

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION, HEALTH SERVICES DIVISION
103 DOC 620
SPECIAL HEALTH CARE PRACTICES

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES
TITLE: SPECIAL HEALTH CARE PRACTICES	NUMBER 103 DOC 620

PURPOSE: The purpose of this policy is to establish guidelines for the contractual medical provider to address special medical needs and establish some specific standards of health care practice in all Department facilities.

REFERENCES: M.G.L. c 124, § 1(c),(q); DPH 105 CMR 451.169 and 590.08-.11; 103 CMR 761
 ACA Standards: 3-4299, 3-4303; 3-4343, 3-4387; 3-4350; 3-4357; 3-4370, 3-4371
 NCCHC Standards: P-46,P-47,P-51,P-52,P-53,P-54,P-55,P-56, P-57,P-58,P-59, and P-68

APPLICABILITY: Staff **Public Access:** Yes

LOCATION: DOC Central Policy File, Facility Policy File
 Health Services Division Central Policy File
 Inmate Library

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
 Deputy Commissioner of Clinical Services and Reentry
 Assistant Deputy Commissioner of Clinical Services
 Superintendents
 Program Director of the Contractual Medical Provider

EFFECTIVE DATE: 09/13/2017

CANCELLATION: This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding special health care practices.

SEVERABILITY CLAUSE: If any article, section, subsection, sentence, clause or phrase of this policy is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of this policy.

620.01 Definitions

Assistant Deputy Commissioner of Clinical Services: The Department Manager who reports directly to the Deputy Commissioner of Clinical Services and Reentry and oversees the provision of medical and mental health services throughout the Department.

Contractual Correctional Mental Health Services: Mental health services provided at Department institutions by contractual clinical personnel.

Contractual Director of Mental Health Services: The director(s) of the contractual group of mental health professionals.

Contractual Medical Provider: Any provider of treatment, diagnostic service, or health related service who is not an employee of the Department and who provides services through a contractual agreement with the Department.

Convalescent Care: Health care provided to patients recovering from illness, injury, and/or surgery.

Emergency Medical Care: Care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic.

Health Care Proxy: A document delegating to an agent the authority to make health care decisions, executed in accordance with the requirements of M.G.L., c. 201D, § 1 et seq.

Health Service Administrator (HSA): The individual who is designated by the contractual clinical provider to oversee and manage one or more health services units and associated treatment areas in Department institutions.

Health Service Unit (HSU): The area of an institution where limited medical observation and management for illnesses which do not require acute hospitalization is provided.

Inmate Management System (IMS): The Department of Correction's automated information system that provides processing, storage and retrieval of inmate related information needed by Department personnel and other authorized users within the criminal justice system.

Intra-System Transfer: The transfer of an inmate from one state correctional institution to another within the Department.

Outside Hospital: Any licensed hospital other than the Lemuel Shattuck Hospital.

Program Medical Director: The physician in charge of the statewide medical services vendor. The Program Medical Director is Board Certified in one of the following: Internal Medicine, Family Practice, Surgery, Preventive Medicine, or Emergency Medicine. The Program Medical Director supervises all site physicians and medical advanced practitioners and may provide consultation to providers at any facility at any time.

Senior Medical Consultant: A licensed physician who shall advise the Assistant Deputy Commissioner of Clinical Services on matters relating to clinical programs and protocols.

Special Medical Needs Inmates: An inmate whose mental and/or physical condition requires special attention, handling and treatment by staff. Special medical needs inmates include, but are not limited to, inmates who are drug or alcohol addicts or abusers, emotionally disturbed, mentally challenged, mentally ill, suspected mentally ill, physically handicapped, chronically ill, disabled or infirm inmates.

Therapeutic Diet. A diet prescribed by a physician or dentist employed by the Contractual Medical Provider or, if no contractual medical provider, by the Department.

Treatment: Interviewing, counseling, information gathering, examining, and any other service or activity undertaken for the purpose of, or incident to, diagnosis, attention, care, evaluation, education

and/or rehabilitation with respect to medical, dental, psychological or substance abuse issues, whether or not conducted by a member of the medical profession.

Treatment Plan: The mode and schedule of treatment and supplementary supportive services that are determined appropriate to meet the needs of the inmate.

620.02 Health Promotion and Disease Prevention

The Health Services Division shall ensure that, through the contractual medical provider, all staff and inmates receive ongoing educational programs and materials regarding the management, control, treatment, and prevention of serious, chronic and infectious diseases.

