who are found to be in need of them.
 - 1.2.5.1 Prostheses shall be assigned according to the following priorities:
 - 1.2.5.1.1 First Priority - Given to inmates requiring full dentures in order to be able to chew.
 - 1.2.5.1.2 Second Priority - Given to inmates requiring partial dentures due to not being able to properly chew because of a large number of missing teeth or non-occluding teeth (inmates with less than six posterior occluding natural teeth).
 - 1.2.5.1.3 Dentists shall exercise their best professional judgment in determining the actual need for removal, repair or replacement of dentures, and shall not simply respond to a demand for such services.
 - 1.2.5.2 Inmates requesting replacement of existing prostheses supplied at State expense shall be examined by a dentist, who shall determine if a remake is needed.

- 1.2.5.2.1 If the dentist determines an inmate has damaged a prosthesis in an attempt to obtain a replacement, the dentist shall take disciplinary action against the inmate for damage of State property.
 - 1.2.5.2.2 Replacement of inmate-damaged prostheses shall require the approval of the Statewide Dental Director.
 - 1.2.5.3 Full or partial prostheses provided by the State shall not be replaced routinely until five years have elapsed since the insertion of the prosthesis, and then only if the examining dentist deems it necessary.
 - 1.2.5.4 State-purchases lost or broken prostheses shall not be replaced routinely until the waiting list for a prosthesis is exhausted, or approval is obtained from the Statewide Dental Director.
 - 1.2.5.5 A partial prosthesis made at State expense remains State property until the inmate leaves the jurisdiction of the Department.
 - 1.2.5.6 Partial dentures and anterior flippers shall not be provided for cosmetic or aesthetic reasons.
 - 1.2.5.7 Replacement or repair of gold crowns, porcelain crowns, fixed bridges or gold inlays shall not be provided.
- 1.3 Emergency Dental Care - The dentist at each institution shall prepare an on-call schedule for each month, in accordance with Department Order #512, Employee Assignments, Work Hours, Compensation and Leave.
- 1.3.1 Should a dental emergency arise outside of regular client hours, a member of the on-duty health staff shall notify the on-call dentist to arrange for the provision of necessary treatment.
 - 1.3.2 The on-call dentist shall keep the institution informed as to where he/she can be reached for emergency calls.
 - 1.3.3 For institutions which utilize Dental Services, the dentist shall be available for emergency calls.
 - 1.3.4 The Statewide Dental Director shall be available for consultation at any time.
- 1.4 Fracture of Facial Bones - Inmates examined for facial injury shall be referred to the on-duty or on-call dentist/hygienist for examination and any necessary treatment for fractures of facial bones.
- 1.4.1 Depending on the circumstances of the case and the presence or absence of non-facial conditions, the dentist/hygienist shall evaluate the case and advise on treatment/disposition accordingly.
 - 1.4.2 For institutions which utilize Dental Services, the dentist shall be called to evaluate the case and advise on treatment/disposition accordingly.

- 1.5 Outside Dental Treatment - All outside dental treatment or specific laboratory work, except for emergencies, shall receive prior approval from the Statewide Dental Director.
 - 1.5.1 Prior to arranging treatment by outside dental providers or specific dental laboratory work, the staff or dentist shall submit a request for such contract work to the Statewide Dental Director. The request shall contain sufficient information to allow for proper evaluation of the request.
 - 1.5.2 Upon receipt, the Statewide Dental Director shall evaluate the request and approve or disapprove it. The Statewide Dental Director shall thereupon, immediately notify the dentist making the request of the disposition.
 - 1.5.3 All outside dental treatment plans in excess of fifty dollars total cost shall have the prior approval of the Statewide Dental Director.
 - 1.5.3.1 A Dental Chart, Form 1101-1, shall be completed and sent to the Statewide Dental Director for review of the request.
 - 1.5.3.2 Disposition of the request shall be noted on the form, which shall then be forwarded to the provider.
 - 1.5.4 Upon completion of the outlined treatment, the form shall be returned to the Statewide Dental Director, indicating date(s) of completion of treatment.

