

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 1.01

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ACCESS TO HEALTH CARE

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that medical, dental, mental health and ancillary health care services are available and accessible to all inmates in custody of the Connecticut Department of Correction (**CDOC**).

PROCEDURE: As part of CMHC's initial health screening procedure and general CDOC facility orientation, inmates shall be informed orally and in writing, in both English and Spanish, of the availability of medical, dental, mental health, and ancillary health care services.

When medical co-payment fees are imposed, the following are observed:

- All inmates are advised, in writing, at the time of admissions to the facility of the guidelines of the co-payment program.
- Needed inmate health care shall not be denied due to lack of available funds.
- Co-payment fees shall be waived when appointments or services, including follow-up appointments, are initiated by staff.

REFERENCES: *Administrative Directive 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.
Standards for Health Services in Prisons (P-A-01). 2014. National Commission on Correctional Health Care. Chicago, IL.
Roe vs. Meachum Consent Judgment 1995. Connecticut Department of Correction.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD, PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

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RESPONSIBLE HEALTH AUTHORITY

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that each Connecticut Department of Correction (**CDOC**) facility has a designated, on-site health authority, entitled the Health Services Administrator. The designated on-site health authority shall be responsible for arranging all levels of health care and for providing accessible health services to all inmates in the custody of the CDOC. Clinical judgments shall rest with a physician designated by CMHC Administration.

PROCEDURE: Designated health authorities shall be listed on the CMHC Central Office Administrative Roster, and shall be on site at the facility at least weekly.

REFERENCES: *Standards for Health Services in Prisons (P-A-02)*. 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

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MEDICAL AUTONOMY

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff, contractors and consultants shall provide health care to Connecticut Department of Correction (**CDOC**) inmates.

Clinical decisions and actions regarding health services provided to CDOC inmates shall be the sole responsibility of qualified health care professionals and shall not be compromised for security reasons. CMHC staff, however, shall be subject to the same security regulations as other CDOC employees.

PROCEDURE: The responsible prescriber and the appropriate CMHC Health Service Administrator (**HSA**), or designee, shall address CDOC security policies or practices that contradict direct medical orders. If conflicts cannot be resolved at this level, then the responsible physician/dentist shall notify the CMHC Clinical Director who will contact CMHC Administration, and the Unit Administrator (Warden/designee) will contact CDOC Health Services, if necessary, for resolution.

The responsible psychiatrist at the facility level and the appropriate CMHC HSA, or designee, and the Unit Administrator (Warden) or designee, shall address any security policies or practices that contradict direct psychiatric orders. If conflicts cannot be resolved at this level, then the CMHC Mental Health Director/designee shall be notified, who in turn shall contact CMHC Administration, and the Unit Administrator shall contact CDOC Health Services, if necessary, for resolution.

REFERENCES: *Standards for Health Services in Prisons (P-A-03)*. 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

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NUMBER: A 4.01

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ADMINISTRATIVE MEETINGS AND REPORTS: FUNCTIONAL UNIT

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff, in conjunction with Connecticut Department of Correction (**CDOC**) staff shall establish a mechanism for effective communication.

PROCEDURE: Administrative meetings that include the CMHC facility Health Services Administrator (**HSA**), the facility Unit Administrator (Warden) or designee, and other appropriate members of the CMHC and CDOC staff, shall be conducted to discuss health care services. Meetings shall include discussions of quality improvement findings, infection control efforts, health services reviews, administrative remedies, and environmental inspection reports.

Minutes of scheduled administrative meetings shall be recorded in an approved format, shared with facility staff and retained at the facility for reference for three years. Minutes shall include an account of the effectiveness of the health care delivery system, a description of factors that need improvement, recommended corrective action(s) and changes implemented since the last meeting.

Each CMHC functional unit HSA shall also hold a monthly meeting with the UConn Health functional unit staff to exchange information on all aspects of the facility's health services operation and delivery systems and to promote good working relationships. Minutes of these meetings shall have an agenda, be recorded, including meeting attendees, and shared with facility staff. Meeting minutes shall be kept at the facility as a reference for three years.
(See attached Meeting Agenda/Minutes)

REFERENCES: *Standards for Health Services in Prisons (P-A-04)*. 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health -CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD,PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**CMHC
QUARTERLY ADMINISTRATIVE MEETING**

FACILITY:

Agenda

1. Call to Order
2. Review of Minutes
3. Old Business
4. Health Services Report: QI
5. Health Services Reports: Infectious Disease
6. Health Services Report: Environmental Safety
7. Health Services Report: Monthly Activity Reports
8. Health Services Reviews
9. Judicial Mandated Aspects of Care
10. Accreditation (NCCHC)
11. New Business
12. Next Meeting Date
13. Adjournment

**CMHC
MONTHLY HEALTH SERVICES STAFF MEETING**

FUNCTIONAL UNIT:

Agenda

1. Call to Order
2. Review of Minutes
3. Old Business
4. Quality Improvement
5. Infection Control Issues
6. Elective /Judicial Mandated Aspects of Care
7. Monthly Activity Reports
8. Health Services Reviews
9. Accreditation (NCCHC/ACA)
10. Facility Updates
11. New Business
 - Policies and Procedures
 - Operational Changes
 - Personnel Changes
 - Assignment Changes
 - Remarks from Custody
 - Other
12. Next Meeting Date
13. Adjournment

**UConn Health
Correctional Managed Health Care
Administrative Meeting**

Functional Unit: _____

Date: _____

Present:

Excused:

Topic	Discussion	Follow-Up
1. Call to Order	Include the name of the individual conducting the meeting	
2. Review of minutes from previous meeting	Note any corrections, additions, and deletions. Also include any directions on distributing corrective minutes if necessary.	
3. Old Business (this should correspond to minutes from previous meeting(s)).	A review of minutes from the previous meeting should identify content for this item. Be sure that the current minutes include the person(s) responsible for reporting on the old business along with progress.	Include the name of person(s) responsible for follow-up and tentative date for follow-up to be completed or date for next progress report

Topic	Discussion	Follow-Up
4.Health Care Services Reports: QI Infection Control Environmental Safety Inspection Monthly Activity Report 5. Health Services Reviews 6. Judicial Mandated aspects of care 7. Accreditation (NCCHC/ACA) 8. New Business 9. Next Meeting 10.Adjournment Minutes need to be signed by an Administrator prior to distribution.	<p>Include information from actual reports. Any handouts should be attached to all copies of minutes. Include name of person(s) making the reports.</p> <p>Identify number and trends, compare to previous data, include any follow-up</p> <p>All functional units should report on Doe vs. Meachum. Functional units with other consent judgments should report on specific compliance issues.</p> <p>If applicable</p> <p>Summarize each item presented and the general discussion.</p> <p>Identify exact date if possible.</p> <p>Identify time meeting concluded.</p>	<p>Include name of person(s) responsible for follow-up and date for next progress report.</p> <p>Include signature of recorder</p>

**University of Connecticut Health Center
Correctional Managed Health Care**

Monthly Health Services Staff Meeting

Functional Unit_____

Date_____

Present:

Excused:

Topic	Discussion	Follow-Up
1. Call to order	Include name of person conducting the meeting and the time the meeting started.	Identify how and when corrected minutes will be distributed. Include name of person(s) responsible for dealing with the issue and the anticipated date for conclusion or next report.
2. Review of minutes from previous meeting	These minutes may have all ready been distributed but need to be officially reviewed by the group. Document any additions, deletions, or corrections.	
3. Old Business	Some of this discussion will come from the previous month's meeting but may also be held over from prior meetings.	

