



KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER	PAGE NUMBER
		10-122D	1 of 13
		SUBJECT:	
		PROGRAMS AND SERVICES: Access to and Availability of Health Care Services	
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POLICY STATEMENT

Health care services shall be provided to offenders from admission to the Department through discharge from incarceration to meet their serious medical, dental and behavioral health needs.

DEFINITIONS

Departmental Clinical Health Authority: The physician Regional Medical Director of the agency or organization responsible for the provision of health care services for the KDOC. This position has full clinical autonomy and responsibility for clinical health care issues within the KDOC.

Emergency Care: Treatment of potential life threatening or health endangering incidents or injuries, or acute illness that cannot be deferred until the next scheduled sick call.

Emergent Sick Call: A sick call encounter that occurs after routine posted sick call hours, and on weekends. Emergent Sick Call includes all emergencies and injury assessments.

First Aid: Care for a condition which requires immediate assistance from a person trained in first aid care and the use of the facility's first aid kits.

Health Care: Medical, dental, and behavioral health care services.

Health Care Staff: Persons who are registered or licensed with a health care regulating agency to include, but not limited to physician, nurses, psychiatrists, psychologists, and social workers.

Hospitalization: In-patient treatment for acute care, whether medical or psychiatric, that cannot be effectively provided at the facility level when ordered by the site Medical Director.

Infirmary: An area within the facility accommodating two (2) or more offenders for a period of 24 hours or more. Specifically set up to provide in-patient bed care for illness or diagnosis which requires limited observation, skilled nursing care and/or management and does not require admission to a licensed hospital.

Infirmary Care: Inpatient care provided to patients with a diagnosis or illness that requires daily medication, therapy, assistance with activities of daily living, or other monitoring and care on a daily basis. The care is provided under the supervision of a registered nurse 24 hours a day.

Intractable Pain: Pain, which is resistant to care, relief, or control.

Orthotic Devices: Specialized mechanical devices used to support or supplement weakened or abnormal joints or limbs, such as braces, foot inserts, or hand splints.

Prosthetic Devices: An artificial device to replace missing body parts or compensate for defective bodily functions such as teeth, eyes, or limbs. Aids to impairments include: eyeglasses, hearing aids, crutches, or wheelchairs.

Regional Behavioral Health Director: A psychologist that coordinates behavioral health care statewide.

Routine Sick Call: A sick call encounter that occurs during posted sick call times, Monday through Friday, five (5) days per week.

Self-Care: Programs, information and education for the development of good health habits of the individual offender; care for a condition that can be treated by the offender, which may include over-the-counter-type medication.

Sick Call: Scheduled access to health care personnel for routine or minor physical complaints; a system through which the offender reports for and receives appropriate medical services for non-emergency illness or injury.

Special Needs: A broad range of health conditions that requires close medical supervision, behavioral health supervision, and/or multi-disciplinary care and an individual treatment planning. The following special needs patients include, but are not limited to developmentally disabled offenders; mentally ill offenders; offenders requiring chronic/convalescent care; offenders with serious communicable diseases; physically disabled offenders; pregnant offenders; frail/elderly offenders; and/or terminally ill offenders.

PROCEDURES

I. General

- A. Health care services provided to offenders shall include, but not limited to outpatient care, hospitalization, and/or referral to community resources when indicated. The following categories of health care services shall be available to all offenders:
1. Orientation to Availability of Health Care Services;
 2. Receiving Screening and Periodic Health Examinations;
 3. Health Education and Offender Self-Care/Personal Hygiene;
 4. Management of Serious and Infectious Diseases;
 5. First Aid;
 6. Emergency Care Services;
 7. Infirmary Care and Hospitalization Services;
 8. Sick Call and Physician's Clinic;
 9. Dental Care Services;
 10. Pregnancy Management;
 11. Special Needs Services, including Chronic/Convalescent Care / Sheltered Living;
 12. Behavioral Health Services;
 13. Diagnostic Health Care Services;
 14. Community Resources and Hospitalization;

15. End of Life Program; and,
 16. Dialysis.
- B. All routine health care services shall be made fully available to all offenders regardless of custody status or other factors.