1101.11 VETERANS ADMINISTRATION

- 1.1 All inmates who report serving in the United States Armed Forces shall complete a Veterans Administration (VA) Benefits Information form, available through the Health Unit or CO III.
- 1.2 All Medical Records of inmates who have served in the Armed Forces shall be marked with the VA stamp on the external face of the record jacket.
- 1.3 When any Physician or Physician's Assistant elects to refer an inmate to a regional VA Medical Center for health care which is not available within the Department, the Contract Health Site Manager or designee shall be notified.
- 1.4 The Contract Health Site Manager, with the approval of the Medical Director for Health Services shall:
 - 1.4.1 Substantiate all of the VA eligibility criteria are met in consultation with the Warden.
 - 1.4.2 Immediately forward completed consultation forms to the person responsible for scheduling appointments.
 - 1.4.3 Refer inmates eligible for medical treatment to the VA Medical Center with a consultation form completed by the Physician or Physician's Assistant.

1101.12 REFUSAL OF TREATMENT

- 1.1 Non-Life Threatening - When an inmate with a medical condition is not life-threatening refuses medical treatment, health staff shall:
 - 1.1.1 Explain to the inmate the consequences of not receiving treatment.
 - 1.1.2 Complete a Refusal to Submit to Treatment form in the inmate's presence, and file it in the Unit Medical Record.
 - 1.1.3 Ask two staff members, if the inmate refuses to sign the form, to witness the inmate's refusal and sign the form, indicating the inmate's refusal.
 - 1.1.4 Honor the inmate's preference, if the inmate continues to refuse medical treatment.
 - 1.1.5 Notify the Warden, Deputy Warden or Administrator the inmate has refused medical treatment for a condition which is not life-threatening.
 - 1.1.6 Provide staff with instructions on how to respond to future medical situations involving the inmate who refused treatment.
 - 1.1.7 Thoroughly document the situation for future reference and litigation which may occur, and be prepared to testify if subpoenaed to do so.
- 1.2 Life-Threatening – When an inmate with a medical condition is life-threatening refuses medical treatment, health staff shall:
 - 1.2.1 Immediately notify the Contract Health Site Manager.
 - 1.2.2 Explain to the inmate the consequences of not receiving treatment.
 - 1.2.2.1 If the inmate is mentally incompetent, health staff shall request the inmate be admitted to a tertiary provider or transferred to ASPC-Phoenix, Alhambra B Ward, whichever best serves the inmate's emergent need, in accordance with Department Order #1103, Inmate Mental Health Care, Treatment and Programs.
 - 1.2.3 Complete a Refusal to Submit to Treatment form in the inmate's presence, if the inmate continues to refuse treatment. The form shall be placed in the Medical Record.
 - 1.2.4 Thoroughly document the situation for future reference and litigation which may occur, and be prepared to testify if subpoenaed to do so.
 - 1.2.5 Provide medical treatment if a court orders treatment to be provided.
 - 1.2.6 If the court does not order treatment, and the inmate continues to refuse treatment, honor the inmate's preference.
 - 1.2.7 The Contract Health Site Manager shall:

- 1.2.7.1 Immediately advise the Health Services Regional Manager and the ADC Contract Monitor the inmate has refused medical treatment for a condition which is life-threatening.
- 1.2.7.2 Immediately advise the Warden, Deputy Warden or Administrator the inmate has refused medical treatment for a condition which is life-threatening, and provide instructions on how to respond to future medical situations involving the inmate who refused treatment.
- 1.2.7.3 Ensure a Significant Incident Report is completed in accordance with Department Order #105, Information Reporting, and a copy of the report is forwarded to the Warden, Deputy Warden or Administrator.
- 1.2.8 The Health Services Contractor shall immediately contact the Department’s General Counsel to coordinate with the Attorney General’s Office to obtain a court order to provide necessary treatment.
 - 1.2.8.1 The Department’s General Counsel shall contact the Office of the Attorney General to request a petition of the court for an order mandating the Department to provide necessary treatment to the inmate.