1. The contractor shall provide immunizations periodically, as deemed necessary by the Assistant Deputy Commissioner of Clinical Services, in conjunction with the Program Medical Director of the contractual medical provider. The contractual medical provider shall offer Hepatitis B vaccines and annual Tuberculosis testing to Department personnel and contractual employees.
2. The Program Medical Director or contractual HSA of each facility shall be responsible for providing inmates with sufficient information about illnesses in order to promote their understanding and participation in the treatment process, and instructions for self-care related to chronic diseases or disabilities. Subjects for inmate health education shall include, but not be limited to:
 - Personal hygiene
 - Dental hygiene
 - Physical hygiene
 - Nutrition
 - Obesity
 - Diabetes, signs/symptoms of, hypoglycemia - hyperglycemia
 - Counseling regarding importance of a therapeutic diet
 - Disabilities

- Hypertension detection
- Self-exam for breast and testicular cancer
- Tuberculosis and other communicable diseases, e.g., HIV, Hepatitis, Ectoparasites, and sexually transmitted diseases
- Effects of smoking
- Substance abuse
- Drug abuse and danger of self-medication
- Prevention of sexual and other physical violence
- Counseling in preparation for release
- Comprehensive family planning

3. The Assistant Deputy Commissioner of Clinical Services, in conjunction with the Program Medical Director of the contractual medical provider, shall be responsible for organizing health education and training programs for DOC staff. Topics shall include, but not be limited to, the following: management, control, treatment, and prevention of serious, chronic and infectious diseases; lifestyles related to major health problems; self-care for common medical problems; suicide prevention and intervention; the importance of rigorous compliance with prescribed dietary and medical regimens, and selected disease topics.

620.03 Emergency Medical Care

In addition to providing emergency medical care to all inmates, the contractual medical provider shall provide emergency medical care for all personnel and agency employees in the event of accidents or incidences requiring emergency medical response. In addition, the provider is responsible for providing emergency medical care to all visitors and any other persons on site at the facilities. After the emergency, the provider may refer such personnel and agency employees, visitors and other persons to outside medical doctors or facilities, or to be followed by such persons' own physicians. The provider shall not be responsible for any routine health care for personnel, agency staff, visitors or other persons on site at the facilities.

620.04 Special Needs Treatment Plan

The Department's Health Services Division shall ensure that the contractual medical provider implements written policies and procedures that make available special medical needs care to all inmates so diagnosed, and shall ensure that such special medical needs care is in full compliance with all applicable local, State, and Federal laws. The contractual medical director, attending physician or HSA at each facility shall be responsible for developing a written treatment plan for each individual who has been determined to have special medical needs, and who requires close medical supervision, such as chronic care, convalescent care, care for those with serious communicable diseases, e.g., HIV, HCV, TB, elderly/frail inmate care; terminally ill care, care for serious Mental Health needs, care for developmentally disabled inmates and care for victims of sexual abuse. The plan will include short-term and long term goals, adaptation to the correctional environment, specific interventions, instructions about diet, exercise, and medication, the type and frequency of laboratory and diagnostic testing, the frequency of follow-up for medical evaluation, and provisions for referral to supportive and/or rehabilitative services when necessary. The Health Services Division will ensure that treatment plans are developed by the contractor.

1. Each contractual HSA shall, in conjunction with the Medical Director or attending physician, establish an up-to-date listing of all inmates who have been diagnosed as having special medical needs and of all inmates who have a special medical needs treatment plan, e.g., diabetes, cardiovascular disease, asthma, seizure disorders, etc. Inmates shall be placed on this special medical needs list by the attending provider, and shall be seen in accordance with current established chronic disease guidelines. Instructions in self-care for inmates with special medical needs shall be provided on an on-going basis at the regularly scheduled follow-up visits.

2. The planning for convalescent care for inmates at outside hospitals shall be arranged via physician-to-physician consultation between a contractual physician and the attending physician of the sending medical facility or hospital. Following the consultation, a special medical needs treatment plan shall be written as indicated. This consultation shall occur prior to transfer or discharge for the purpose of determining the proper medical placement for inmates requiring close observation during post-operative recovery, or recovery from other illness or injury. When transferring an inmate to a facility other than the one to which he or she was assigned, security considerations will always be given priority.
3. The listings required in subsection 1 of 620.04 shall be provided to the Assistant Deputy Commissioner of Clinical Services, or designee, upon request.

620.05 Programs for Female Inmates

The Division of Health Services shall ensure that the contractual medical provider establishes written procedures for providing female inmates access to obstetrical/gynecological medical care, including pregnancy management, specifically as it relates to pregnancy testing, routine prenatal care, high risk prenatal care, management of the chemically addicted pregnant inmate, and postpartum follow up. The contractual medical provider will have a written policy and defined procedures that will require comprehensive counseling and assistance be given to pregnant inmates in keeping with their express desires in planning for their unborn children.

1. The superintendent of MCI Framingham and South Middlesex Correctional Center (SMCC) shall provide all pregnant inmates with nondirective counseling and written material, in a form the inmate can understand, on pregnancy options and correctional facility policies and practices regarding care and labor for pregnant inmates. Inmates shall be required to sign a receipt verifying that they

received such counseling and written material, which will become part of their institutional record.