II. Provision of Information Regarding Health Care Services

- A. The Regional Vice President shall develop procedures approved by the Regional Medical Director and Director of Healthcare Services, which ensures that all offenders are screened and informed, within four (4) hours of their arrival at the facility, of the availability of health care services to include, but not be limited to:
1. Procedures for the provision of orientation information to offenders, both orally and in writing in a form and language they understand, regarding access to health care services.
 2. Procedures, which provide for unimpeded access to health care services specific to the facility in which the offender is housed and for which the orientation is provided.
 3. Procedures, which identify the responsibilities of health care staff in the explanation of, and securing of consent to medical treatment forms at the time of admission, in accordance with IMPP 10-127D and K.S.A. 65-6017.
 - (a) **JUVENILE:** Also in accordance with K.S.A. 38-2316 and 38-2317.
 4. Procedures which ensure that health care staff explain that the process to register complaints regarding medical services is the KDOC grievance procedure:
 - (a) **ADULT:** Per K.A.R. 44-15-101 and 44-15-102.
 - (b) **JUVENILE:** Per JJA IMPP 11-122 and K.A.R. 123-15-101 and 123-15-102.
 5. **ADULT:** Co-pay program for offenders.
- B. There shall be a sign posted in the intake area instructing offenders how to access care for their immediate health needs.

III. Information on Health Care Services (ACI 4-4344, NCCHC P-A-01)

- A. Upon arrival at KDOC facilities during the admission and transfer screening, all offenders shall be provided with oral and written instruction on health care access procedures. In addition to access to health care, the information shall include:
1. **ADULT:** Service fees, per K.A.R. 44-5-115;
 2. Options to provide consent to or refusal of certain medical procedures, per IMPP 10-127D; and
 3. **ADULT:** The procedures for processing complaints regarding health care, utilizing the established grievance procedures, per K.A.R. 44-15-101 and 44-15-102.
 - a. **JUVENILE:** The procedures for processing complaints regarding health care, utilizing the established grievance procedures, per K.A.R. 123-15-101 and 123-15-102.
- B. All informational material shall be provided in a language and form understandable to the offender.

- C. Health Services orientation shall be documented by the health care personnel. All admission and transfer screening policies, procedures, and practice shall demonstrate compliance with ACA and NCCHC standards.

IV. Access to Care

- A. The Regional Vice President shall develop procedures, approved by the Regional Medical Director and approved by the Director of Healthcare Services, which provide for the unimpeded access of offenders to health care services, to include, but not be limited to:
1. Procedures for the receipt, review, triage, and investigation of offenders' requests or staff referrals for medical services.
 2. Procedures for the chart review/health status evaluation of offenders by qualified health personnel prior to placement in disciplinary/administrative restrictive housing and daily evaluations during the period of restrictive housing.
 3. Procedures for the personal interview of offenders upon arrival in restrictive housing for more than one (1) week, and the preparation of a written report, by behavioral health staff.
 - a. Provisions shall be made for a behavioral health assessment by a qualified behavioral health professional at least weekly if the offender remains in restrictive housing.
 - b. **JUVENILE:** Provisions shall be made to:
 - (1) Notify behavioral health professionals of all offender admissions to restrictive housing.
 - (2) To complete a behavioral health assessment if an offender is in restrictive housing more than 24 hours.
 - (a) At that time, alternatives to restrictive housing may be considered.
 - (3) For operations/programs staff to monitor restricted housing offenders every 15 minutes.
 - (4) For behavioral health professionals to conduct daily rounds of offenders on restricted housing.
 - (5) For behavioral health staff's participation in restrictive housing review board.
 4. Procedures to ensure the response by health care personnel to allegations of sexual assault of offenders.
 5. A training curriculum and the provision of training for KDOC personnel which includes the procedures to be followed in the event health care staff are not available to respond to an offender's request for health services.
- B. General Orders shall be developed which address the actions of facility staff to ensure the unimpeded access to health care services by offenders, to include, but not be limited to:
1. Procedures, which outline the responsibility/actions of KDOC staff in the processing of offender requests, written and verbal, for medical care, sick call, etc., and referrals to the health care staff