1101.13 INMATE HUNGER STRIKES (JULY 10, 2000) – The Department recognizes an inmate may refuse nutrition as a hunger strike to achieve a personal objective. The Department shall attempt to resolve any issues which may lead an inmate to attempt a hunger strike; however, the Department shall not violate or overturn any Department written instructions, guidelines or procedures to stop the hunger strike.

- 1.1 Department and Health Services staff shall monitor the health and welfare of an inmate engaged in a hunger strike and shall ensure legal and medical procedures are pursued to preserve the inmate’s life.
- 1.2 An inmate shall be considered to be on a hunger strike when:
 - 1.2.1 The inmate communicates the fact to staff and is observed by staff to be refraining from eating for a period of time, ordinarily in excess of 72 hours.
 - 1.2.2 Staff observe the inmate to be refraining from eating for a period in excess of 72 hours. When staff considers it prudent to do so, a referral for medical evaluation may be made without waiting 72 hours.
- 1.3 The appropriate staff member shall report the hunger strike using a Significant Incident Report, Form 105-3 in accordance with Department Order #105, Information Reporting. Health Services staff shall report the hunger strike through their chain of command.
- 1.4 In consultation with the appropriate management staff, Wardens may attempt to address any issues raised by the inmate; however, no Department written instructions, procedures or guidelines shall be violated in addressing the issue(s).
 - 1.4.1 The Warden or designee shall contact the Senior Chaplain of the institution and arrange for a Chaplain to visit the inmate.

- 1.4.1.1 The Chaplain shall attempt to determine if any religious issues are involved, or if the inmate's wishes to be visited by a qualified religious leader of the inmate's chosen religion.
 - 1.4.1.2 The Chaplain shall advise the Warden and the Pastoral Activities Administrator of any religious issues associated with the hunger strike and arrange the pastoral visit if the inmate requests one.
- 1.5 When notified an inmate is engaged in a hunger strike, the appropriate Health Services staff shall examine the inmate and conduct an initial evaluation.
 - 1.5.1 Health staff shall establish the inmate's base line weight and vital signs, conduct a standard automated chemistry panel, a routine urinalysis and a chronic disease history.
 - 1.5.2 A Psychiatrist or Psychologist shall administer a mental health assessment as to the inmate's capacity to make decisions.
 - 1.5.2.1 If, as a result of the mental health assessment, the inmate is found to not have the capacity to make decisions, legal proceedings shall be initiated by the Legal Services/Discovery Unit to obtain a court order for forced care.
 - 1.5.2.2 If an inmate, initially found to have the capacity to make decisions, is later determined to not have the capacity to make decisions, the Legal Services/Discovery Unit shall initiate appropriate legal proceedings to obtain a court order for forced care.
- 1.6 If the inmate is determined to have the capacity to make decisions his/her medical status shall be monitored as follows:
 - 1.6.1 The inmate shall be moved to a single occupant cell and shall be provided with three meals per day and an adequate supply of drinking water.
 - 1.6.2 Security staff shall confiscate store purchased food or other private food supplies from the inmate. Confiscated items shall be held for the duration of the hunger strike. The inmate shall not be allowed to purchase any food items from the inmate store while under hunger strike management.
 - 1.6.3 Health Services staff shall take and record the inmate's weight and vital signs at least once every 24 hours. Other medical procedures, including mental health assessments, shall be repeated as medically indicated.
 - 1.6.4 The inmate shall be monitored in accordance with the Health Services Technical Manual. At the discretion of the inmate's treating physician, the inmate shall undergo additional medical and lab testing.
 - 1.6.4.1 An interdisciplinary clinical staffing panel as outlined in the Health Services Technical Manual shall determine any potential issues and attempt to resolve them. The inmate shall be informed of the medical consequences of the hunger strike and shall be asked to sign a Refusal to Submit to Treatment form acknowledging understanding the consequences.