2. Upon the determination of pregnancy, the HSA, or designee, shall notify the appropriate facility contractual social worker in order to arrange access to the appropriate counseling services. The contractual medical provider shall develop a treatment plan in accordance with 103 DOC 620.04, and have written procedures to ensure that regular prenatal care is received, including medical examinations, advice on appropriate levels of activity and safety precautions, nutrition guidance, and counseling.
3. In the event that a pregnant inmate requests to terminate her pregnancy, the inmate shall be referred to appropriate counseling services. Neither the DOC nor the contractual medical provider shall be responsible for payment for abortion services unless deemed medically necessary by a physician.
4. Written policy and procedure shall require the following:
 - a. A mental health clinician shall conduct a postpartum evaluation of the inmate within two (2) business days of the inmates return to the facility from the hospital and follow up evaluations shall be performed as clinically indicated thereafter.
 - b. A postpartum inmate shall not be subject to isolation absent an individualized, documented determination that the inmate poses a serious risk of harm to herself or others.

620.06

Programs for Disabled Inmates

The Department of Correction shall provide housing and programs for disabled inmates in accordance with Department policy 103 DOC 108, Program/Facility Access for Handicapped/ Disabled Persons, and 103 DOC 408, Reasonable Accommodations for Inmates, as well as in

accordance with local, State, and Federal laws. These inmates shall be referred for appropriate evaluation and follow-up care. A Treatment plan, in accordance with 103 DOC 620.04, shall be established through the contractual medical provider and/or the Department, and shall include, but not be limited to, the following:

1. medical evaluation on a case by case basis, including all testing, diagnostic, and treatment procedures, optometric evaluations, and periodic examinations, deemed necessary by the attending physician;
2. dental evaluations as deemed necessary by the attending dentist;
3. mental health evaluations as deemed necessary by the mental health contractual staff;
4. all necessary prosthetics, special medical supplies, (e.g. special shoes, crutches, wheelchairs, etc.) which are determined to be medically necessary by a qualified medical provider;
5. consultations for the provision of therapeutic diets;
6. access to speech and audiological evaluation services;
7. outpatient and inpatient treatment services as clinically indicated, including supportive and rehabilitative services;

Except in an emergency, no action will be taken regarding housing (e.g., need for single cell, handicap cell, etc.), program assignments, and/or admissions to and transfers from facilities, prior to a consultation between the superintendent, or designee, and the medical provider. When emergency action so requires, the consultation will occur no later than the next working day so as to review the appropriateness of the action.

620.07 Chemical Dependency and Detoxification

The contractual medical provider shall have written policies and defined procedures for the clinical management of chemically dependent inmates. These policies and procedures shall address the treatment and observation of inmates manifesting mild or moderate symptoms of intoxication or withdrawal from alcohol and other drugs. These policies and procedures shall also be inclusive of inmates committed to the Massachusetts Alcohol & Substance Abuse Center @ Plymouth. Inmates at risk for progression to more severe levels of intoxication or withdrawal will be transferred to the infirmary at Souza Baranowski Correctional Center and kept under constant observation by qualified professionals. Female inmates at MCI Framingham shall be treated in that facility's HSU. In the event of a more severe level of intoxication or withdrawal, inmates shall be transferred to acute care hospitals. Detoxification shall be conducted only under medical supervision in accordance with local, State, and Federal laws.

1. Inmates experiencing severe, life-threatening intoxication (overdose) or withdrawal will be immediately transferred to a licensed acute care facility.
2. The diagnosis of chemical dependency shall be determined only by a physician. Information on substance abuse programming can be found in DOC policy 103 DOC 445, Substance Abuse Programs.
3. When deemed appropriate, provisions shall be made for a referral to a specified community resource upon release.

620.08 Forensic Information

Generally, the medical provider for inmate health care shall not be involved in the collection of forensic information. When the need occurs for collection of such information, the superintendent, or designee, shall contact the Assistant Deputy Commissioner of Clinical Services or his/her designee, who will

arrange for an independent medical contractor to collect this information.

The medical provider may be involved in the following:

1. Court-ordered laboratory testing or radiology procedures, with the consent of the inmate.
2. Each facility utilizing a urine surveillance program for substance abuse shall have written procedures outlining the method of sample collection and interpretation of test results, as required by 103 DOC 525, Inmate Substance Abuse Testing, Sanctioning and Treatment Interventions. Urine surveillance programs are not considered a medical service and are, therefore, the responsibility of the superintendent or designee. Medical staff shall not be involved in this process.

620.09 Therapeutic Medical Diets

Therapeutic medical diets shall be available to all inmates upon the written prescription provided by a contractual physician or dentist.

1. The contractual medical provider shall develop written procedures regarding the provision of therapeutic medical and dental diets consistent with 103 CMR 761, Access to Therapeutic Diets and Medical Care.
 - a. Menus for therapeutic medical diets will be developed by contractual dietitians. These menus should conform to the Department's cycle menu as closely as possible and be consistent with 103 CMR 761.07, §1 and with the American Dietetic Association.
 - b. Therapeutic diet menus will be reviewed by the dietitians at a minimum of every six months, or whenever a substantial change is made in the Department cycle menu.
 - c. Orders for therapeutic diets, written by a contractual medical or dental provider, shall be transcribed in a timely manner by

contractual medical staff, and submitted on an approved diet order form to the facility Food Services manager/supervisor (see Attachment C).

