5-03/050.00 Access to Health Care

Access to health care shall include, but not be limited to:

- Medical/mental health history screening upon commitment to the facility
- Medical, dental, and mental health care services performed by qualified persons under the supervision or at the direction of a licensed provider
- Emergency health care treatment on a 24-hour basis
- Access to hospitalization
- Access to daily nurse clinic services for inmates to receive appropriate services for non-emergencies or injuries
- Self-referral procedures available to inmates to present their requests for medical, mental health, or dental services
- Prompt access to facility health care treatment areas when passes are issued (including but not limited to medical line, dental line, laboratory, radiology, mental health, nurse clinic, etc.)
- Access to pill call
- Drug and alcohol detox

Nurse Clinic

Nurse clinic is the process through which medical personnel identify, examine and/or care for inmate illnesses, injuries, and/or make appropriate referrals for specialized health care treatment.

Medical personnel provide nurse clinics at all custody facilities, Monday through Friday. Urgent and emergency services are provided in each facility's clinic on a 24-hour basis, including weekends and holidays. The Inmate Reception Center (IRC) is excluded from providing a nurse clinic for inmates with non-urgent or emergent medical needs who are in IRC for less than 24 hours.

Each facility shall develop unit orders which establish procedures for inmate nurse clinic as specified in Title 15, section 1211, "Sick Call."

These provisions shall include, but are not limited to the following:

- Procedures for inmates to make timely requests for nurse clinic. This may be accomplished by completing a Health Services Request Form
    - Custody personnel shall provide an inmate who requests sick call with a Health Services Request Form, and shall retrieve and provide the completed form to the line sergeant for handling, pursuant to Custody Division Manual (CDM) section 8-01/020.00, "Responsibilities."
- Inmates shall be advised of the process for daily nurse clinic during inmate orientation. Signs should be posted conspicuously in housing units that contain all nurse clinic procedures and information. Custody staff shall assist inmates who are unable to understand the nurse clinic procedures and information. Special provision must be made for inmates who are unable to read, non-English speaking inmates, and for inmates with certain disabilities to understand this information and to assist them with requests.

Health Care Passes

"Health care passes" refer to any order to deliver an inmate for health care services. It is the responsibility of custody personnel, medical personnel, and mental health personnel to work together to ensure all inmates receive appropriate health care services within a reasonable time period. Access to health care shall not be denied or discouraged by any Department or non-Department member.

Passes for health care services shall be given the utmost priority and shall take precedence over all other inmate programs. Upon receiving a health care pass for an inmate to respond to a specified location for health care services, custody personnel shall make an effort to ensure the inmate arrives as soon as possible.

If an inmate is not in the housing location when a health care pass is issued (e.g., visiting, inmate work assignment, etc.), custody personnel assigned to the housing location shall locate and advise the inmate of a pending health care pass. If the inmate is out of the facility (e.g., court, hospital, etc.), the inmate shall be brought to the location indicated, as soon as practical, upon the inmate's return.

Urgent Care Clinic Passes

Custody personnel assigned to areas having inmates with Urgent Care Clinic passes shall ensure the identified inmate is notified of the Urgent Care Clinic pass. Urgent Care Clinic passes shall be considered a high priority. Personnel should contact their supervisor immediately if circumstances will cause a delay in the inmate's arrival at the Urgent Care Clinic. Otherwise, custody personnel shall ensure the inmate is brought to the designated location.

The respective facility's watch commander is available to resolve issues when there is a delay in bringing an inmate to the Urgent Care Clinic. When contacted by medical personnel or otherwise notified of a delay in an inmate's medical care, the watch commander shall take appropriate action immediately.

Should the identified inmate refuse an Urgent Care Clinic pass, refusal protocols shall be followed as stated in the "Refusals and Recalcitrant Inmates" section of this policy.

Urgent Care Clinic Passes During Facility Lockdown

When possible and if the situation permits, the watch commander shall notify the nursing supervisor prior to any planned facility lockdown. The watch commander shall adhere to the same procedures whenever possible as outlined above for all Urgent Care Clinic passes during a facility lockdown. If the Urgent Care Clinic passes cannot continue during a facility lockdown, they shall resume once facility operations are restored.

Emergency Medical Situations During Facility Lockdown

Custody personnel shall respond to emergency medical situations by adhering to the procedures delineated in CDM section 5-03/060.00, "Response to Inmate Medical Emergencies," regardless of facility lockdown status.

Pill Call

Pill call is the process through which medical personnel administer prescribed medication to inmates in housing units.

Each facility shall develop unit orders which establish procedures for inmate pill call; these provisions shall include, but are not limited to the following:

- Custody personnel shall log pill call in the electronic Uniform Daily Activity Log (e-UDAL).
- Custody personnel shall make an announcement notifying inmates when pill call is commencing.
- Custody personnel shall eliminate any potential distractions caused by television and phones, and shall ensure the module/dorm lights remain on for the duration of pill call.
- Custody personnel shall provide security for medical personnel by standing in close proximity to nursing staff for the duration of pill call.
- An inmate has the right to refuse their prescribed medication. Inmates who refuse to take their prescribed medication, must refuse directly to medical personnel administering the medication. In the event the inmate fails to acknowledge medical personnel, pill call shall continue unless the inmate is having a medical emergency. If medical personnel re-contact inmate(s) who did not comply with pill call procedures after the completion of pill call, custody personnel shall assist in re-contacting the inmate to attempt to gain compliance.
- Personnel shall adhere to the following pill call procedures based on an inmate's housing location:
    - Single-person housing areas: Custody personnel shall order inmates housed in single-person cells to stand and walk to the cell door/bars where medical personnel are dispensing medication. This will allow medical personnel to conduct a visual examination and determine if the inmate needs to be escorted to the clinic for further medical evaluation. If the inmate refuses to stand and walk to the cell door/bars, custody personnel shall make a reasonable effort to gain compliance. Accommodations shall be made for inmates with mobility disabilities.
    - Multi-person housing areas: Custody personnel shall order inmates housed in multi-person cells to walk to a centralized location where medical personnel are administering medication. This will allow medical personnel to conduct a visual examination to evaluate their health. If the inmate refuses to stand and walk to the centralized location, custody personnel shall make a reasonable effort to gain compliance. Accommodations shall be made for inmates with mobility disabilities.
- It is the responsibility of medical personnel to ensure each inmate places provided medication in their mouth and drinks water, as needed. Additionally, custody personnel shall make a reasonable effort to confirm that the inmate has ingested the medication, and that the inmate has not retained the medication as contraband. If ingestion is questioned, custody personnel may order each inmate to open their mouths to confirm the medication was ingested, and/or utilize a flashlight to see inside the mouth. In the event the inmate becomes insubordinate and refuses to allow the medical or custody personnel to confirm the consumption of medication, custody personnel shall follow the procedures outlined in the "Refusals and Recalcitrant Inmates" section of this policy.

Refusals and Recalcitrant Inmates

An inmate has a right to refuse medical treatment, medications, or to respond to a pass for health care services, including care by an outside medical provider; however, custody personnel shall inform the inmate that refusals for health care service must be made directly to medical personnel. If an inmate continues to refuse to communicate with health care personnel, or refuses medical treatment or medication, including refusing care by an outside medical provider or transport to an outside medical facility, or becomes recalcitrant as defined in CDM section 7-02/020.00, "Handling Insubordinate, Recalcitrant, Hostile, or Aggressive Inmates," custody personnel shall notify a sergeant who shall respond to the inmate's location and attempt to gain the inmate's compliance. Special provision must be made for inmates with limited English

proficiency or communicative disabilities.

If the sergeant is unable to gain the inmate's compliance, the sergeant shall contact the on-duty nursing supervisor (or designee) and notify them the inmate is refusing health care service, including refusing care by an outside medical provider or transport to an outside medical facility, or is recalcitrant. If it is determined by the nursing supervisor (or designee) the inmate does not need to be treated or seen in a health care area, custody personnel shall document the inmate's refusal (or implied refusal, in the case of recalcitrant inmates) as well as the name and the employee number of the nursing supervisor (or designee) notified in the "Activities (by INMATE)" section of the e-UDAL. Custody personnel shall select "Medical Services" under the activities tab, check the refused box, record the inmate's information, and indicate the reason for the refusal, name, and employee number of the nursing supervisor (or designee) who was notified in the "Comments" section.

If the nursing supervisor (or designee) determines the inmate must be medically treated, or seen in a health care area, including at an outside medical facility, and the inmate continues to refuse to report to the health care area, the sergeant shall contact mental health personnel to attempt to gain the inmate's compliance.

If health care personnel determine that the inmate requires involuntary treatment, the sergeant shall contact the ACB lieutenant (or the on-duty watch commander if the ACB lieutenant is not available). The lieutenant shall respond to the inmate's location and attempt to gain the inmate's compliance. If the inmate continues to refuse health care service, including care by an outside medical provider or transport to an outside medical facility, or remains recalcitrant, the lieutenant shall inform the nursing supervisor that the inmate may be extracted, if necessary, or restrained in the inmate's cell for the administration of medication, if feasible. If the nursing supervisor determines the inmate must be removed from their cell for necessary medical treatment or medication based on an in-person assessment, the lieutenant shall follow the extraction procedures set forth in CDM section 7-01/050.05, "Inmate Extraction Procedures," to facilitate the medical treatment. The inmate cannot refuse to be transported to an outside medical facility if ordered by medical personnel; once at the outside medical facility, the inmate has the right to refuse care. The refusal must be communicated directly to medical personnel at the medical facility. If the nursing supervisor requests that the inmate be restrained in their cell, and the lieutenant determines that restraining the inmate is feasible, the lieutenant shall follow the procedures for planned uses of force delineated in CDM section 7-01/040.00, "Planned Use of Force." The nursing supervisor's determination shall be documented in the e-UDAL, as well as in the use-of-force package, the "Watch Commander's Extraction Checklist" (SH-J-456), and on the extraction video.

In regard to the involuntary administration of prescribed medication for inmates adjudicated incompetent to stand trial and unable to provide informed consent, refer to CDM section 5-04/010.05, "Involuntary Medication Administration."

Over-the-Counter Medications at Station Jails

Over-the-Counter (OTC) medications are drugs that are available without a prescription and regularly sold in retail stores. Since OTC medications have similar cautions as prescription medications, all OTC medications sold and distributed in all custody facilities shall have prior approval of the Medical Chief Physician.

A supply of approved OTC medications may be kept at each station. Trained custody personnel at station jails may distribute OTC medications directly to inmates upon reasonable request.

This process is not meant to circumvent nurse clinic procedures or restrict inmate access to medical

personnel.