2. Procedures which require the notification of health care staff of plans to place an offender in restrictive housing. Such procedures shall facilitate an evaluation of the offender's health status by health care staff prior to placement and daily during the restrictive housing period.
 - a. Procedures to notify the Health Services Administrator and Behavioral Health Coordinator or designee when an offender's confinement in restrictive housing extends, for any reason, beyond 30 days.
 - b. Procedures for determining medical risk of offenders in restrictive housing to facilitate more frequent than daily visits by health care staff when necessary.

V. Offenders' Unimpeded Access to Health Care Services (ACI 4-344, 4-4400; 4-JCF-4C-05, 4-JCF-4C-46; NCCHC P-A-01, Y-A-01, P-E-07, P-E-09, Y-E-07, Y-E-09)

- A. **JUVENILE:** The contracted health services provider shall ensure all offenders have ongoing and unimpeded access to health care regardless of disciplinary status or assigned housing.
- B. All offenders shall have the daily opportunity to request health care assistance. Every non-emergency health request/referral from any offender or departmental staff shall be received, reviewed, triaged, and investigated by health care staff within 24 hours of receipt of the request/referral.
 1. Within the next 24 hours or 72 hours on weekends, the offender shall be seen by a health care staff member.
 2. If an offender reports to sick call more than two (2) times with the same complaint and has not been seen by a physician/PA/APRN, an appointment shall be scheduled with the physician or mid-level provider.
 - a. When qualified health care personnel are not available, non-health care facility staff trained as health liaisons shall ensure offenders' timely access to an appropriate level of health care provider.
- C. Health care personnel, in accordance with procedures established by the Departmental Administrative and Clinical Health Authorities, shall provide an immediate response to allegations of sexual assaults upon offenders in accordance with established IMPPs.

VI. Restrictive Housing

- A. Offenders who are placed in restricted housing will have direct access to health care personnel to ensure that their placement is not contraindicated or to assess the need for accommodation based on medical and behavioral health concerns.
- B. Health care personnel will conduct an initial and ongoing evaluation as detailed below and make referrals for medical, dental, and behavior health services as clinically indicated.
 1. Health services staff may request that offenders be removed from their cells to perform necessary health encounters, in an appropriate clinical setting that is conducive to triage, examinations, and treatment as clinically indicated and in accordance with safety and security needs of the institution. Behavioral health staff shall review the behavioral health record and interview the offender within eight (8) hours of restrictive housing placement on weekdays and 72 hours on weekends and holidays.
- C. The health status of offenders in restrictive housing shall be closely monitored by health care personnel through daily rounds to ensure offenders maintain their medical and behavioral health while physically and socially isolated from the remainder of the population.

1. The health services contractor shall conduct nurse sick call for restricted housing offenders daily five (5) days per week.
 2. Referrals to the Health Care Provider (Physician, APRN, PA) shall be completed within seven (7) days from the sick call appointment when a referral is indicated.
 3. Sick call shall be held in clinical exam rooms in restrictive housing whenever possible to reduce risks associated with transporting restricted housing offenders to the main clinic areas.
- D. Offenders in restrictive housing shall be evaluated by qualified health care personnel.
- E. **ADULT:** Behavioral health staff shall conduct a behavioral health assessment at least every week or more frequently if prescribed by the Site Psychiatric Director. If confinement continues beyond seven (7) days, a behavioral health interview shall be completed and documented. Behavioral health staff shall participate in the restrictive housing review forms. All such evaluations and visits shall be documented in the restrictive housing logs and the offender's health record.
- F. **JUVENILE:** Behavioral health staff shall be notified of all restrictive housing admissions and shall visit restrictive housing offenders daily. A behavioral health assessment shall be completed if the offender is in restricted housing more than 24 hours. Alternatives to restrictive housing may be considered or continued restrictive housing may be approved.
- G. Correctional or program staff shall monitor offenders in restrictive housing at least every 15 minutes.
- H. Behavioral health staff shall participate in restrictive housing review board. In absence of a qualified behavioral health professional, a staff member from the nursing discipline shall participate in restrictive housing review board.
- I. All policies, procedures, and practice regarding health care access and delivery shall demonstrate compliance with ACA and NCCHC standards.