- 1.7 When the appropriate Health Services staff considers it medically mandatory, the Health Services supervising physician or his/her designee shall ensure the inmate is admitted to an acute care facility for observation and/or treatment.
- 1.8 The Health Services, through the Legal Services/Discovery Unit, shall notify the Department's General Counsel Office advising of the need to begin preparing a court order for involuntary forced feeding, if necessary, at least 72 hours prior to hospitalization.
 - 1.8.1 If the appropriate Court orders forced feeding, the inmate shall remain in an acute care facility for appropriate forced treatment.
 - 1.8.2 Any needed forced treatment shall be terminated if/when the inmate ends the hunger strike, or voluntarily consumes sufficient nutrition to sustain life and prevent serious harm as determined by a physician.
 - 1.8.3 If the Court orders the Department to honor the wishes of the inmate, the inmate shall remain in an acute care facility for observation and/or treatment. The Department shall follow the order of the court.
- 1.9 A declared hunger strike shall be documented as terminated upon the inmate's ingestion of food, excluding water and medication, for a sufficient period of time as determined by a physician.
 - 1.9.1 When the physician has determined supervision is no longer necessary, the decision shall be documented and supervision shall end.

1101.14 PRESCRIPTIONS

- 1.1 Health care providers shall:
 - 1.1.1 Prescribe medications for inmates as needed.
 - 1.1.2 Provide injections to inmates when a prescription requires periodic intra-muscular injections.
 - 1.1.2.1 The syringe and medication shall not be issued to the inmate.
- 1.2 Medications shall be dispensed in accordance and compliance with all State and Federal laws governing the practice of pharmacy.
- 1.3 Dispensing Medications
 - 1.3.1 Inmates may possess no more than a 30-day supply of medications, not to include some psychotropic medications or any controlled substances.
 - 1.3.2 Upon receipt of medications from a pharmacy, a nurse shall document such receipt and make the medications available to inmates.
 - 1.3.3 Non-medical Department staff may deliver prescriptions to the inmate, provided all medications are signed for by the inmate and accountability is ensured.

1101.15 **TRANSGENDER INMATES**

1.1 Initial Health Assessment

1.1.1 In the event an inmate has clear visible physical characteristics aimed at achieving gender reassignment, or their gender is unknown, determination of physical gender shall be conducted by medical practitioners in a private setting.

1.1.2 In the event the inmate refuses evaluation to determine gender by the medical practitioner, a completed and signed medical refusal form shall be required with documentation on the inmate’s Medical Record.

1.1.2.1 The medical practitioner shall notify the Contract Health Site Manager.

1.1.2.2 The Contract Health Site Manager shall notify the Reception Center Deputy Warden and advise a medical hold shall be placed on the inmate pending completion of the gender determination. The inmate is to remain at the Reception Center pending the gender evaluation.

1.1.2.3 The medical practitioner shall attempt to complete a physical examination daily for two consecutive business days. A medical refusal form shall be completed on each occasion and shall be documented in the inmate’s Medical Record. If after the second attempt the inmate continues to refuse the medical practitioner shall notify the Contract Health Site Manager.

1.1.2.4 The Contract Health Site Manager shall convene an Ad Hoc Transgender Committee staffing meeting consisting of the Reception Center Deputy Warden, supervising Physician, supervising Psychologist, and the Director of Nursing (or the designees of each listed above) within two business days of the second refusal of the inmate to submit to a physical examination.

1.1.2.4.1 The Transgender Committee shall review and discuss inmate’s continued refusal to participate in gender determination, identify alternatives to acquiring inmate’s cooperation and ensure all methods and means of securing inmate’s cooperation are utilized.

1.1.2.4.2 The Transgender Committee shall meet with the inmate to attempt to gain the inmate’s willing cooperation in determining his/her gender. If the inmate continues not to cooperate, the Committee shall advise the inmate a forced examination shall be conducted. The inmate shall be given 24 hours to reconsider his/her decision not to cooperate. Minutes of the meeting shall be filed in the legal section of the inmate’s Medical Record.

