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|  <p>CD-170100</p> | <p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always." Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</i></p> | |
| | <p>ISSUE DATE: 08/03/05</p> | <p>REVIEW/REVISED: 06/09/16</p> |
| | <p>EFFECTIVE DATE: 08/03/08</p> | |
| <p>TITLE: Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal</p> | | |

AUTHORITY:

- A. NMSA 1978, Sections 33-1-6, as amended.
- B. Policy *CD-010100*.

REFERENCES:

- A. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. National Commission on Correctional Health Care, *Standards for Health Care in Prisons*, 1997.
- C. Standards 4-4133, 4-4142, 4-4144, 4-4224, 4-4318, 4-4345 through 4-4353, 4-4353-1, 4-4359, 4-4361 through 4-4367, 4-4375, 4-4376, 4-4377, 4-4381, 4-4388, 4-4389, 4-4397, 4-4398, 4-4399, 4-4400, 4-4403, 4-4406, 4-4407, 4-4414 and 4-4429, *Manual of Standards for Adult Correctional Institutions*, 4th Edition.
- D. The Emergency Medical Treatment and Active Labor Act (EMTALA), 42 USC 1395dd, regulated in 42 CFR 489.24.

PURPOSE:

To establish health programs, ancillary services, and a central authority for all correctional health services.

APPLICABILITY:

All New Mexico Corrections Department (NMCD) employees and contract employees involved in the organization, management, or operation of the adult health care program for inmates in NMCD institutions.

FORMS:

- A. **Medical Diet Order** form (*CD-170101.1*)
- B. **Pre-Segregation Screening** form (*CD-170101.2*)
- C. **In-Transit Screening** form (*CD-170101.3*)
- D. **Health Services Request** form (*CD-170101.4 & CD-170101.5*)

ATTACHMENTS:

None

- N. Medical Director: The Chief Medical Administrator who is the Departmental official and healthcare authority responsible for directing the provision of all medical and dental contract services.
- O. Off-Site Appointments: Any physician, hospital, or other provider not located on facility grounds.
- P. Practitioner: Physician (MD., DO, Optometrist, Psychiatrist), or Mid-level Practitioner (Physician Assistant (PA) or Nurse Practitioner (N.P.)).
- Q. Prostheses: Artificial devices to substitute for or supplement a missing or defective part of the body.
- R. Psychiatrist: A licensed Physician who has completed residency training in psychiatry and is permitted by law and the organization to provide psychiatric treatment within the scope of their license, and in accordance with individually granted clinical privileges.
- S. Psychotropic Medication: Medications that are prescribed to treat psychiatric disorders. The term is used per the convention of psychiatric medications in prison facilities.
- T. Receiving Screen: A health appraisal by qualified health care personnel performed immediately upon the inmate's arrival.
- U. Refusal to Consent: Refusal of a competent inmate to authorize or submit to any type of medical or surgical treatment, including the administration of anesthetics and the transfusion of blood.
- V. Risk: Exposure to the chance of injury or loss.
- W. Therapeutic Restraint: Any physical device (2, 4, or 5 point leather restraints or canvas vest restraints) capable of causing involuntary restraint of freedom of physical movement or postural change for mental health purposes. This does not include the use of routine and ordinary security restraints placed by corrections officers for operational purposes.
- X. Therapeutic Seclusion: Confinement for mental health purposes of a person alone in a room, usually modified to reduce the risk of self-injury, with the door secured in a manner that will not allow the person to open the door. This does not include solitary or isolative confinement which is operationally imposed for legitimate penological purposes.
- Y. Transfer: Movement of an inmate from a NMCD or private Facility to another, usually on a permanent basis or from a NMCD Facility to a Community Corrections Program or out-of-state from the originating facility.

- E. Inmates who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. [4-4348]
- F. A transportation system that assures timely access to services that are only available outside the correctional facility is required. This system comprehensively includes: [4-4349]
- Prioritization of medical need;
 - Urgency (for example, an EMS ambulance versus a standard transport);
 - Use of medical escort to accompany security staff, if indicated; and
 - Transfer of medical information.

The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the facility or program administrator and the health services administrator.

- G. A written individual treatment plan is required for inmates requiring close medical supervision, including chronic and convalescent care. This plan includes directions to health care and other personnel regarding their roles in the care and supervision of the inmate, and is developed by the appropriate health care practitioner for each inmate requiring a treatment plan. [4-4350]
- H. There is a written plan for access to twenty-four (24) hour emergency medical, dental and mental health services availability. The plan includes: [4-4351]
- On-site emergency first aid and crisis intervention;
 - Emergency evacuation of the inmate from the facility;
 - Use of an emergency medical vehicle by notification of EMS (911);
 - Use of one or more designated hospital emergency rooms or other appropriate health facilities;
 - Emergency on-call or available 24-hours per day, physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community; and
 - Security procedures providing for the immediate transfer of inmates, when appropriate.
- I. Inmates are provided access to infirmary (in-patient) care either within the correctional setting or off site. If infirmary (in-patient) care is provided onsite, it includes, at a minimum, the following: [4-4352]
- Definition of the scope of infirmary (in-patient) care services available;
 - A physician on call or available 24 hours per day;

- Use of alcohol and other drugs, including type(s) of drugs used, mode of use amounts used frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions); and
- The possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician.

Observation of the following:

- Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
- Body deformities, ease of movement, and so forth; and
- Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse.

Medical disposition of the inmate:

- General population;
- General population with prompt referral to appropriate health care service; and
- Referral to appropriate health care service for emergency treatment.