- d. Information regarding diet shall be entered on the Medical Orders Screen of IMS. This action will automatically notify Food Services of the diet order.
 - e. Individual therapeutic medical diet orders will be reviewed at least every 120 days by a contractual physician. Diet orders shall not be altered or discontinued without a medical or dental provider's order.
2. Each superintendent shall develop written procedures for the preparation and provision of therapeutic medical diets. These procedures shall be consistent with 103 CMR 761, Access to Therapeutic Diets and Medical Diets.
 - a. When preparing therapeutic diet meal orders, each facility's food service personnel shall follow the therapeutic diet menus developed by the contractual dietitian. Food service staff must weigh or measure food portions when required by the therapeutic diet menu.
 3. Any changes or substitutions shall be in accordance with substitution guidelines approved by contractual dietitians and shall be documented in writing.
 - a. Therapeutic diet orders shall not be altered or discontinued without an order by the contractual medical or dental provider. A copy of each therapeutic diet menu order will be retained by the facility for review by the dietitian at least every 30 days.
 - b. Reasonable variances may be authorized by the superintendent, or designee, when medically necessary to ensure access to, and compliance with, therapeutic diet orders. Variances may include, but not be limited to, receiving snacks as ordered by a

contractual physician, and accommodations necessary to ensure diabetic inmates sufficient time to monitor blood sugar levels, receive insulin and receive meals in a timely manner.

4. Access to Therapeutic Diets

- a. Each superintendent shall develop written procedures to ensure that therapeutic diets are continued when an inmate is placed in segregation, on awaiting action status, alternate feeding status, and/or during facility lockdowns, except when to do so is precluded because of an emergency situation. The institution shall provide written documentation in cases of emergencies that preclude the distribution of therapeutic diets.
- b. Requests for medical attention, including therapeutic diets, shall be assessed and processed according to the American Correctional Association and the National Commission on Correctional Health Care guidelines.
- c. Information regarding therapeutic diets shall be entered on the Medical Orders Screen of IMS. This action will automatically notify Food Services of the diet order.
- d. Upon receipt of an IMS notification regarding a medically ordered therapeutic diet, the facility food service manager/supervisor will ensure that the diet ordered is provided in a timely manner, and is of comparable palatability to regular cycle menu meals.
- e. An inmate with a prescribed therapeutic diet order will present his/her Department identification card to food service personnel in order to receive the meal ordered. At that time, the inmate will sign a diet roster with his/her full name.

5. Compliance Procedures

- a. The Food Service Manager is responsible for ensuring that Food Service staff members maintain daily records of inmate compliance with medically ordered therapeutic diets. A copy of all compliance records will be given to the contracted dietitians once a month.
- b. An inmate's non-compliance with therapeutic diet orders for seven out of 21 consecutive meals will be reported to the HSA. The HSA will arrange for the inmate to be counseled by a member of the medical staff within a reasonable time. Documentation of all counseling will be written in the inmate's medical record.
- c. If an inmate's non-compliance with therapeutic diet orders continues, the Food Service Manager must notify the HSA. The HSA will refer the inmate to the dietitian for consultation and counseling within a reasonable time. Consultation and counseling will be documented in the inmate's medical record.
- d. Should an inmate continue to refuse to comply with therapeutic diet orders consistent with 103 CMR 761, after counseling with contractual medical staff and the dietitian, the Food Service Manager will again notify the HSA. The HSA will request that the inmate sign a release of responsibility form (see Attachment C) and will have the form witnessed. If the inmate refuses to sign the refusal of responsibility form, two witnesses will sign the form, one of whom is contractual medical staff.
- e. After refusing to comply with a therapeutic diet, an inmate may ask the HSA to arrange to have the therapeutic diet resumed. If it is determined that the therapeutic diet

should resume, the procedure regarding access to therapeutic diets should be followed.

- f. Inmates will not be subject to disciplinary proceedings solely for non-compliance with therapeutic diets.

Inmates who have therapeutic diet orders will be subject to disciplinary proceedings for giving away, trading, selling, or otherwise transferring any portion of their meals.

6. Intra system Transfer Procedures

Therapeutic diets should continue uninterrupted when an inmate is transferred to a different DOC facility, unless the receiving facility physician determines that the therapeutic diet is unnecessary after review of the inmate's medical record.

An Intra system Transfer Form (See Attachment C), which indicates the specific therapeutic diet and medications prescribed, will be sent to the receiving facility HSU with the inmate's medical record. The HSA or designee is responsible for promptly notifying the food services manager/supervisor through the IMS that the transferred inmate has dietary requirements. The food services manager/supervisor shall, in turn, obtain the specific information from the IMS.