Topic	Discussion	Follow-Up
4. Quality Improvement	<p>This report should come from a member of the facility QI committee and should include a report on completed studies and approved studies currently in progress.</p> <p>The Health Services Administrator should report on the actions taken by the Central QI Committee relative to approval of new studies or approval of recommendations from current or previous studies,.</p>	
5. Infection Control	<p>This report should come from a member of the committee and should include information from committee meeting and communication from the facility and Central Infection Control Committee.</p>	
6. Environmental Safety	<p>This report may come from a committee member, either Health Services or custody, and should relate to issues specific to the facility unless there is system-wide information to present.</p>	
7. Elective/Judicial Aspects of care	<p>This includes a report and discussion</p>	

Topic	Discussion	Follow-Up
Assignment changes	Include changes and dates of implementation as well as potential impact on the facility	Include how memo information will be distributed to staff not present and where copies will be located within the facility
Remarks from custody	Include name of person(s) making remarks	
Other		
13. Next Meeting	Include tentative date and location	
14. Adjournment		
Minutes need to be signed by an Administrator prior to distribution		Include signature of recorder

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HEALTH SERVICES ACTIVITY REPORT

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) staff shall document all provisions of health services to Connecticut Department of Correction (**CDOC**) inmates.

PROCEDURE:

CMHC staff shall collect, maintain, and report data, monthly, on Medical, Dental, and Mental Health Services. Staff shall utilize the Monthly Statistical Report form located on the CMHC portal for reporting medical and mental health indicators. Dental statistics will be automatically extracted from the CMHC Scheduling application.

The link for monthly reporting can be found on the CMHC Portal.
<http://cmhcportal.uchc.edu/resources/monthlyreports/default.aspx>.

Monthly reports shall include, at a minimum,

- The number of inmates receiving health services by category of care,
- Referrals to specialists
- Infectious disease monitoring
- On-site or off-site hospital admissions
- Emergency services provided to inmates
- Any inmate deaths
- Dental procedures performed
- Infirmary admissions
- Laboratory and x-ray tests completed
- Serious injuries or illnesses
- Off-site transports

Additional reports for specific facility needs shall be provided as needed.

Completed Facility monthly statistical reports shall be reviewed by the appropriate CMHC Health Service Administrator and forwarded electronically to CMHC Central Office by the first of the month. Any corrections shall be made and the entire report resubmitted by the 10th of the month. Any corrections submitted and accepted after the 10th of the month shall be considered late.

HEALTH SERVICES ACTIVITY REPORT

REFERENCES: *Administrative Directive 1.6, Monthly and Annual Reports*, 2014. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-4). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD,PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____



Monthly Report - Medical Data

Month: Select...

Year: Select...

Facility: Select...

CLINIC INFORMATION (Month totals)

Nurse Sick Call Visits:

MD/MLP Sick Call Visits:

HWH Inmate Visits:

Diabetes Clinic:

Hypertension Clinic:

Pulmonary Clinic:

ID Clinic:

Optometry Clinic:

Podiatry Clinic:

Other Chronic Disease Clinic:

Onsite Orthopaedic:

INFIRMARY DATA (If applicable)

End Of Month Census:

Total Admissions:

Census for those Staying Over 59 Days:

ALOS for those Staying Under 60 Days:

Total Discharges:

Total Bed Days:

Bed Days - Custody:

User:

Date:

SPECIAL POPULATIONS (Status at end of)

Hospice Patients:

Dialysis Patients:

PHYSICAL EXAMS (Month totals)

Work/Kitchen Physical Exams:

Other Physical Exams:

SUPPORT SERVICES (Month totals)

Phlebotomies:

X-rays:

SUPPORT SERVICES/OTHER (Month totals)

HIV Tests:

DNA Swabs:

Custody Restraint Checks:

Deaths:

(Not due to Suicide)



Monthly Report - Mental Health Data

Month: Select...

Year: Select...

Facility: Select...

Referrals Made

Referrals From Health Services Staff:

Referrals From Other Staff:

Referrals From Self:

Referrals Seen

Urgent (Emergent) referrals seen:

Routine (Non-emergent) referrals seen:

Total Referrals Seen:

Inpatient (If applicable)

End Of Month Census:

Total Admissions:

Census for those Staying Over 59 Days:

ALOS for those Staying Under 60 Days:

Total Discharges:

Total Bed Days:

Bed Days - Custody:

Individual Contacts:

Total Number Of Groups:

Group Contacts (Total number of Inmates):

Psychiatrist Contacts:

APRN Contacts:

Therapeutic Restraints:

Outpatient

Individual Contacts:

Psychiatrist Contacts:

APRN Contacts:

Total Number Of Groups:

Group Contacts (Total number of Inmates):

Total Case Load:

Medications

Involuntary Medications Panel:

Involuntary Medications Emergency:

Suicide/Self-Injury

Suicide Completed:

Suicide Attempts:

Episodes of Self-Injury:

Suicide Threats:

Suicide Assessments:

Episodes of One To One Observation:

Other

Discharge Planning - DMHAS:

Discharge Planning - Other:

Evals For First Incarceration:

Interventions Prior To Force:

User:

Date:



Monthly Report - Dental Data

Month: Year: Facility:

Patient Contacts

Patients Seen by Dentist/OS:

Exams

Routine Exams:

HIV Exams:

Prevention

Scalings:

Restoration

Temporary:

Amalgam:

Composite:

Dentures

Visits For Dentures In Progress:

Dentures Delivered:

Dentures Adjusted:

Dentures Repaired:

X-Rays

Routine X-rays:

Panorex X-rays:

Oral Surgery

Consults by Surgeon:

Surgery by Dentist:

Surgery by Surgeon:

Root Canals

Visits For Root Canals In Progress:

Root Canals Completed:

Half-Way House Inmates

Visits From HWH:

Other

Miscellaneous Procedures:

Post Op Treatments:

Inmates on Waiting Lists (end of month)

Surgery:

Other:

User:

Date:

Submit

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NUMBER: A 5.01

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**HEALTH SERVICES
POLICIES AND PROCEDURES**

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall develop, and review annually, a Health Services Policy and Procedure Manual that provides the framework for the delivery of health services to inmates in custody of the Connecticut Department of Correction (**CDOC**). This Health Services Policy and Procedure Manual shall also serve as the CMHC Program's official position on health-related issues.

PROCEDURE: Written statements of health-related policies and procedures, necessary for the administration of the UConn Health-CMHC Program, shall be developed and reviewed by appropriate CMHC Program staff, approved by the CDOC Director of Health Services, CMHC Executive Director, CMHC Medical Director, and CMHC Director of Psychiatry and Mental Health Services and /or Director of Dental Services when appropriate, and placed in the Health Services Policy and Procedure Manual.

The Health Services Policy and Procedure Manual shall contain at a minimum:

- A. Statements of policy that guide the delivery of health services to inmates in custody of the CDOC and meet national accreditation standards, relevant laws and regulations, and judicial mandates.
- B. CMHC administrative statements of policies and procedures that shall be applicable to all or selected CDOC facilities and CMHC staff.
- C. Dates of the most recent review or revision of a policy and/or procedure and the appropriate approval signature.

Authority for approval of all policies in the CMHC Health Services Policy and Procedure Manual rests with the CMHC Executive Director of Health Services, in coordination with the appropriate CMHC Clinical Directors. An electronic file with original signatures shall be housed at CMHC Central Office.