Inmates who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicted on written medical clearance. When screening is conducted by trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

- O. All intrasystem transfer inmates receive a health screening by health-trained or qualified health care personnel which commences on their arrival at the facility. All findings are recorded on a screening form approved by the health authority. At a minimum, the screening includes the following: [4-4363]

Inquiry into:

- Whether the inmate is being treated for a medical or dental problem;
- Whether the inmate is presently on medication; and
- Whether the inmate has a current medical or dental complaint.

Observation of the following:

- General appearance and behavior;
- Physical deformities; and
- Evidence of abuse or trauma.

- Medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening-no identified acute or chronic disease, no identified communicable disease, and so forth);
 - Review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act;
 - Initiation of therapy, when appropriate; and
 - Development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.
- R. Health appraisal data collection and recording will include the following: [4-4366]
- A uniform process as determined by the health authority;
 - Health history and vital signs collected by health-trained or qualified health care personnel;
 - Collection of all other health appraisal data performed only by qualified health professional; review of the results of the medical examination or tests, and identification of problems is performed by a physician or mid-level practitioner, as allowed by law.
- S. The conditions for periodic health examinations for inmates are determined by the health authority. [4-4367]
- T. Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when medically necessary as determined by the responsible health care practitioner. [4-4375]
- U. Detoxification is done only under medical supervision in accordance with local, state, and federal laws. Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted under medical supervision when performed at the facility or is conducted in a hospital or community detoxification center. Specific guidelines are followed for the treatment and observation of individuals manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. [4-4376]
- V. Inmates have access to a chemical dependency treatment program. When a chemical dependency program exists, the clinical management of chemically dependent inmates includes, at a minimum, the following: [4-4377]
- A standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency;
 - An individualized treatment plan developed and implemented by a multidisciplinary clinical team that includes medical, mental health, and substance abuse professionals;
 - Prerelease relapse-prevention education, including risk management; and

DD. The contract with the health care vendor shall ensure that levels of care and operations meet the standards of ACA and NCCHC as well as the policies and directives of the NMCD and its Medical Authority.

EE. The contract with the health care vendor shall also ensure that all professional staff is properly licensed.

FF. All state and private facilities that house state inmates shall follow procedures and practices that are in compliance with Corrections Department policy, ACA, and NCCHC standards.

GG. Inmates with disabilities shall be housed in a manner that provides for their safety and security. Housing used by inmates with disabilities shall be designed for their use and shall provide for integration with other inmates. Programs and services shall be accessible to inmates with disabilities who reside in these facilities. [4-4142]

HH. Designated facilities shall provide education, equipment and the support necessary for inmates with disabilities to perform self-care and personal hygiene in a reasonably private environment. [4-4144]

II. The NMCD shall not discriminate against any inmate based on a disability in making administrative decisions and in providing access to programs, services, and activities administered for program beneficiaries and participants. [4-4277] [4-4429]

JJ. There shall be a consultation between the facility and program administrator (or designee) and the responsible health care practitioner (or designee) prior to taking action regarding chronically ill, physically disabled, geriatric, seriously mentally ill, or developmentally disabled inmates in the following areas: [4-4399]

- Housing assignments;
- Program assignments;
- Disciplinary measures; and
- Transfers to other facilities.

When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 72 hours.

KK. When an inmate is transferred to segregation, health care staff will be informed immediately and will provide a screening and review on the **Pre-Segregation Screening** form (CD-170101.2) as indicated by the protocols established by the health authority. This screening shall occur immediately and take place at the Facility clinic prior to confinement in segregation, unless otherwise necessary for the safety of the inmate, staff or institution. All findings shall be recorded in the medical chart. [4-4400]

LL. Upon completion of the screening assessment and review, the medical healthcare personnel responsible for the screening shall notify the on-call person at the facility for

- Summaries, originals, or copies of the health record accompany the inmate to the receiving facility. Health conditions, treatments, and allergies should be included in the record.
- Determination of suitability for travel based on medical evaluation is made, with particular attention given to communicable disease clearance.
- Written instructions regarding medication or health interventions required en route should be provided to transporting officers separate from medical records.
- Specific precautions (including standard) are to be taken by transporting officers (i.e. masks, gloves, etc).

A medical summary sheet is required for all inter- and intrasystem transfers to maintain the provision of continuity of care. Information included does not require a release of information form.

Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

RR. Guidelines shall govern elective procedures for surgery for inmates. [4-4398]

SS. Inmates shall have access to psychiatry services. Psychiatry services includes at a minimum the following:

- Review of history of psychiatric treatment, psychiatric evaluation and diagnosis of psychiatric disorders using the Diagnostic and Statistical Manual of Mental Disorders criteria.
- Treatment of acute and chronic psychiatric disorders following community and NMCD standards of care and prevention of psychiatric deterioration in the correctional setting.
- Outpatient psychiatric and outside psychiatric facility treatment when clinically appropriate.
- Individualized treatment plans developed and implemented by a multidisciplinary treatment team including psychiatrists, medical staff, mental health staff, and addictions staff.
- Review of history of treatment with psychotropic medications and prescribing psychotropic medications when clinically appropriate.
- Ordering and the application of therapeutic restraints and therapeutic seclusion when clinically appropriate and using less restrictive treatment alternatives as soon as possible.
- Collegial guidance and consultation with Mental Health staff on matters of mutual interest, including matters of mental health during high levels of confinement;
- Matters of mutual interest include the contribution of the inmate's mental health to the commission of any infraction which is to receive disciplinary notice and determination of whether the prisoner's mental state is at issue in any proceedings;
- Mental health screening prior to placement in segregation; and,