- 1.1.2.4.3 The Contract Health Site Manager shall reconvene the Committee after 24 hours to record the inmate’s decision. If the inmate agrees to cooperate the physician’s examination shall be conducted. If the inmate continues to refuse, a refusal form shall be completed and a forced examination shall be scheduled to determine the inmate’s gender.

IMPLEMENTATION

Within 90 days of the effective date of this Department Order, the ADC Assistant Director for Health Services Contract Monitoring Bureau shall update the following Technical Manuals, which shall address, at a minimum:

- Intermittent Self-Catheterization and Self-Colostomy Management.
- Dental Services.
 - Routine and Emergency Care.
 - Orthodontics.
 - Protheses.
 - Fractures of Facial Bones.
 - Outside Services.
- Nursing Operations and Seasonal Nursing Pools.
- Pharmacy Services.

DEFINITIONS

ANTERIOR FLIPPER - A plastic partial replacing one or more missing anterior teeth.

APPOINTMENT LIST - A roster prepared daily by Health Services staff indicating all scheduled inmate appointments for medical, mental and/or dental health care.

BRIDGE - A partial denture anchored to adjacent teeth which fill a gap.

CHRONIC CONDITION - One of the following health conditions, which are coded as shown the Medical Record file:

- ADA Qualified Inmates Requiring Regular Examinations and/or Treatment (Universal Handicapped Sticker) - An inmate who has a disability, as defined by 42 U.S.C.' 12102(2) of the Americans with Disabilities Act, for which regular examinations and/or treatment are related to a qualifying disability under the Act. Health care providers shall determine whether such examinations and/or treatment are related to the qualifying disability.
- Allergies (Red) - An abnormal response to any substance.

- Cancer (Yellow) - A current or past malignancy.
- Developmentally Disabled (Brown with White stripe) - An inmate whose mental retardation, cerebral palsy, epilepsy, or autism results in substantial functional limitations in the areas of self-care, ability to communicate, and mobility, making necessary the ongoing provision of special Health Services.
- Diabetes (Dark Blue) - Diabetes mellitus.
- Heart Disease (Light Blue) - Current or past disease which requires on-going treatment and/or supervision.
- Hypertension (Dark Green) - High blood pressure which requires treatment and/or dietary intervention.
- Mental Illness (Brown) - Serious mental illness, as defined in Department Order #1103, Inmate Mental Health Care, Treatment and Programs.
- Mentally Impaired (Brown With White Dot) - An intelligence quotient (IQ) of less than 70.
- Positive Purified Protein Derivative Skin Test (PPD) (Black with White dot) - A positive tuberculosis skin test.
- Respiratory Disease (Orange) - An asthmatic condition, emphysema, chronic bronchitis and/or chronic obstructive pulmonary disease.
- Seizure Disorder (Purple) - A generalized tonic-clonic seizure (grand mal), a partial seizure (psychomotor) or an absence seizure (petit mal).
- Seriously Mentally Ill (Brown) - Emotional or behavioral functioning in adults which meets criteria established by the Arizona Department of Health Services, Division of Behavioral Health Services checklist.
- Tuberculosis (Black) - Active and/or inactive tuberculosis.

CHRONIC CONDITIONS REQUIRING REGULAR EXAMINATIONS AND/OR TREATMENT - Cancer, diabetes, hypertension, seizure disorder, heart disease, respiratory disease, tuberculosis, HIV/AIDs, serious mental illness (and other mental illnesses of inpatients at the Alhambra Special Psychiatric Hospital and the Flamenco Mental Health Center,) or any condition requiring regular examinations and/or treatment which are directly related to a qualifying disability, as defined by 42 U.S.C. '12102(2) of the Americans with Disabilities Act. Arizona Department of Corrections health care providers shall determine whether regular examinations and/or treatment are directly related to a qualifying disability. There is no health care fee for these conditions.

CROWN - Artificial substitute for portion of tooth external to the gum.