VII. Intake Screening and Periodic Health Assessments (ACI 4-4362, 4-4365; 4-JCF-4C-01, 4-JCF-4C-03 NCCHC P-E-02, P-E-04)

- A. The contracted health services provider shall provide, in accordance with ACA and NCCHC standards, a system whereby medical clearance through a clinical assessment of physical and behavior health status is obtained before an offender is admitted into a KDOC facility.
1. Correctional officers or health care staff shall quickly inspect new offenders to determine if there is anyone too ill or injured to be admitted or to wait for routine screening.
 2. Any offender identified as in need of medical clearance must be pulled from the group prior to admission.
 - a. Site health care staff shall provide medical clearance and/or arrange for immediate care as clinically indicated through the hospital emergency room.
 - b. The medical clearance must be documented in writing. If an offender is referred to a local hospital and returned to the facility for admission, written medical clearance must be obtained from the Site Medical Director.
- B. The contracted health services provider shall provide in accordance with ACA and NCCHC standards, a medical and behavioral health intake screening system of structured injury and observation to prevent newly received offenders who pose a threat to their own or others' health and safety from being admitted to the facility general population and to arrange for prompt attention to the offender's health care needs.

1. Receiving screening shall be conducted in a manner that provide sufficient privacy to elicit pertinent health information without jeopardizing security within four (4) hours of an offender's arrival at a KDOC facility.
- C. All offenders shall be provided periodic health assessments, in accordance with IMPP 10-117D and ACA and NCCHC standards.

VIII. Health Education Promotion and Offender Self Care/Personal Hygiene (ACI 4-4361, 4-4416, 4-4417, 4-4418; 4-JCF-4B-04, 4-JCF-4B-10, 4-JCF-4C-27; NCCHC P-F-01, P-F-04, Y-F-01, Y-F-04)

- A. The Regional Medical Director shall develop procedures, which provide for the health education and self-care training of offenders to include, but not be limited to:
1. Procedures for the development and distribution of information to offenders for their health education, promotion of self-care concepts and training/demonstrations of techniques to provide self-care skills.
 2. The policies shall be reviewed and approved by the Director of Health Care Services.
- B. The health services contractor shall establish a health education and self-care program for all offenders that demonstrate compliance with ACA and NCCHC standards. Health care staff shall utilize resources available through outside agencies, when possible, in the promotion of the health education and self-care program.
1. **JUVENILE:** Educational programs for this offender population shall be age specific.
- C. A program of personal hygiene shall be provided to each offender by health care personnel. Each facility shall ensure that articles necessary for maintaining proper personal hygiene are provided to all offenders, per IMPP 12-127.

IX. Management of Serious and Infectious Diseases (ACI 4-4354; 4-JCF-4C-22; NCCHC P-B-01, Y-B-01)

- A. An infection control program shall be established by the Regional Medical Director and approved by the Director of Health Care Services.
1. The program shall demonstrate compliance with ACA and NCCHC standards; effectively monitor the incidence of infectious diseases among offenders, promote a safe and healthy environment, prevent the incidence and spread of diseases, and assures that offenders infected with such diseases receive prompt care and treatment in accordance with IMPP 10-131D.