**HEALTH SERVICES
POLICIES AND PROCEDURES**

CMHC policies and/or procedures requiring department/facility specific processes shall be developed at the CMHC department/facility level and shall be approved by the CMHC department head and the appropriate CMHC Health Service Administrator (**HSA**). Copies of all approved Facility Health Services Policies and Procedures (Addendums) shall be forwarded to CMHC Central Office Administration for final review and approval. Facility Health Services Policy and Procedure Manuals (Addendums) shall be reviewed and the review documented on the addendum. Manuals shall be maintained at the functional unit, CMHC Central Office, and the CMHC portal.

Copies (hard copy or electronic) of CMHC Health Services Policy and Procedure Manuals shall be readily accessible on the CMHC Portal to CMHC staff in CDOC facilities, including CMHC HSA's, CMHC Central Office staff, CDOC custody staff, and to the CDOC Monitoring Panel.

Policies and procedures within the CMHC Health Services Policy and Procedure Manual shall be reviewed at least annually and revised as necessary. The CMHC Executive Director of Health Services, in coordination with the Chair of the CMHC Policy and Procedure Committee and designated directors, shall appoint a Policy and Procedure Committee annually. The committee shall be responsible for annual review of CMHC policies and procedures, review of new policies, and for policy revisions.

Any member of the CMHC staff may propose revisions to existing policies. Revised policies shall be reviewed and approved by the appropriate supervisory chain prior to review by the CMHC Policy and Procedure Committee.

The appropriate CMHC HSA shall submit proposed new policies to the Policy and Procedure Committee for review, provision of concurrence/non-concurrence and comments.

The Chairperson of the CMHC Policy and Procedure Committee shall submit committee recommendations/comments to CMHC Administration and/or CDOC Monitoring Panel for feedback as appropriate. If there is a lack of concurrence, CMHC and CDOC leadership shall convene to reach resolution. Committee members shall generally serve for a two year period.

New and revised policies shall be marked "draft revision-date" prior to final approval by the committee. It is the responsibility of the Committee Chairperson/designee to remove the "draft" prior to submission of the policy for signatures.

Following approval by the Policy and Procedure Committee, the policy shall be sent to the CMHC Executive Director for final approval.

**HEALTH SERVICES
POLICIES AND PROCEDURES**

The CDOC Director of Health Services shall approve all policies and procedures prior to implementation.

The CMHC Executive Director shall provide for the distribution of approved new/revised policies to all CMHC staff.

The annual review of existing policies shall be completed no later than June 30 of each year.

The CMHC Health Services Policy and Procedure Manual shall be kept at least 6 years as required by federal regulation. The original manual shall be stored electronically at CMHC Central Office. All current policies shall be available on the CMHC portal.

- REFERENCES:** *Administrative Directive 1.3, Development, Revision and Rescission of Department/Unit Policies and Procedures*. 2010. Connecticut Department of Correction.
- Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule*, 2002.
- Standards for Health Services in Prisons (P-A-05)*. 2014. National Commission on Correctional Health Care. Chicago, IL.
- UCHC HIPAA Privacy Policies*, 2003.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD,PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

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CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**), under the direction of the CMHC Director of Quality Resource Management shall develop, implement, maintain, and monitor a Quality Improvement Program (**QIP**) which ensures that health care provided to inmate/patients incarcerated in Connecticut Department of Correction (**CDOC**) facilities is consistent with established standards in Correctional health care and health care in the community at large.

In addition, the QIP shall include provisions for monitoring compliance with various health-related consent judgments currently in effect within the CDOC.

PROCEDURE: CMHC shall appoint a QIP Administrator who, under the direction of the CMHC Clinical Director shall:

- Develop, maintain and monitor the QIP
- Ensure compliance with the provisions stated in the “Policy” section above.
- Train and supervise all staff performing facility QI studies in the use of each instrument and analysis of findings
- Develop “pilot” schedules for new QI studies before use, including data collection, metrics, staff input, sample size, and feasibility of data collection itself.

Meeting minutes of QI meetings shall be sent electronically to CMHC central office and forwarded to CDOC.

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

REFERENCES: *Administrative Directive, 8.10. Quality Assurance and Improvement.* 2008.
 Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-6). 2014. National Commission
 on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date

Title: CMHC Executive Director, Robert Trestman, MD, PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleeln Maurer MD _____

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**QUALITY IMPROVEMENT PROGRAM:
CENTRALIZED QUALITY IMPROVEMENT COMMITTEE**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with the Connecticut Department of Correction (**CDOC**) Monitoring Panel, shall establish a Centralized, Quality Improvement (**QI**) Committee that shall provide oversight to all aspects of a combined CMHC/CDOC Quality Improvement Program (**QIP**).

PROCEDURE:

The Centralized QI Committee membership shall include representatives from the CDOC Monitoring Panel and CMHC. The CDOC Director of Health Services/designee shall chair the Committee.

The Centralized QI Committee shall focus on access to Dental, Medical, Mental Health, and Nursing care, as well as on Utilization Review, Discharge Planning, and compliance with federal regulations, state statutes and consent decrees.

The Centralized QI Committee shall meet at least three times a year. The CDOC Director of Health Services/designee shall approve the minutes of these meetings.

Questions regarding requests for releases of QI-related data shall be directed to the Central QI Committee.

Committee Members:

- CDOC Monitoring Panel
- CMHC Director of Medical Services/designee
- CMHC Director of Mental Health Services/designee
- CMHC Director of Quality Improvement
- CMHC Program Directors as appropriate
- UCHC Director of Pharmacy/designee
- CMHC Director of Nursing and Patient Care Services
- Health Services Administrators (at least 3)
- MH Representative
- Facility QI Coordinators
- Other representatives as appropriate

**QUALITY IMPROVEMENT PROGRAM:
CENTRALIZED QUALITY IMPROVEMENT COMMITTEE****Committee Functions**

- Assist with the oversight of all aspects of the QIP providing ongoing recommendations for program improvement including CMHC/CDOC strategic planning initiative
- Review standards and monitoring systems
- Develop quality of care standards
- Review, assess and evaluate collected data to identify patterns or trends; plan for corrective action; monitor for resolution of identified problems. This includes a review and analysis of monthly data received from functional units
- Document QI activities
- Serve as a resource to CDOC Facility QIP by: coordinating activities for related health disciplines; participating in in-service programs; coordinating and participating in the collection of data and preparation of reports for research and other projects approved by CDOC and CMHC
- Coordinate activities for related health disciplines
- Participate in in-service staff development programs
- Coordinate the collection and preparation of CMHC Program's Health Services statistics

Minutes of Meetings

- Approved minutes shall be labeled "Confidential and Privileged"
- Approved minutes shall be distributed to all standing members of the Central QI Committee as well as to the CMHC Executive Director.
- Minutes shall be posted on the CMHC portal

Central QI Committee Reports

- A Bi-annual Report shall be completed for QI initiatives Reports shall be distributed to all Central QI standing members and, through the facility HSA, to the Facility QI Committee.
- An Annual Appraisal of the CMHC QIP shall be completed and shall include a review of the QI monitoring and evaluation process to determine its effectiveness, and to compare the process with the written plan for reporting QI activities and outcomes.
- An Annual Evaluation and Comparison Report of all CDOC functional units shall be completed at the end of each calendar year. This report shall be a comparative analysis of all CDOC functional units. The report shall be distributed to all standing members of the Central QI Committee.