DECLARATION - A "Declaration of Intent to Limit Extraordinary Life-Support Procedures," Form 1101-9, signed by an inmate and two witnesses. A completed declaration establishes the inmate's intent to limit extraordinary life support procedures intended only to prolong the dying process would otherwise be administered for an incurable and terminal medical condition.

EMERGENCY - An inmate's current health condition which receives immediate attention.

FIXED BRIDGE - Bridge cemented in place and non-removable.

HEALTH CARE FEE - A charge not to exceed \$5.00 (currently \$4.00) which is deducted from the account of an inmate, parole violator or other return-to-custody inmate, for each health care appointment and emergency treatment initiated or required by a Health Needs Request (including, but not limited to, treatment of injuries incurred due to the inmate's misconduct and injuries sustained during the inmate's recreational/leisure activity or work assignment). No one shall waive the payment of health care fees, except in the following situations:

- Inmates whose health visits are initiated by medical, dental or mental health staff.
- Inmates whose visit to a health care provider is due to a referral from another provider.
- Inmates assigned to reception centers.
- Minor inmates.
- Pregnant inmates.
- Seriously mentally ill inmates.
- Developmentally disabled inmates who are assigned to the Special Programs Unit.
- Inmates who are assigned to Housing Unit 8 at ASPC-Florence, Central Unit.
- Inmates who are inpatients at the Alhambra Special Psychiatric Hospital at ASPC-Phoenix.
- Inmates who are inpatients at the Flamenco Mental Health Center at ASPC-Phoenix.
- Inmates who undergo follow-up health treatment specifically for their chronic conditions per provider request.
- Inmates undergoing administrative examinations are required by Department Order, such as:
 - Physical examinations for assignment to statewide driver, fire-fighting crew, and the kitchen.
 - Physical examinations of inmates who are returned to custody.
 - Response to suicide prevention/watch or progressive/maximum behavior control.

HEALTH NEEDS REQUEST - Health Needs Request (HNR) Form 1101-10ES, used by inmates to make an appointment for non-emergency health care.

HEALTH NEEDS REQUEST (HNR) (Emergency) - Form 1101-11 or Peticion de Necesidades Medicas (Solo Para Uso de Peticiones Comunes), Form 1101-11S, used by inmates to make an appointment for emergency health care.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) - A virus which infects and destroys certain white blood cells, thereby undermining a person's immune system which normally combats infections and disease. HIV may be symptomatic or asymptomatic.

LIFE SUPPORT SYSTEM - Devices or machines such as mechanical ventilators provide necessary bodily functions for medical patients.

LIFE THREATENING - A medical condition which could, in a physician's opinion, lead to an inmate's death if not treated.

MEDICAL APPOINTMENT - A scheduled time for an inmate to see a health care provider, nurse or attend a one-on-one mental health appointment, mental health group, dental appointment or specialty clinic.

MEDICAL FURLOUGH - Any authorized absence of an inmate from an institution for medical reasons.

MEDICAL ORDER - A document signed by the attending physician who outlines the type of medical treatment to be given an inmate. The medical order becomes part of the patient's hospital record.

MEDICAL STAFF – Health care providers, including physicians, physician's assistants, nurses and Directors of nurses.

NON-EMERGENCY - An inmate's current health condition which does not require immediate attention and for which a request is generated by a Health Needs Request form. This includes review of the Medical Record.

PROSTHESIS - Full or partial dentures (false teeth).

PROVIDER – Health care professional's approved by the Assistant Director for the ADC Health Services Contract Monitoring Bureau to examine an inmate and administer/order health treatment. Included are Physicians, Psychiatrists, Psychologists, Dentists, Physician Assistants, Director of Nurses, Psychologist Associates, Mental Health Assistants, and Nurses.

RECEPTION CENTER - One of the following facilities is used to receive new commitments:

- ASPC-Phoenix, Alhambra Reception and Treatment Center: Adult male inmates.
- ASPC-Florence, Cell Block 6: Adult male inmates sentenced to death.
- ASPC-Perryville, Santa Maria: Adult female inmates, adult female inmates sentenced to death and minor female inmates sentenced as adults.
- ASPC-Tucson, Rincon: Minor male inmates sentenced as adults.