7. Procedures for Inmate Complaints Regarding Access to Therapeutic Diets

- a. Each superintendent shall develop written informal and formal procedures for resolving inmate complaints regarding the provision of therapeutic diets and access to medical care. These procedures shall conform to the requirements of 103 CMR 761, Access to Therapeutic Diets and Medical Care, governing processing of inmate complaints.

- b. If a formal complaint is referred to the Assistant Deputy Commissioner of Clinical Services, appropriate action shall be taken, up to and including referral of the complaint to the Department's Senior Medical Consultant, as determined by the Assistant Deputy Commissioner of Clinical Services.

620.10 Food Monitoring Procedures

Each superintendent shall establish written procedures to be followed in the event of an inmate's refusal to eat. If correctional staff observes that an inmate is on a hunger strike, or otherwise is refusing to eat or drink, he/she shall notify the HSA or designee. Department staff shall observe and report to the HSA or designee if the inmate has any commissary food items and any private food supplies in his cell.

When an inmate refuses to either eat or drink for more than 24 hours, the following guidelines shall be followed:

1. The inmate shall be evaluated in the HSU by contractual medical staff. This evaluation shall include:
 - a. vital signs (temperature, pulse, respirations and blood pressure);
 - b. weight
 - c. mental health review, which shall be conducted by appropriate mental health staff. Daily mental health evaluations shall be conducted for the duration of the refusal to eat or drink. These evaluations should be documented in the mental health section of the inmate's medical record.
2. A standardized vital sign/food monitoring form shall be developed by the contractual medical provider and approved by the Assistant Deputy Commissioner of Clinical Services. Correctional staff shall monitor any food or liquid intake by the inmate during the refusal period and report their findings to the medical staff, who will record the information on the monitoring form.

Meals will be presented three times daily and an adequate supply of water shall be made available.

3. The inmate shall be offered vital sign monitoring by a member of the contractual medical staff on a daily basis (or more often if indicated). Vital signs, or the inmate's refusal to cooperate with the taking of his/her vital signs, shall be documented in the medical record by the contractual medical staff and witnessed.
4. The inmate's medical record shall be reviewed by the attending medical provider to determine any changes in prescribed medication and to assess the need for moving the inmate from his/her current housing assignment to the HSU for closer observation.
5. The inmate will be evaluated by medical staff as medically indicated. After five days of monitoring, he/she must be evaluated by a physician.
6. The Assistant Deputy Commissioner of Clinical Services, or designee, and the superintendent, or designee, and the Duty Station must be notified of all incidents of an inmate's refusal to eat and/or drink for periods exceeding 24 hours.
7. At facilities which do not maintain an HSU, the superintendent, or designee, shall contact the contractual HSA or the DOC HSA assigned to their facility to determine whether transfer to another Department facility is warranted.
8. The Assistant Deputy Commissioner of Clinical Services, or designee, and the superintendent, or designee, must be notified when an inmate resumes eating and/or drinking.

620.11 Food Service Workers

All employees and inmates who are involved in the preparation of food shall be subject to the same laws and/or regulations as food service workers in the community where each facility is located. In addition, each superintendent or designee shall ensure that all

facilities adhere to 103 DOC 750, Hygiene Standards, and DPH 105 CMR 451.169 and 590.08-.11, Minimum Health and Sanitation Standards, which apply to food services personnel (see Attachment A). All health and sanitation codes are to be strictly followed to ensure the health and welfare of employees, volunteers, contractual staff, and inmates. Instructions to employees and inmates in order to educate them to these standards shall be conducted by the food services manager/supervisor.

1. Pre-employment/Annual Medical Screening

Each superintendent, or designee, shall ensure that all new food services employees and inmate food handlers are medically cleared by contractual medical staff prior to employment and then on an annual basis. A form shall be developed by the contractual medical provider and approved by the Assistant Deputy Commissioner of Clinical Services to report the medical status of all food handlers. This form shall be kept in the inmate medical records or employee files and a copy sent to the food services manager. Facilities which do not maintain an HSU shall refer these individuals to a nearby DOC HSU for a medical screening. Medical staff will receive an IMS notification when inmates require medical clearance. Medical staff will note medical clearance on the IMS screen, "Review and Assign Inmate Screen". No individual shall be allowed to provide food handling services and no inmate cadre workers shall be transferred for food handling duties without obtaining medical clearance in advance.