X. First Aid (ACI 4-4390 4-4389; 4-JCF-4C-54, 4-JCF-4C-59)

- A. Health care and designated facility staff shall be trained to respond to health-related emergencies within four (4)-minutes to administer first aid and basic life support/cardiopulmonary resuscitation, per IMPP 10-114D.
- B. The Health Services Administrator and Site Medical Director shall develop written procedures for the use of the first aid kits and AED's by non-health care staff and addresses the availability of AED's and first aid materials to include, but not be limited to:
1. In collaboration with the warden/superintendent the number and location of first aid kits, their contents, and a first aid supplies/equipment inventory system;
 2. Procedures for the documented monthly inspection and replenishing of first aid kits, supplies and equipment approved by the Regional Medical Director, in accordance with an inventory system; and,
 3. Procedures for monthly AED inspection.

- C. First-aid care shall be available to offenders at facility infirmaries or clinics and through access by facility staff to first aid kits and AED's located in designated areas of the facility.
- D. All first aid kits shall be inspected, the contents inventoried and replenished after each use, or at least monthly.
 - 1. AED's shall be inspected at least monthly.

XI. Infirmary Care Services (ACI 4-4352; 4-JCF-4C-21; NCCHC P-G-03, Y-G-03)

- A. The Regional Medical Director shall develop procedures, approved by the Director of Health Care Services, which guide the provision of nursing and other medical care provided in the infirmary, to include, but not be limited to:
 - 1. A definition of the scope of medical and nursing care provided in the infirmary at the facility;
 - 2. A schedule for 24-hour supervision by a registered nurse and 24-hour coverage by health care personnel;
 - 3. A requirement that all offenders are kept within sight or hearing of a health care staff person;
 - 4. A manual of nursing clinical guidelines, available for all nursing staff to utilize in the performance of their duties, which is reviewed and updated annually;
 - 5. Compliance with applicable state statutes and local licensing requirements.
 - 6. Procedures that make provision for a comprehensive infirmary record.
- B. All policies, procedures, and practices for the provision of infirmary services shall demonstrate compliance with ACA and NCCHC standards.
- C. If infirmary care is not available at a facility, the procedures shall specify agreements between the health services vendor and other facilities or hospitals for the provision of infirmary services.
- D. The infirmary shall be staffed with sufficient and qualified health care personnel on duty 24 hours per day and a physician shall be on call 24-hours a day.
 - 1. The infirmary shall be supervised by a registered nurse 24-hours a day.
- E. Documentation of daily infirmary rounds shall be made on all offenders who have been admitted to the infirmary by the Health Care Practitioner's order.
 - 1. Admission to and discharge of offenders from the infirmary shall only be upon the order of a physician or mid-level provider.
 - 2. A separate, complete health record shall be kept on each offender provided infirmary care.

XII. Emergency Care Services (ACI 4-4388, 4-4389; 4-JCF-4C-12; NCCHC P-A-07, P-G-05, Y-A-07, Y-G-05)

- A. The Regional Medical Director shall develop procedures approved by the Director of Health Care Services which ensure the provision of emergency care services, in accordance with IMPP 10-114D.

- B. **ADULT:** Written emergency medical back-up plans, which address the unavailability of health care staff/services, shall be developed and communicated to employees and offenders at independent work release facilities.
- C. The Regional Medical Director shall develop policies and procedures approved by the Director of Health Care Services in the implementation of the facility's emergency plans to include mass disaster and man down drills as required by ACA and NCCHC standards.
- D. General Orders shall be developed, in conjunction with the Health Services Administrator and Site Medical Director, to address the actions of staff in the provision of emergency health care services to include, but not be limited to:
 - 1. The coordination of procedures with the Health services Administrator to provide for:
 - a. Emergency evacuation of offenders from within the facility when required for health care reasons;
 - b. Procedures for access of emergency medical vehicles into the facility; and,
 - c. Security procedures for the immediate transfer and supervision of offenders to off-site emergency health care facilities.
 - 2. Training program and procedures, which provide that security and other personnel, are trained to respond to health-related situations, in accordance with IMPP 10-114D.
- E. Emergency medical, dental and behavioral health care services including transportation off site, shall be provided to offenders in accordance with IMPP 10-114D.
 - 1. The health services vendor shall maintain and provide an updated reference list of on call personnel and emergency facilities that are available to each facility.
- F. The Health Services Administrator shall ensure that behavioral health staff is available 24-hours a day for emergency behavioral health services and crisis intervention services when an offender reports or demonstrates signs of serious psychological or psychiatric difficulties. Emergency behavioral health referrals shall be accepted from any staff member or by offender self-referral.
- G. The warden/superintendent and Health Services Administrator at each facility shall collaborate to ensure health care staff are trained and participate in the implementation of the facility's emergency plans to include mass disaster and man down drills in compliance with ACA and NCCHC standards.