RELEASE - The following types of release, in accordance with Department Order #1001, Inmate Release System:

- Compassionate Leave.
- Discretionary Release.
- Emergency Parole.
- Earned Release Credit Date Release.
- Home Arrest.
- Mandatory Release.
- Provisional Release.
- Parole.

- Temporary Release.
- Work Furlough.

SERIOUSLY MENTALLY ILL - Emotional or behavioral functioning in adults which meets criteria established by the Arizona Department of Health Services, Division of Behavioral Health Services checklist.

SUPERVISING PHYSICIAN - The Department's lead physician at a correctional institution.

VETERANS ADMINISTRATION ELIGIBLE - An inmate who served in the U.S. Armed Forces and/or has a service-connected disability as qualified by the Veterans Administration.

{Original Signature on File}

Charles L. Ryan
Director

ATTACHMENTS

Attachment A – WHO DECIDES? / QUIEN DECIDES? - Spanish

Attachment B – Definitions of Medical Care Directive Forms

FORMS LIST

1101-1, Dental Chart

1101-4, Refusal To Submit To Treatment

1101-4S, Negativa A Someterse A Tratamiento

1101-9, Declaration of Intent to Limit Life-Support Procedures

1101-10ES, Health Needs Request (HNR) (Non-Emergency)

1101-11, Health Needs Request (HNR) (Emergency)

1101-11S, Peticion de Necesidades Medicas (Solo Para Uso de Peticiones de Emergencia)

1101-13, Appointment List

1101-15, Dental Prosthetic List

1101-74, Inmate Outside Consultation Appointment Agreement

1101-90, Revocation of Medical Care Directives

1101-97, Durable Health Care Power of Attorney

1101-98, Living Will (End of Life Care)

1101-99, Inmate Acknowledgement of Rights

AUTHORITY

A.R.S. 9-499.02, Standards for Curb Ramps.

A.R.S. 31-201.01, Duties of the Director; Tort Actions; Medical Treatment Costs.

A.R.S. 31-224, Transfer of Prisoner.

A.R.S. 32-1968, Dispensing Prescription-Only Drugs; Prescription Orders; Renewals; Labels; Misbranding.

A.R.S. 36-2523, Records of Registrants.

A.R.S. 36-2525, Prescription Orders.

A.R.S. 41-1492 et seq, Arizonans with Disabilities Act of 1992.

Americans with Disabilities Act of 1990, Titles I-V

28 C.F.R. Part 35.130 et. seq., Nondiscrimination on the Basis of Disability by State and Local Government Services

U.S. Civil Rights Act of 1964

Architectural Barriers Act of 1968

Rehabilitation Act of 1973

WHO DECIDES? / QUIEN DECIDES?

The following may be read to/by an inmate

If you get hurt or sick in prison, so sick you can't talk or answer at all. Who will make your medical decisions? It's very important for you to choose a person to make those decisions for you, just in case.

You can fill out forms ahead of time to decide. These forms are called your "Medical Care Directives". They allow YOU to decide who will make decisions for you and what decisions you want them to make. They give YOU control over your medical decisions, so there's no confusion later in case you can't talk or answer.

(As long as you can still talk, answer, nod you head, blink you eye or communicate at all with doctors and nurses, your Medical Care Directives are not needed.)

If you choose NOT to complete your Medical Care Directives, Arizona Law says who can make medical decisions for you, in the following order:

1. The patient's spouse (unless you are legally separated);
2. An adult child of the patient; if more than one adult child, consent is by a majority "vote";
3. The patient's parent;
4. If unmarried, the patient's domestic partner;
5. The patient's brother or sister;
6. A close friend of the patient (someone showing special care/concern and knows the patient's health care views);
7. The patient's attending physician after consulting the hospital's ethics committee;
8. Patient's physician in consultation with a second physician.