- a. The medical screening for both inmates and employees shall be performed by the contractual medical staff and shall consist of a medical history along with screening for Tuberculosis.
- b. If the results of medical screening are negative, the contractual medical staff performing the screen shall forward a report to the superintendent or designee of the facility where the individual is assigned to

work. The HSA shall provide the superintendent or designee with a report stating that the individual has been medically cleared for work and, in the case of an inmate, shall retain a copy in the inmate's medical record.

c. If any results of the medical screening are problematic, the following procedure shall be followed:

i. Inmate Workers: the HSU staff will perform further diagnostic and/or treatment services as determined to be medically appropriate by the medical provider. No inmate shall begin work in the food services area until he/she is medically cleared.

ii. DOC and Contracted Employees: DOC and contracted employees ("employees") shall be referred to their personal health care provider for further testing and/or treatment. The contractual medical staff at the HSU that performed the initial screening shall provide the employee with any appropriate medical information. Following successful testing and/or treatment, the employee shall be required to release to the superintendent documentation that he/she has been cleared to return to work as a food handler. Such documentation must be signed by a medical provider.

d. Following employment, all food handlers shall be required to have a medical screening on an annual basis, following the procedures listed above. It shall be the responsibility of the superintendent to maintain the appropriate personnel records to ensure that all food handlers receive an annual screening.

2. Health Monitoring of Food Services Personnel

- a. Each superintendent, or designee, shall be responsible for monitoring the health and cleanliness of all food handlers on a daily basis. Individuals who present the following symptoms shall be prevented from working in a food handling capacity until medically cleared by the contractual medical staff of the HSU:
- i. active acne;
 - ii. diarrhea;
 - iii. productive cough, wheezing, or acute respiratory infection;
 - iv. infected sores, boils (individuals wearing bandages on their hands shall be required to wear gloves while handling food);
 - v. any communicable disease that can be transmitted through the process of food handling.
- b. Inmate workers presenting the above symptoms shall be referred to the appropriate HSU for diagnosis and/or treatment. The HSU staff must forward a medical clearance report to the superintendent, or designee, before the inmate is allowed to return to work.
- c. Department employees presenting the above symptoms shall be referred to the appropriate HSU for diagnosis. When additional treatment is required, the employee shall be referred to his/her personal health care provider along with any appropriate medical information. The employee shall provide the superintendent, or designee, with a medical clearance report upon receipt of evidence that the medical condition has been resolved. Said report shall be signed by a medical provider.
- d. Each superintendent, or designee, shall ensure the adequate documentation of the occurrence of all such health issues and their resolution.

620.12 Reasonable Variances

All reasonable variances from institutional rules or practice must be authorized to accommodate the medical needs of inmates. All reasonable variances from institutional rules or practice are specific to the facility which generated said variance, and shall be reviewed by other facilities upon an inmate's transfer, as long as the variance is determined to still be medically necessary by a qualified medical provider. Each superintendent, in conjunction with his/her HSA, shall develop procedures to:

1. Allow authorized inmates access to the HSU/staff for the purpose of checking blood levels and to receive insulin prior to meals if needed. Procedures should address the need for inmates to eat promptly after receiving an insulin injection.
2. Allow authorized inmates to retain a reasonable amount of snacks and/or sugar in their cells.
3. Offer unsweetened, low fat snacks for purchase in the inmate canteen.
4. Require the annual review of, and compliance with, special medical orders written by physicians, e.g., bottom bunk placement, blankets, sneakers, temporary restraint restrictions. In the event that a superintendent has operational or security concerns, he/she may contact the Assistant Deputy Commissioner of Clinical Services who will arrange for a review of the special need by the Medical Director.
5. Also see 103 DOC 620.08, §2.c. of this policy regarding variances pertaining to therapeutic diets.

620.13 Health Care Proxy Guidelines

M.G.L. c. 201D states that every competent adult has the option of appointing a health care agent who is responsible for making health care decisions on his/her behalf, in the event that he/she is unable to make or communicate those decisions to the health care

provider. The person chosen is referred to as a health care agent.

These guidelines do not mandate that all inmates must have health care proxies, nor is this a substitute for a "do not resuscitate" (DNR) order. See 103 DOC 621. Inmates are to be informed that their health care will not be interrupted should they choose not to complete a health care proxy.

Each superintendent, in conjunction with the contractual medical provider, shall designate a person (designated trainer) to explain and inform inmates of the Health Care Proxy process. The designated trainer does not have to be a health care provider. The designated trainer shall be trained as to the duties and legal obligations with respect to the Proxy law.

1. Upon admission to a receiving facility, every inmate will be informed by the designated trainer of the option to complete a health care proxy. If the inmate decides to complete a health care proxy, copies will be made and distributed by the designated trainer to the inmate, the health care agent, and the DOC Health Services Division. Copies will also be placed in the mittimus and in the medical record. The medical vendor shall provide a monthly report to HSD for all health care proxies initiated which includes the inmate's name, commitment number, date of birth, facility, date initiated and/or date rescinded if applicable. Only competent persons, 18 years of age or older, are qualified to execute a health care proxy. The form now utilized by the Department of Public Health (DPH) at the Lemuel Shattuck Hospital (LSH) will be the standard form for all such requests and will be available in English and Spanish (See Attachment B).

Individuals identified as the Health Care Agent shall be documented on the IMS "Inmate's Family Information" screen via the medical authorization field.