XIII. Sick Call and Physician's Clinic (ACI 4-4346; 4-JCF-4C-06; NCCHC P-E-07, Y-E-07)

- A. The Regional Medical Director shall develop procedures approved by the Director of Health Care Services, which provide for routine sick call and clinic schedules, to include, but not limited to:
 - 1. Procedures, which provide for routine sick call to be conducted five (5) days a week and emergency sick call available to all offenders at each facility 24 hours a day, seven (7) days a week, by qualified health personnel. If an offender's custody status precludes attendance at sick call, procedures shall provide for services in the clinical restrictive housing exam rooms or other appropriate area suitable for providing clinical care.
 - 2. Procedures for clinics conducted by a physician. The schedule shall provide a physician on site, seeing offenders in accordance with the established staffing plan developed by the Departmental Clinical Health Authority and Director of Health Care Services. Advanced Practice Nurses and Physician Assistants may substitute a portion of the physician time seeing offenders.

- B. General Orders shall be developed, in conjunction with the Facility Medical Director and Health Services Administrator, which address the staff and offender actions required to implement the sick call/clinic policy, to include, but not be limited to:
 - 1. Facility schedules for sick call and clinic.
 - 2. Offender's procedures for requesting access to sick call or clinic visit.
 - 3. Staff referral of offenders to sick call/clinic.
- C. Procedures to access sick call shall be specific to each facility and made available to offenders both orally and in writing during their orientation to the facility health care services.
 - 1. Policies and procedures regarding sick call and physician clinical services shall demonstrate compliance with ACA and NCCHC standards.
- D. The Health Services Administrator shall ensure that routine sick call is conducted five (5) days a week using a priority system for scheduling clinical services.
 - 1. A physician, physician's assistant, or advanced registered nurse practitioner shall be on site to see offenders in accordance with a staffing plan developed by the Regional Medical Director and Director of Healthcare Services that is sufficient to meet the need of the offenders based on patient populations, special needs, and acuity.
 - 2. Emergency sick call by licensed health staff shall be available to all offenders at each facility 24 hours a day, seven (7) days a week.

XIV. Dental Care Services (ACI 4-4360; 4-JCF-4C-15; NCCHC P-E-06, Y-E-06)

- A. The Regional Dental Director shall establish procedures approved by the Director of Health Care Services to ensure the provision of dental care to offenders, in accordance with provisions of IMPP 10-116D.
- B. Routine and emergency dental care shall be provided to all offenders under the direction and supervision of a dentist with appropriate state licensure, in accordance with provisions of IMPP 10-116D.

XV. Pregnancy Management (ACI 4-4353; 4-JCF-4C-15; NCCHC P-G-07, P-G-09, P-G-10, Y-G-07, Y-G-09)

- A. The Regional Vice President shall develop health care policies and procedures, approved by the Regional medical Director and Director of Healthcare Services related to pregnancy management that demonstrates compliance with ACA and NCCHC standards.
- B. The Regional Medical Director shall develop procedures approved by the Director of Health Care Services, which ensure the provision of care for pregnant offenders, to include, but not be limited to:
 - 1. Procedures for the provision of comprehensive counseling and assistance to pregnant offenders to determine their desire in planning for their unborn children.
 - 2. Specific procedures for a pregnancy management program that, at a minimum, includes the following:
 - a. Pregnancy testing of female offenders (i.e., on admission to the Department, periodic pregnancy testing, or testing based on indications of pregnancy);
 - b. Routine prenatal care;
 - c. High-risk prenatal care; and,