No one can make you complete your Medical Care Directives. It is your right; however, whether you use this right is completely your decision. You can talk to anyone you trust before deciding whether or not to complete the forms. You are allowed to look at the forms first, in private, before deciding what to do. You can set up and change your Medical Care Directives at any time. Contact your CO III for further information.

QUIEN DECIDE? (WHO DECIDES?)

Lo siguiente puede ser leído para un Preso/o por un Preso

Dice lo siguiente: Si se lastima o se enferma de gravedad al grado que no pueda hablar o comunicarse en lo absoluto, y no responde en el tiempo que está en la prisión, QUIEN es responsable de tomar decisiones sobre su condición médica en caso necesario.

Existe una forma que usted puede llenar por adelantado que se llama (DECISIONES DE CUIDADO DE SALUD). Al llenar esta forma da su autorización a la persona designada para sus decisiones médicas por usted. En esta forma usted deja por escrito las indicaciones que quiere que se hagan en caso de que no pueda hablar o responder del todo si esto llegara a pasar estaría todo listo y no existiera ninguna confusión.

Si usted todavía se puede comunicar hablando, moviendo la cabeza, parpadeando los ojos en fin comunicándose con los doctores, y enfermeras. No sería necesario utilizar a la persona designada para sus decisiones médicas.

Si usted decide no llenar esta forma (DECISIONES DE CUIDADO DE SALUD) en Ingles (**Medical Care Directives**) La Ley de Arizona le asignan a una persona para usted que decida en su condición médica en el orden de siguiente:

1. Cónyuge del paciente/preso (*si está legalmente separado no puede ser su cónyuge*).
2. El hijo mayor del paciente/preso que sea adulto; Si más de un hijo adulto, consentimiento es por una mayoría de "Voto".
3. Si no está casado el pareja/preso pareja con quien vive.
4. Padre(s) del paciente/preso.
5. El hermano o (a) del paciente/preso.
6. Un amigo cercano (alguien que demuestre que lo quiere y se preocupa por el paciente y el comité ético del hospital).
7. El doctor que lo está atendiendo en el hospital y el comité ético del hospital.
8. El doctor del paciente con una segunda opinión.

Nadie lo puede obligar a llenar esta forma es su derecho y su decisión es completamente suya, puede hablar con alguien que sea de su completa confianza antes que decida qué es lo que va a hacer.

Ya que llene la forma (DECISIONES DE CUIDADO DE SALUD) si usted decide hacer algún cambio lo puede hacer en cualquier momento.

Solamente necesita comunicárselo a su Oficial de Correcciones II (CO II) para hacer estos cambios.

Definitions of Medical Care Directive Forms

1. Living Will (End of Life Care):

This form allows you to tell *medical personnel* how you wish to be cared for in the event you have a terminal illness, go into an irreversible coma and/or are diagnosed as being in a persistent vegetative state. It puts in writing your medical decisions so the doctors can treat you according to your personal choices. It allows you to specifically tell doctors what choices you have made for yourself even if you cannot communicate verbally.

2. Durable Health Care Power of Attorney:

This form is used if you wish to select a person, *other than another inmate*, to make future health care decisions for you if you become too ill and cannot communicate those decisions for yourself. The person you choose should be someone you trust who can make these decisions when you are unable to do so, then the State makes the choice by a list set forth in the Arizona statutes. (See "Who Decides?")

3. Revocation of Medical Care Directives:

This form is used to allow you to revoke or modify any or all of the Medical Care Directives you have provided. You are permitted at any time to change directives presently in place or add or change any directives not presently chosen.

NOTE: THESE FORMS DO NOT APPLY TO SITUATIONS INSIDE OF THE INSTITUTIONS WHERE STAFF MAY HAVE TO RENDER AID TO AN INMATE ATTEMPTING SELF-HARM OR WHO MAY HAVE BEEN THE VICTIM OF AN ASSAULT OR ACCIDENT CAUSING INJURY.