**QUALITY IMPROVEMENT PROGRAM:
CENTRALIZED QUALITY IMPROVEMENT COMMITTEE**

REFERENCES: *Administrative Directive 8.10 Quality Assurance and Improvement.* 2008.
 Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-6). 2014. National Commission
 on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD,PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

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**CONTINUOUS QUALITY IMPROVEMENT PROGRAM:
FUNCTIONAL UNIT QUALITY IMPROVEMENT COMMITTEE**

Effective Date: 04/01/01

POLICY: The UConn Health, Correctional Managed Health Care (**CMHC**) Quality Improvement Program (**QIP**) Administrator, in conjunction with CMHC Health Services Administrators (**HSA**), shall establish multi-disciplinary, Quality Improvement (**QI**) Committees at appropriate Connecticut Department of Correction (**CDOC**) functional unit to ensure that the overall QIP is being observed in accordance with the procedures set forth in the QIP policy. Facility/Functional Unit QI Committees shall be tailored to each institution based on the size, structure, and scope of services.

PROCEDURE: The Functional Unit QI committees shall meet at least quarterly and maintain minutes of all QI committee meetings. Minutes shall be available to CDOC electronically upon request.

Functional Unit, QI committees shall report to the Central QI Committee utilizing approved reporting forms.

Committee Members

- A CDOC representative as determined by the Unit Administrator (Warden)
- A representative from the Central QI Committee when available (standing committee member)
- The CMHC HSA
- The CMHC functional unit responsible physician
- The CMHC functional unit responsible dentist
- The CMHC functional unit Nursing Supervisor
- Facility QI Coordinator
- A representative from CMHC Mental Health staff (direct care staff)
- A representative from CMHC Nursing staff (direct care staff)
- A representative from CMHC Health Records staff
- A representative from CMHC Pharmacy staff, where available
- CMHC ID Program Manager
- Other representatives as deemed necessary

Functions of the Committee

- Review standards and monitoring systems by:

**COTINUOUS QUALITY IMPROVEMENT PROGRAM:
FUNCTIONAL UNIT QUALITY IMPROVEMENT COMMITTEE**

- Development and revision of standards relative to quality of care
 - Review, assessment and evaluation of collected data to identify patterns or trends
 - Plans/implements corrective action
 - Monitoring resolution of identified problems
 - Evaluating the effectiveness of the facility QIP
 - Documenting QI activities
 - Participating in Central QI Committee activities as needed
-
- Identify and prioritize inmate/facility-related health care practice problems
 - Develop and implement actions to improve inmate health care/services
 - Maintain documentation of inmate health care improvements, changes, and outcomes
 - Develop corrective action plan(s) that include; 1) signature of three facility/functional unit QI committee members; 2) timeline for implementation; 3) re-view within six months of agreed upon implementation date. **(See attached QI Correction Action Plan template)**
 - Present corrective action plan(s) at the next appropriate central QI committee
 - Develop plans to share relevant QI information with appropriate CDOC staff
 - Reviews infection control data/incidents/outbreaks/contact investigations for the quarter
 - Reviews aggregate data for Health Services Remedies, identifying patterns, trends, with recommendations for facility corrective action
 - Reviews medication variances, identifying trends/compliance and recommends corrective action
 - Review results of disaster drills, institutional emergencies, environmental inspection report, safety committee report radiology safety, inmate grievances, infection control practices and findings
(See attached QI Meeting Agenda)

Minutes of Meetings

- Minutes of Functional Unit QI committee meetings shall be documented on the approved form and reviewed/approved by the assigned facility CMHC HSA prior to distribution
- Minutes shall be forwarded to the Chair of the Central QI Committee by the 5th day of each month and the functional unit based QI Committee **(See attached QI Meeting Minutes Format)**
- Minutes shall be shared with CMHC staff
- All minutes shall be labeled "Confidential and Privileged"

**COTINUOUS QUALITY IMPROVEMENT PROGRAM:
FUNCTIONAL UNIT QUALITY IMPROVEMENT COMMITTEE****Monthly Reports to the Central Quality Improvement Committee**

- The Chair of the Central QI Committee, and as designated by the Chair, the functional unit QI committee shall complete a Monthly Analysis Report for each QI study undertaken during the month or submit audit sheets for each QI study. Each QI study shall be reported on a single form.
- The Monthly Audit forms (raw data from QI studies) shall be forwarded to the Central QI Committee by the 5th of each month for the previous month.

REFERENCES: *Administrative Directive 8.10 Quality Assurance and Improvement*. 2008. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-6). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UConn Health
Correctional Managed Health Care
Quality Improvement Corrective Action Plan**

Date	Issue to be Corrected	Outline of Corrective Action	Responsible Staff	Resolved
<i>Enter the date the issue or problem was identified for corrective action OR on-going review dates for review/.update</i>	<i>State the issue or problem that is identified for corrective action. Cite actual QI data whenever possible or other objective data from monthly reports, inmate grievances, judicial monitoring etc .</i>	<i>Describe exactly the steps to be taken and the anticipated time frame for completion or on-going review. You will need to attach on-going supportive documentation (memo, revised policy, etc.) to the corrective action plan.</i>	<i>Name each individual and what is expected to be accomplished by that individual</i>	<i>Enter date issue is resolved. If no resolution at time of monthly review a new date should be entered.</i>

The corrective action plans must be signed by three members of the facility/functional unit QI Committee. One of these should be the Health Services Administrator, and the other two should be multi disciplinary. Custody may co-sign a corrective action plan, especially when the corrective action involves both health services and the facility in general.

UCONN HEALTH CORRECTIONAL MANAGED HEALTH CARE QUALITY IMPROVEMENT COMMITTEE

Functional Unit: _____

Agenda

1. Call to Order
2. Review of Minutes
3. Old Business
4. Functional Unit QI Reports
5. Judicial Mandated Aspects of Care
6. Infection Control
7. Monthly Activity Reports
 Missed Facility Appointments
8. Medication Variances and Pharmacy Resolution Forms
9. Pharmacy Monthly Inspections by a Pharmacist and CHNS/designee
10. Health Services Reviews
11. Environmental Reports
 - Kitchen
 - Laundry
 - Maintenance
 - Occupational Exposure
 - Safety Committee Report
 - Radiology Safety
 - Drills Conducted and/or Emergency Institutional Incidents
12. New Business
13. Next Meeting Date
14. Adjournment

**UConn Health
Correctional Managed Health Care
Quality Improvement Committee**

Functional Unit: _____

Date: _____

Present:

Excused:

Topic	Discussion	Follow-Up
1. Call to Order	Include name of person conducting the meeting and the name of person from Central Office representing QI.	
2. Review of minutes from previous meeting	Document additions, deletions, and corrections. During review of minutes make sure that items from previous meeting are on the agenda under "Old Business"	Identify date for distribution
3. Old Business	This should be based on information documented in previous minutes.	Include name of person(s) responsible for follow-up along with anticipated date of next report
4. Functional Unit QI Reports	<p>This should be a report on QI audits completed during the previous month that are being readied for mailing to Central Office.</p> <p>This should also include the response from Central Office to recommendations for corrective actions or to previously</p>	Include name of person(s) responsible for follow-up along with anticipated date of next report