- d. Management of the chemically addicted pregnant offender.
3. The procedures shall ensure that health care staff provide offenders with advice on proper levels of activity, safety precautions, nutritional guidance and counseling; and postpartum follow up.
- C. Female offenders shall routinely receive a pregnancy test on admission to the Department, per IMPP 10-117D.
 1. Pregnant offenders shall be provided timely and appropriate services that includes family planning/pregnancy counseling, health education, routine prenatal care and high risk-prenatal care as clinically indicated; management of the chemically addicted pregnant offender; and postpartum follow-up.
- D. General Orders shall outline procedures requiring staff to provide comprehensive counseling and assistance in keeping with the offender's expressed desire in planning for the unborn child, whether the desire is for abortion, adoption service, or to keep the child.

XVI. Special Needs Services (ACI 4-4399; 4-JCF-4C-16; NCCHC P-A-08, Y-A-08)

- A. Health care services shall be available to all offenders with special needs requiring close medical supervision and/or multi-disciplinary care.
- B. The Regional Medical Director shall develop procedures approved by the Director of Health Care Services, which ensure the provision of health care services for offenders determined to have special needs to include, but not be limited to:
 1. Procedures which guide the care of offenders with special needs requiring close behavioral health/medical supervision and/or multi-disciplinary care, to include the development of a written, individual treatment plan developed by a physician or another health care staff member.
 2. Procedures shall be developed which provides for the Site Medical Director and designee to communicate that portion of the offender's individual treatment plan, which requires action or attention, by facility staff, including program staff.
- B. Individual treatment plans shall be written by a physician or mid-level provider (PA, APRN) with instructions regarding the offender's diet, exercise and adaptation to the correctional environment, medically necessary clothing or equipment, and medication.
 1. The treatment plan shall include directions to health care and other personnel regarding their roles in the care and supervision of the offender to include, but not limited to diagnostic testing type and frequency, and follow-up frequency for medical evaluation and adjustment of treatment modality.
- C. The warden/superintendent or designee and the health care provider or designee shall consult prior to taking action regarding chronically ill, physically disabled, geriatric, pregnant, frail, terminally ill, seriously mentally ill or suicidal, vulnerable to abuse and manipulation those with gender dysphoria, or develop mentally disabled offenders in terms of housing assignment, program assignments, disciplinary measures, and transfer to other facilities.
 1. If immediate action is necessary consultation/review shall occur as soon as possible, but no later than 72 hours. Such consultation shall be documented in the health record.

XVII. Diagnostic Health Care Services (NCCHC P-D-04, Y-D-04)

- A. Diagnostic services required to support the level of care provided to offenders, whether on-site or outside of the facility shall be utilized. The Health Services Administrator shall utilize and maintain the listing and the locations of a variety of diagnostic services.

- B. The Regional Medical Director shall develop procedures approved by the Director of Health Care Services regarding diagnostic services to include, but not be limited to:
 - 1. Listings of the types of diagnostic services used by health care staff, availability (on-site or at a referral site), and a current procedures manual for each on-site service to include procedures for the calibration of testing devices to ensure accuracy.
- C. Procedure manuals for each on-site diagnostic service and protocols for the calibration of testing devices shall be developed and kept current.

XVIII. Behavioral Health Services (ACI- 4-4371, 4-4377, NCCHC P-G-04, Y-G-04)

- A. Behavioral health professionals shall be available at each facility to provide services, approved by a Regional Behavioral Health Director as designated by the Regional Psychiatric Director and Regional Medical Director to include, but are not limited to:
 - 1. Behavioral health assessment and classification;
 - 2. Restrictive Housing;
 - 3. Basic behavioral health services;
 - 4. Suicide prevention program;
 - 5. Therapeutic restraints;
 - 6. Crisis intervention services and use of seclusion forced psychotropic medication;
 - 7. Involuntary psychotropic medication;
 - 8. Hunger strikes and starvation diets;
 - 9. Individual and group therapy;
 - 10. Inter-facility behavioral health transfers and continuity of behavioral health care;
 - 11. Referral to residential units;
 - 12. Follow-up for victims of sexual abuse; and
 - 13. Evaluation of known aggressors of abuse.