2. Inmate/patients should be encouraged to designate an alternate health care agent. Such an alternate health care agent may serve when the

designated health care agent is not available, willing or competent to serve, and the designated health care agent is not expected to become available, willing or competent to make a timely decision given the inmate/patient's medical circumstances; or the health care agent is disqualified from acting on the inmate/patient's behalf. Individuals identified as alternate health care agents shall also be documented on the IMS Inmate's Family Information screen via the medical authorization field, and a notation made in the comments field that the individual is an alternate.

3. Upon admission to any of the Department infirmaries, the medical record will be reviewed for the presence of a health care proxy form by the interviewing health care provider. If there is no form, the interviewing health care provider will inquire as to whether the inmate/patient has completed the health care proxy. The interviewer, and/or designated trainer, will also inform the inmate/patient of the health care proxy process, if necessary. The inmate/patient will be provided the opportunity to complete a health care proxy if he/she desires. If the inmate/patient requests a proxy, the above mentioned process is to be followed, i.e., notify the designated trainer and refer inmate to the trainer.
4. The medical provider shall have protocols or procedures in place for health care proxies in accordance with the requirements of M.G.L. c. 201D. The medical provider shall inform outside hospitals of the inmate's/patient's proxy status upon transport to a clinic or admission to the outside hospital.
5. The superintendent, or his/her designee, in conjunction with the HSA, shall establish procedures to contact health care agents in the event that the inmate is declared incompetent by the attending physician.
6. The inmate/patient must be informed that, if he/she wants to write limitations on treatment,

he/she may do so on the health care proxy form. These comments may help guide health care agents and health care providers in the event that the inmate/patient is ever rendered incompetent to make medical treatment decisions.

7. Inmates should be encouraged to discuss their health care wishes in advance with the health care agents and, if possible, to have the health care agent sign the back of the form.

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DEPARTMENT OF PUBLIC HEALTH 105 CMR 451.169 AND 105 CMR 590.00

STATE SANITARY CODE CHAPTER X MINIMUM
SANITATION STANDARDS FOR FOOD ESTABLISHMENTS

These regulations apply to every correctional facility operated by the Department of Correction under the authority of Massachusetts General Laws.

451.169 Report of Communicable Disease Hazard to Department

The superintendent or administrator, when he knows or has reason to believe that any employee or inmate has contracted any disease in a communicable form transmissible through food or water or has become a carrier of such disease, shall immediately notify the Department.

**MASSACHUSETTS HEALTH CARE PROXY
Information, Instructions and Form**

What does the Health Care Proxy Law allow?

The **Health Care Proxy** is a simple legal document that allows you to name someone you know and trust to make health care decisions for you if, for any reason, and at any time, you become unable to make or communicate those decisions. It is an important document, however, because it concerns not only the choices you make about your health care, but also the relationships you have with your physician, family, and others who may be involved with your care. Read this and follow the instructions to ensure that your wishes are honored.

Under the Health Care Proxy Law (Massachusetts General Laws, Chapter 201D), any competent adult 18 years of age or over may use this form to appoint a Health Care Agent. You (known as the "Principal") can appoint any adult EXCEPT the administrator, operator, or employee of a health care facility such as a hospital or nursing home where you are a patient or resident UNLESS that person is also related to you by blood, marriage, or adoption.

What can my Agent do?

Your Agent will make decisions about your health care only when you are, for some reason, unable to do that yourself. This means that your Agent can act for you if you are temporarily unconscious, in a coma, or have some other condition in which you cannot make or communicate health care decisions. Your Agent cannot act for you until your doctor determines, in writing, that you lack the ability to make health care decisions. Your doctor will tell you of this if there is any sign that you would understand it.

Acting with authority, your Agent can make any health care decision that you could, if you were able. If you give your Agent full authority to act for you, he or she can consent to or refuse any medical treatment, including treatment that could keep you alive.

Your agent will make decision for you only after talking with your doctor or health care provider, and after fully considering all the options regarding diagnosis, prognosis, and treatment of your illness or condition. Your Agent has the legal right to get any information, including confidential medical information, necessary to make informed decisions for you.

Your Agent will make health care decisions for you according to your wishes or according to his/her assessment of your wishes, including your religious or moral beliefs. You may wish to talk first with your doctor, religious advisor, or other people before giving instructions to your Agent. It is very important that you talk with your Agent so that he or she knows what is important to you. If your Agent does not know what your wishes would be in a particular situation, your Agent will decide based on what he or she thinks would be in your best interests. After your doctor has determined that you lack the ability to make health care decisions, if you still object to any decision made by your Agent, your own decisions will be honored unless a Court determines that you lack capacity to make health care decisions.

Your Agent's decisions will have the same authority as yours would, if you were able, and will be honored over those of any other person, except for any limitation you yourself made, or except for a Court Order specifically overriding the Proxy.

How do I fill out the form?