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06/10; 01/13

	submitted reports. If corrective action(s) have been approved, the discussion should include an implementation schedule and plans for re-evaluation.	Include name of person(s) responsible for follow-up along with anticipated date of next report
5. Judicial Mandate Aspects of Care-Reports	Review compliance reports for Doe. Vs. Meachum and any other Consent Judgment applicable to the facility.	Include name of person(s) responsible for follow-up along with anticipated date of next report
6. Infection Control	Review any ID issues/policy (TST, MRSA, Chicken pox, etc)	
7. Monthly Activity Report Missed Facility Appointments		
8. Medication Variances and Pharmacy Resolution Forms	Identify number and trends, compare to previous data, include any follow-up	
9. Pharmacy Inspections (monthly by pharmacist and CHNS/designee)	Review inspection reports, corrective action if appropriate	
10. Health Services Reviews		
11. Environmental Reports Kitchen Laundry Maintenance Occupational Exposures Safety Committee Reports Radiology Safety Drills conducted and/ or ER Institutional Incidents	Review total number and trends, compare to previous data, include follow-up (ie. badge maintenance, film storage, developer storage, equipment inspections)	
12. New Business	This should match the agenda but should also include issues raised by the participants	
13. Next Meeting	Identify tentative date for next meeting	

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06/10; 01/13

14. Adjournment	Document time that meeting concluded	
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06/10; 01/13

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: A 6.01c

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**QUALITY IMPROVEMENT PROGRAM:
ENVIRONMENTAL HEALTH AND SAFETY**

Effective Date: 04/01/01

POLICY: The UConn Health, Correctional Managed Health Care (**CMHC**) Quality Improvement Program (**QIP**) shall include a system that monitors the health and safety of the environment for inmates in custody of the Connecticut Department of Correction (**CDOC**), all staff working in CDOC facilities, and the public entering CDOC facilities

PROCEDURE: The Functional Unit QI Committee, in collaboration with the CMHC Health Service Administrator, shall review the results of CDOC/CMHC disaster drills and recommend and implement safeguards against accidents and injury as they may relate to the delivery of health services in CDOC facilities.

REFERENCES: *Administrative Directive 8.10, Quality Assurance and Improvement.* 2008. Connecticut Department of Correction.
Standards for Health Services in Prisons (P-A-6). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 6.01d

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QUALITY IMPROVEMENT PROGRAM: RESEARCH

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall establish, as a component of the CMHC Quality Improvement Program (**QIP**), a Health Services Research Committee. The purpose of the CMHC Research Committee shall be to review requests for Connecticut Department of Correction (**CDOC**) inmate health record studies and inmate related research proposals.

PROCEDURE: The CMHC QIP Administrator, in conjunction with the CMHC Clinical and Mental Health Directors, and the CDOC Director Clinical Services shall develop, implement and evaluate written guidelines for reviewing requests/proposals for health-related research, relative to inmates within the jurisdiction of the CDOC, in accordance with CDOC **Administrative Directive 1.7, Research**.

All initial requests for research shall be forwarded to the CMHC Executive Director.

REFERENCES: *Administrative Directives 1.7, Research*. 2014. Connecticut Department of Correction.
Standards for Health Services in Prisons (P-A-6). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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QUALITY IMPROVEMENT PROGRAM: HEALTH CARE OVERSIGHT

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that a Quality Improvement Program (**QIP**), complete with procedures written with appropriate guidance from the Central QI Committee, is developed and maintained in each Connecticut Department of Correction (**CDOC**) functional unit.

PROCEDURE:

CMHC Health Service Administrators (**HSA**) shall develop functional unit QI programs that include mechanisms to ensure systematic monitoring of compliance, including techniques of appropriate and consistent data collection.

The CMHC HSA shall review the functional unit QI program at a minimum annually, and amend procedures as appropriate.

- The department/discipline initiating the proposal for an elective QI study shall forward the written proposal to the functional unit QI Committee for review prior to submitting it to the Central QI Committee.
- A department/discipline may not monitor more than one elective aspect per calendar quarter.

Sample size shall be 25 sources (Log entries, inmates seen at sick call, Health Records, Grievances, Referrals, etc.) or five (5) percent of the total, whichever is less. Inmate refusals, "No Shows" and discharges shall not be included in the sampling process. Data sampling directions shall be included with each QI study.

Following analysis of collected data, the functional unit QI Committee shall, if applicable, formulate a corrective action plan, revise the data collection tool and submit the study to the Central QI Committee for approval. If no immediate corrective action is intended, the monthly data collection analysis, with appropriate comments, shall be submitted.

Following approval from the Central QI Committee, the appropriate CMHC Health Service Administrator (**HSA**) shall direct the implementation of timely and appropriate corrective action.

QUALITY IMPROVEMENT PROGRAM: HEALTH CARE OVERSIGHT

The appropriate CMHC HSA shall monitor the corrective action, following implementation, to evaluate its effectiveness. If the desired actions are not achieved, the issue shall be redefined and the monitor process shall begin again.

Collection and organization of QI data shall include the following steps:

- Review of sources, methods, appropriateness of sampling frequency and process
- Collection of data using chart reviews, interviews, questionnaires, observations, records of events
- Comparison of data to thresholds
- Identify corrective action(s)
- Evaluation of health care provided to inmates
- Analysis of patterns and trends that impact inmate health care

Data shall be monitored in three (3) month increments (Quarters). *No aspect of care or indicator may be monitored for less than three (3) months.*

Each functional unit shall post a written calendar outlining the schedule for monitoring. (**See attached sample calendar**).

All QI monitoring shall begin at the start of a calendar quarter and conclude at the end of the calendar quarter. This does not preclude a specific QI monitoring study from running six (6) months straight. The six months may also be split into two sections, one in the first half of the year and one in the latter half of the year.

Compliance with established individual study thresholds will be reviewed by the Central QI Committee. Based on the results of the review, the committee will determine if the study needs to continue. If the monthly compliance falls below 85% the monitoring may continue until all indicators have achieved 95% compliance for three consecutive months. A revised reporting calendar should be submitted to the Central QI Committee. The minutes of the monthly Functional QI Committee shall reflect the revision.

CMHC HSA's shall submit an Annual Quality Improvement Evaluation for each functional unit's QI program in their jurisdiction, to the Central QI Committee for review and evaluation. The Annual Evaluation shall reflect the QI Program for the calendar year. This evaluation shall be complete for discussion and reviewed at the last monthly QI meeting to close the calendar year.

REFERENCES: *Administrative Directive 8.10, Quality Assurance and Improvement.*
 2008. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-6). 2014. National
 Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UConn Health
Correctional Managed Health Care
Quality Improvement Calendar
(Functional Unit name to be Entered Here)
2014**

Revised:

[illegible]

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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EMERGENCY RESPONSE PLAN

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**), in collaboration with the Connecticut Department of Correction (**CDOC**) Monitoring Panel, shall develop the health related aspects of the CDOC Departmental and Unit Emergency Plans.

CMHC shall utilize the **UConn Health/JDH Emergency Operations Command Center:**

- **Primary command post: C 2038, 860-679-3591, or**
- **Secondary command post: LM-050, 860-679-3591,**

in order to enhance communications between CDOC and CMHC and between CMHC central office and field staff.

PROCEDURE: CMHC Emergency Response Plan shall include provisions to provide the following in a time of disaster or correctional disturbance:

- Skilled and appropriately trained health care personnel
- Immediate first aid to both CDOC and CMHC staff, non-inmate personnel and inmate population
- Needed medical supplies
- Appropriate transfer of inmate/patients to facilities inside and outside the CDOC
- Maintain an Informational Log CN 7300

Health aspects of the Emergency Plan shall include:

- The triage process;
- An outline of where care will be provided;
- Procedures and telephone numbers for calling CMHC staff, ambulance and hospital.
- Process for evacuation of inmate patients from facility infirmaries;
- Specific roles of CMHC staff
- A backup plan

The CMHC Emergency Response Plan shall be called into readiness whenever the CDOC Commissioner, Unit Administrator (Warden) or designee, or the CDOC Director of Health Services, or designee, identifies that a medical or operational state of readiness is required.