XIX. Referral to Community Resources and Hospitalization (ACI 4-4347, 4-4348, 4-4349; 4-JCF-4C-07, 4-JCF-4C-08, 4-JCF-4C-09, 4-JCF-4C-14 NCCHC P-E-12, P-E-10, Y-E-12)

- A. The Director of Health Care Services, Regional Vice President and facility health care professionals shall establish working relationships with community health care agencies to assist in meeting offender needs.
 - 1. The Regional Medical Director shall make arrangements and enter into a written agreement with a licensed general hospital for hospital care, surgical services, and emergency services on a 24-hour-a-day basis.
- B. The Regional Medical Director shall develop procedures to ensure the appropriate referral of offenders to community resources and use of hospital facilities.
- C. Offenders requiring specialized medical, dental or behavioral health services beyond the resources available at the housing facility shall be referred to health care professionals in the community, or facilities which meet State licensure requirements for hospital care, as approved by

the Regional Medical Director and Director of Healthcare Services, where such care is available. A list of all approved off-site specialist or facilities shall be created and maintained by the Health Services Administrator.

1. **ADULT:** Offenders requiring hospitalization for psychological reasons may be transferred to Larned State Security hospital, in accordance with IMPP 11-109.
 2. **JUVENILE:** The Regional Medical Director shall collaborate with the Director of Health Services or designee when an alternative placement is necessary for an offender in need of hospitalization care for behavioral health reasons.
- D. The Site Medical Director or designee shall provide instructions to the designated transportation/escort staff and health care personnel in the routine (and emergency) medical transfer procedures to ensure that offenders are transported safely and in a timely manner for medical, behavioral health, and dental appointments both inside and outside the facility.
- E. General Orders shall stipulate the process and security precautions to be followed when transferring an offender from the facility to a hospital.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.S.A. 38-2316, 38-2317, 65-6071, 65-1113(d)
K.A.R. 44-5-115, 44-8-109, 44-15-101, 44-15-102
IMPP 10-114D, 10-116D, 10-117D, 10-127D, 10-131D, 11-109, 11-122, 12-127
ACI 4-4344, 4-4346, 4-4347, 4-4348, 4-4349, 4-4352, 4-4353, 4-4354, 4-4360, 4-4361, 4-4362, 4-4365, 4-4371, 4-4374, 4-4377, 4-4388, 4-4389, 4-4390, 4-4399, 4-4400, 4-4416, 4-4417, 4-4418,
JCF 4-JCF-4B-04, 4-JCF-4B-10, 4-JCF-4C-01, 4-JCF-4C-03, 4-JCF-4C-05, 4-JCF-4C-06, 4-JCF-4C-07, 4-JCF-4C-08, 4-JCF-4C-09, 4-JCF-4C-12, 4-JCF-4C-14, 4-JCF-4C-15, 4-JCF-4C-16, 4-JCF-4C-21, 4-JCF-4C-22, 4-JCF-4C-27, 4JCF-4C-46, 4-JCF-4C-54, 4-JCF-4C-59
NCCHC P-A-01, P-A-07, P-A-08, P-B-01, P-D-04, P-E-02, P-E-04, P-E-06, P-E-10, P-E-12, P-F-01, P-F-04, P-G-03, P-G-04, P-G-05, P-G-07, P-G-09, P-G-10, Y-A-01, Y-A-07, Y-A-08, Y-B-01, Y-D-04, Y-E-06, Y-E-07, Y-E-09, Y-E-12, Y-F-01, Y-F-04, Y-G-03, Y-G-04, Y-G-05, Y-G-07, Y-G-09

ATTACHMENTS

None.