1. At the top of the form, print your full name and address. Print the name, address, and phone number of the person you choose as your Health Care Agent.

(**Optional:** If you think your Agent might not be available at any future time, you may name a second person as an Alternate. Your Alternate will be called if your Agent is unwilling or unable to serve.)

2. Setting limits on your Agent's authority might make it difficult for your Agent to act for you in an unexpected situation. If you want your Agent to have full authority to act for you, leave the limitations space blank. However, if you want to limit the kinds of decisions you would want your Agent or Alternate to make for you, include them in the blank.
3. **Before** you sign, be sure you have two adults present who can witness you signing the document. The only people who cannot serve as witnesses are your Agent and Alternate. Then sign the document yourself. (Or, if you are physically unable, have someone other than either witness sign your name at your direction. The person who signs your name for you should put his/her own name and address in the spaces provided.)
4. Have your witnesses fill in the date, sign their names, and print their names and addresses.
5. **Optional:** On the back of the form are statements to be signed by your Agent and any Alternate. This is not required by law, but is recommended to ensure that you have talked with the person or persons who may have to make important decisions about your care and that each of them realizes the importance of the task they may have to do.

Who should have the original and copies?

After you have filled in the form, remove this information page and make at least four photocopies of the form. Keep the original yourself where it can be found easily. Give one copy to your doctor or health care provider, who will put it in your medical record. Give copies to your Agent and any Alternate. You can give additional copies to family members, your clergy and/or lawyer, and other people who may be involved in your health care decision making.

How can I revoke or cancel the document?

Your Health Care Proxy is revoked when any of the following four things happens:

1. You sign another Health Care Proxy later on.
2. You legally separate or divorce your spouse who is named in the Proxy as your Agent.
3. You notify your Agent, your doctor, or other health care provider, orally or in writing, that you want to revoke your Health Care Proxy.
4. You do anything else that clearly shows you want to revoke the Proxy, for example, tearing up or destroying the Proxy, crossing it out, telling other people, etc.

AFTER FILLING IN THE FORM, TEAR AT FOLD AND REMOVE THIS INSTRUCTION PAGE

Your Birth Date: _____

MASSACHUSETTS HEALTH CARE PROXY

1. I, _____,
(Principal - PRINT your name)

residing at _____
(Street)

(City or Town) (State)

appoint as my **Health Care Agent**:

(Name of person you choose as Agent)

of _____
(Street)

(City or Town) (State)

(**Optional:** If my Agent is unwilling or unable to serve, then I appoint as my **Alternate**:

(Name of person you choose as Alternate)

(Street)

(City or Town) (State)

2. My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **Except** (here list the limitations, if any, you wish to place on your Agent's authority):

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3. Signed: _____

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

(Name) (Street)

(City/Town) (State)

4. Witness Statement: We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate in this document.

In our presence this _____ day of _____, 20____.

Witness #1 _____
(Signature)

Witness #2 _____
(Signature)

Name (Print) _____

Address _____

Name (Print) _____

Address _____

5. Statements of Health Care Agent and Alternate (OPTIONAL)

Health Care Agent: I have been named by the Principal as the Principal's **Health Care Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, prison infirmary, nursing home, rest home, Soldiers Home, or other health facility where the Principal is presently a patient or resident or has applied for admission. Or if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal's wishes.

(Signature of **Health Care Agent**)

Alternate: I have been named by the Principal as the Principal's **Alternate** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home, or other health facility where the Principal is presently a patient or resident or has applied for admission. Or if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal's wishes.

(Signature of
Alternate)

* * * * *

PAGES 5 THROUGH 8 CONSIST OF THE SPANISH VERSION OF THE HEALTH CARE PROXY. IT HAS BEEN FORWARDED SEPARATELY FROM THIS POLICY. PLEASE CONTACT YOUR INSTITUTIONAL POLICY COORDINATOR OR HSU FOR COPIES.

NOTE: THE SPANISH HEALTH CARE PROXY IS EIGHT (8) PAGES LONG (4 two-sided pages), INCLUDING SPANISH EXPLANATION, ENGLISH EXPLANATION, SPANISH FORM, ENGLISH FORM

When utilizing the Spanish version of the proxy, attach the English version of the proxy form, to the Spanish version, so that an English-speaking health care provider will know what this important form is. When you make copies of the completed form, also make copies of the blank English form. Both the Spanish and English form make up the Spanish version of the Health Care Proxy, totaling 8 pages (4 two-sided pages). The completed Spanish form is incomplete if the blank English version is not attached.

THE SPANISH VERSION OF THE HEALTH CARE PROXY, THE DIET ORDER FORM, INTRA-SYSTEM TRANSFER FORM AND RELEASE OF RESPONSIBILITY FORM HAS BEEN FORWARDED SEPARATELY FROM THIS POLICY. PLEASE CONTACT YOUR INSTITUTIONAL POLICY COORDINATOR OR HSU FOR COPIES.

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