EMERGENCY PLAN

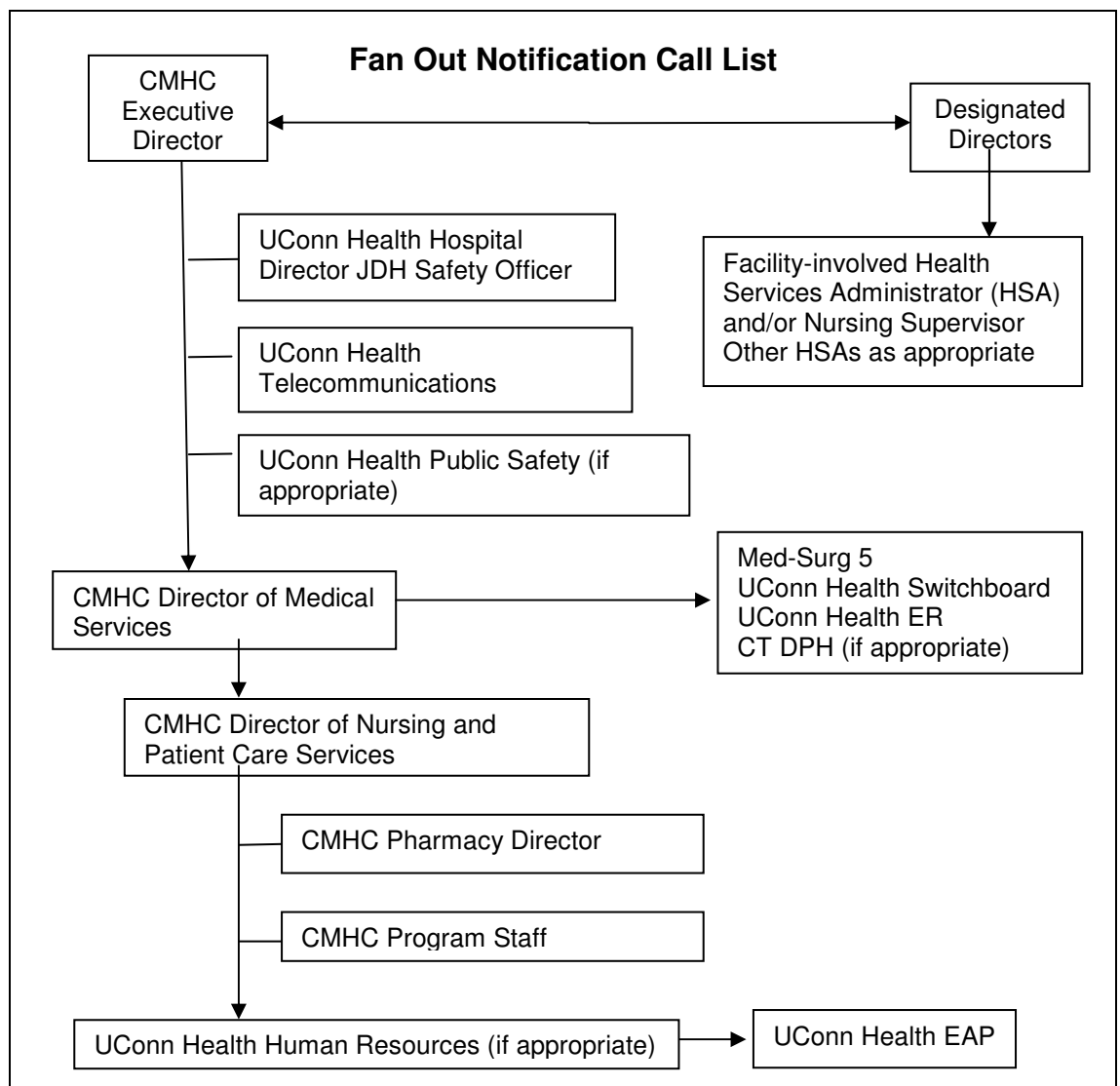
Readiness is a state of alert. Health personnel shall be alerted by phone but may remain at their present locations until a call for mobilization is received.

The CDOC Commissioner, Unit Administrator (Warden) or designee, or the CDOC Director of Health Services, or designee, shall issue the order to mobilize health services personnel.

The CDOC Director of Health Services shall notify the CMHC Executive Director, or in his/her absence the Designated Director, or in the absence of the Executive Director and Designated Director, the CMHC Director of Medical Services, who will commence the fan-out procedure for telephone calls.

The CMHC Executive Director shall notify the CMHC Designated Director, or if the initial notification is designated to the Designated Director or CMHC Director of Medical Services the notification call list shall be initiated.

- Maintain an Informational Log CN 7300



EMERGENCY PLAN

The Designated Director or designee shall receive a verbal report from the Health Services Administrator assigned to the involved facility. This report shall include:

- Nature of the emergency (e.g. fire, riot, flood, etc.)
- Staffing present
- Anticipated staff if incident expands or is prolonged
- Anticipated supplies if incident expands or is prolonged
- Maintain an Informational Log CN 7300

The CMHC Executive Director shall notify the CMHC Director of Medical Services and give instructions regarding needs and location of incident.

- Maintain an Informational Log CN 7300

The CMHC Director of Medical Services shall be in contact with the CDOC Medical Director and coordinate physician referrals/responses.

- Maintain an Informational Log CN 7300

Designated Director

The Designated Director shall alert other HSAs regarding the nature of the incident, anticipated staffing and supplies, and anticipated preparations for incoming inmate transfers.

The Designated Director shall draw upon health services staff in the geographical area based on the severity or duration of the incident.

Ensure the timely allocation of geographical personnel and equipment in response to the emergency.

Activate geographical health services “call-in” procedures in accordance with facility addendums.

Establish a schedule for receiving updates and status reports from the affected staff and physician(s).

Provide the CDOC and CMHC chain of command with up-dated information.

Establish an administrative “recording system” to document all events and ensure that documentation is complete.

- Maintain an Informational Log CN 7300

Health Services Administrator

The HSA shall be located at the involved facility in accordance with the facility emergency response plan. The HSA shall have the authority to direct all on-site health services personnel assigned to the facility emergency.

The HSA shall be responsible for providing guidance, support, and direction to the facility health services staff and for ensuring the timely allocation of geographical personnel and equipment in response to the emergency.

The **Health Services Administrator** shall:

- Freeze health services staff on duty, release all non-essential health services staff, if appropriate
- Be prepared to coordinate with CDOC the immediate removal of critically ill patients or staff from the facility to either an outside hospital or non-effected CDOC infirmary as necessary
- Prepare for the CDOC transfer of non-critical medical inmates to other CDOC facilities
- Provide relief to health services staff on duty
- Establish and maintain communication with outside hospitals and emergency rooms for both staff and inmates alerting them to incoming injuries and for return to the facilities
- Establish a “recording system” to document all events and ensure that documentation is complete
- Maintain an Informational Log CN 7300
- Inventory all equipment, supplies, and medications once the emergency is over
- Plan for on-going support of staff or debriefing once the incident is resolved

The Nursing Supervisor (CHNS) or designee

- Be present on-site
- Maintain an Informational Log CN 7300
- Cancel all non-emergency outside medical trips and notify outside health care providers of the cancellation (URC to coordinate)
- With CDOC direction, establish and operate a triage site for staff casualties that is separate from the inmate site
- With CDOC direction, establish a site for inmate triage
- Communicate with HSA to discuss current status of personnel and supplies and anticipated needs based on the severity and duration of the incident
- Be prepared to transfer inmates to other CDOC facilities

CMHC Program Managers

- URC: assist with canceling of non-emergency outside consultations and notify outside health care providers
- Assist with telephone coordination
- Maintain an Informational Log CN 7300

Upon approval by the CMHC Executive Director and CDOC Director of Health Services, the health-related components of the plan shall be incorporated into the CDOC Departmental and Unit Emergency Plans.

Each health services unit shall develop a Critical Response Book that includes procedures to respond to a facility emergency that shall include at a minimum:

- Location of emergency equipment, supplies, and paperwork that will need to be completed during an emergency
- List of employee names, phone numbers, job titles, areas of expertise (located in a secured area; Nursing Supervisor's office, HSA's office, Warden's office)
- List of ambulance and fire personnel with phone numbers
- Phone numbers for closest emergency rooms
- Procedure for call "Life star", phone number

EMERGENCY PLAN

- Poison Control Number
- Pharmacy numbers
- UCHC switchboard paging number
- List of phone numbers for other CDOC health services units
- List of all facility phone numbers

CMHC Health Service Administrators (**HSA**) shall ensure that separate emergency medical supplies are planned for, stored and regularly checked at the facilities.

CMHC HSA's shall ensure that all CMHC staff review the health aspects of the emergency plan as part of pre-service training, facility orientation and as part of ongoing training.

All CMHC staff, on all shifts, in each CDOC facility shall practice implementing the health services component of the Unit Emergency Plan at a minimum annually, to ensure efficiency and identify problems in the plan. The emergency drill shall include a focus on medical emergencies whenever possible. The appropriate CMHC HSA shall submit a written summary and critique of each practice drill to the Unit Administrator, Designated Director, and the CMHC Central Quality Improvement Committee members.

REFERENCES: *Administrative Directives 7.3, Emergency Plans.* 2007. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-7). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 7.02

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EBOLA LIKE RESPONSE PLAN

Effective Date: 04/07/15

- POLICY:** UConn Health, Correctional Managed Health Care (**CMHC**) in collaboration with the Connecticut Department of Correction (CDOC) shall attempt to limit Ebola exposure as much as possible, and shall coordinate the health related aspects of the CDOC Ebola Virus (EVD) Operations and Management Plan.
- DEFINITIONS:** Ebola is a rare but deadly disease cause by infection with an Ebola virus. Transmission of the virus occurs through direct contact with the blood or body fluids of the patient/person who is infected with the virus or contact with objects (needles and syringes) that have been contaminated with the blood or body fluids of an infected person. There is no evidence that Ebola is transmitted through coughing or sneezing. **Ebola is not spread through the airborne route and it is not a respiratory disease.** Standard, contact, and droplet precautions shall be maintained where large droplets (splashes or sprays) of respiratory or other secretions from a patient/person who is sick with Ebola could be infectious.
- Standard Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. The recovery from Ebola depends on the patient's immune response. The patients who recovered from Ebola infection develop antibodies that can last for at least 10 years.
- Quarantine Unit:** a housing unit specially designated to house inmates with Ebola like illness (ELI)

PROCEDURE:

RECOGNITION OF EBOLA-LIKE ILLNESS:

1. All CMHC/CDOC staff shall be familiar with the clinical signs and symptoms of Ebola like illness.
 - a. Fever or chills
 - b. Diarrhea
 - c. Headache
 - d. Fatigue or Weakness
 - e. Muscle Pain
 - f. Hemorrhage (bleeds easily)
 - g. Abdominal Discomfort or Vomiting
2. On arrival to the CDOC intake facility, the CDOC staff shall asked all inmates if they travelled to a country with widespread Ebola [Guinea,

Sierra Leone, and Liberia] and if they had contact with an individual with confirmed Ebola within the previous 21 days?

SCREENING AND QUARANTINE FOR INMATES WITH EBOLA-LIKE ILLNESS

All new intakes from the community referred by custody staff with possible **ELI** shall be screened by CMHC nurse.

1. Close contact to an individual with suspect or confirmed Ebola but ASYMPTOMATIC

- Place a surgical mask on the inmate immediately
- Place inmate in area designated for (potential close contact patient)
- Contact custody/shift commander immediately
- Contact CMHC on-call physician/on-site
- Contact Department of Health 1-800-509-7995 (normal business hours) 1-800-509-8000 24 hours hotline/off shifts
- Contact CDOC Director of Health Service (860)-679-2626
Prepared Inmate for immediate transportation to designated quarantine unit
- Health service staff to contact and notify health service staff at the receiving quarantine facility

2. Inmate identified as a close contact to an individual with confirmed Ebola but SYMPTOMATIC

- Place a surgical mask on the inmate immediately
- Contact custody/shift commander immediately
- Contact CMHC on-call physician
- Contact Department of Health 1-800-509-7995 (normal business hours) 1-800-509-8000 24 hours hotline/off shifts
- Contact CDOC Director of Health Service (860)-679-2626
- Place inmate in area designated for potential close contact patient
- Intake staff should use proper PPE in accordance with inmate signs and/or symptoms.
- **911 EMS** shall be notified immediately for any inmate determined to be a symptomatic inmate.
- Intake staff should use proper PPE in accordance with inmate signs/symptoms.

TRANSPORTATION: Plan of care for an inmate shall be processed in the following manner.

1. Asymptomatic Inmates

- Contact and notify the receiving quarantine facility.

- A minimum of two staff shall be assigned to conduct the transfer of the inmate to the quarantine unit.
- The inmate shall wear a surgical mask while waiting and during transport
- The inmate shall be transported individually
- Transportation staff may wear 3M 1870 N95 Health Care Particulate Respirator/Surgical Mask and/or any other available PPE's (excluding the Sheildtec 35 Liquid and Particulate Protection Coveralls).

CMHC staff shall document the following in the inmate Health Record (**HR**):

- Time and date of entry
- The names of the transporting officers shall be documented in the inmate's (**HR**).
- That written protocols were given
- That verbal instructions were given

CMHC staff at the receiving facility shall specifically ask the transporting officers to describe any unusual events or concerns regarding the travel procedure or experience. Any comments shared by the transporting officers shall be documented in the inmate's HR, if they pertain to the inmate's health profile, or in an incident report if the comments pertain to the transporting officers or the CDOC procedure.

2. Symptomatic Inmates

- The CMHC representative or the supervisor will activate 911 EMS.
- The inmate shall wear a surgical mask while waiting and during transport.
- Symptomatic Inmate shall be transported via EMS vehicle via one (PPE) Trained Tactical Operations EVD Transport Team Member riding with the inmate.
- Inmate shall be normally evaluated by a CMHC representative to make such determination. In the absence of CMHC representative a supervisor shall contact the on-call CMHC physician.
- Prior to inmate transfer the sending facility (Intake Nurse) shall contact the quarantine facility, notify, and document on the W-10.

MANAGEMENT OF INMATES IN A QUARANTINE UNIT:

1. Asymptomatic inmates shall remain in cohort (quarantine) in the designated housing unit to prevent further exposures to staff and other inmates. This unit shall be on quarantine status.
2. Nurse shall check daily to assess for the presence of symptoms consistent with Ebola including severe headache, fatigue, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage
3. All quarantine inmates shall have their temperature check twice daily.
4. All quarantine inmates shall be monitored for 21 days
5. In the event of an asymptomatic inmate on quarantine status discharge prior to the 21 day monitoring period i.e. (bond out, end of sentence discharge or other early release), notifications shall be made to the Unit Administrator and DPH. DPH will provide consultation and recommendations regarding the release of the inmate/patient.

ATTACHMENT:

Diagram: Guidelines to Identify Ebola

REFERENCES:

Center for Disease Control and Prevention. *Ebola Disease*.

<http://www.cdc.gov/vhf/ebola/>

State of Connecticut Department of Correction. *Ebola Virus Disease (EVD) Operations and Management Plan*.

Approved: UConn Health – CMHC

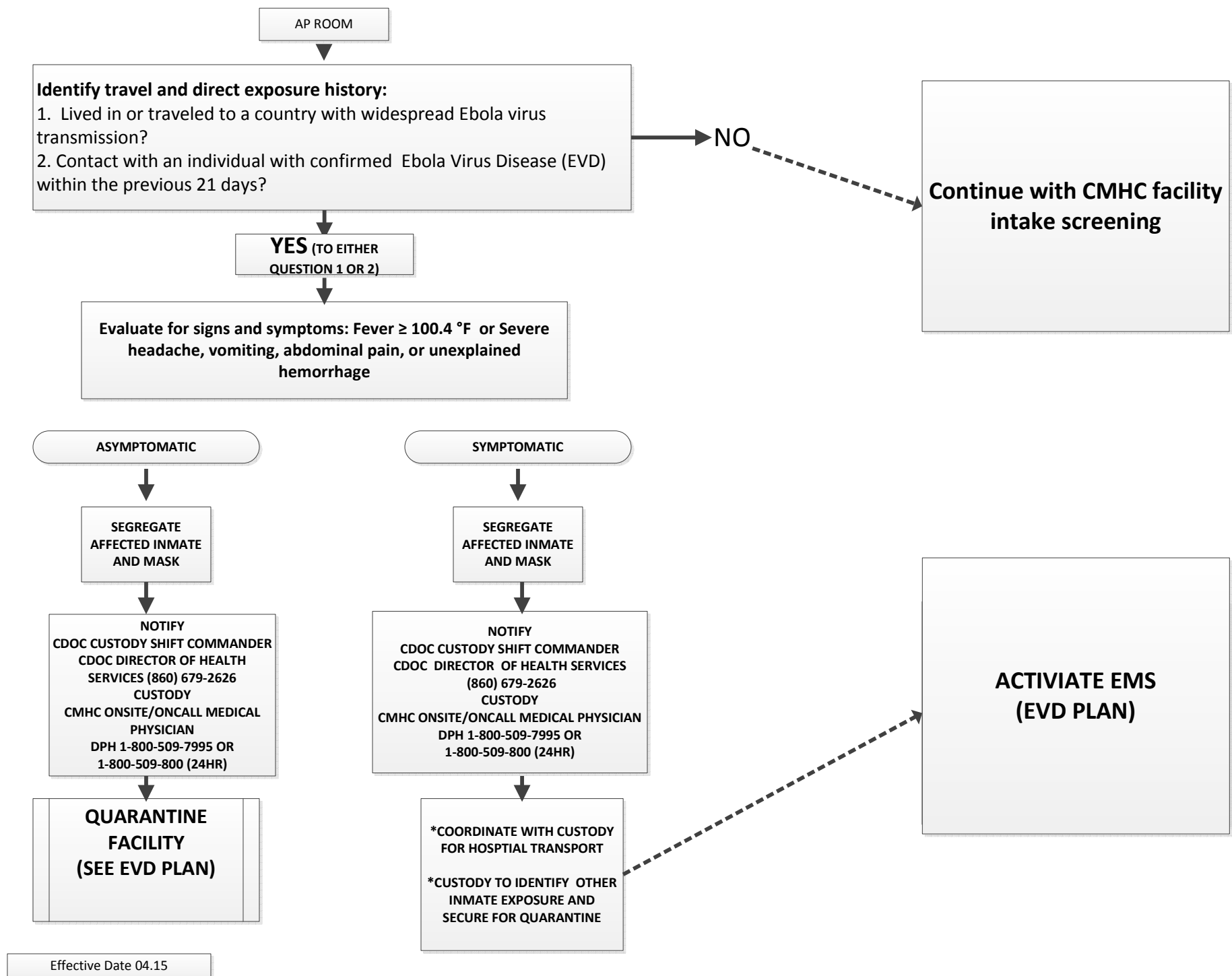
Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

GUIDELINES TO IDENTIFY FOR EBOLA



**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

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PANDEMIC INFLUENZA RESPONSE PLAN

Effective Date: 02/14/07

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**), in collaboration with the Connecticut Department of Correction (**CDOC**), shall attempt to limit pandemic influenza as much as possible, and shall coordinate the health related aspects of the CDOC Departmental and Unit Pandemic Influenza Response Plan.

PANDEMIC RESPONSE TEAM:

FACILITY RESPONSE TEAM MEMBERS:

HSA
CHNS
Physician
ID Nurse
Supervising Psychologist
Warden or Designee
Counselor Supervisor
Admitting and Processing Officer
Stock Room Officer
Deputy Wardens of Treatment and Operations
School Principal
Food Service Supervisor
Maintenance Supervisor

CENTRAL OFFICE RESPONSE TEAM

CMHC MEMBERS

Executive Director
Director of Medical Services
Director of Infectious Disease
Director of Patient Care Services/Nursing
Director of Mental Health Services
Designated Directors
Infection Control Program Manager and Nurse Consultant

PANDEMIC INFLUENZA RESPONSE PLAN**CDOC MEMBERS**

Commissioner
Clinical Director
Director of Health Services
Deputy Administrators
Designated Members of the CDOC Monitoring Panel
Food Services Supervisor
Director of Maintenance
Director of External Affairs

DEFINITIONS: **Quarantine Unit:** a housing unit specially designated to house inmates with influenza like illness (ILI)

Standard Unit – a housing area not designated as Quarantine.

PROCEDURE:**RECOGNITION OF PANDEMIC INFLUENZA:**

1. The determination that influenza is pandemic shall be made by state (DPH) and/or national (CDC) public health bodies.
2. All CMHC staff shall be familiar with the clinical signs and symptoms of pandemic influenza.

NOTIFICATION:

1. Once public health officials have declared that influenza is pandemic in our community, central office response team shall notify facility administrators of this fact.
2. The CHNS or designee shall notify the HSA of an initial case of pandemic influenza at each facility, and of any marked increase in new cases spread within the facility. The CHNS/designee will also notify the DOC Clinical Director/designee, who will give guidance about possible inmate movement between facilities.
3. When an initial case of pandemic influenza is diagnosed at a given facility, or if there is a marked increase in such cases at a given facility:
 - the HSA shall notify the Designated Director and the Unit Administrator (Warden)
 - the Designated Director shall notify appropriate CMHC senior staff and designated DOC members of the pandemic response team.
4. Facility staff shall notify CMHC ID program on a daily basis of new cases, new cases transferred out of the facility, cases sent out sick to facilities, and the total current facility census of sick inmates.

PANDEMIC INFLUENZA RESPONSE PLAN

5. CMHC senior administration shall send a summary of the facility reports Monday through Friday to DOC Director of Health Services/designee, CMHC senior staff, and HSAs.
6. During a pandemic outbreak new information shall be provided regularly to CMHC and CDOC staff. Posters shall be placed in the day rooms, AP rooms, and visiting rooms regarding respiratory hygiene/cough etiquette.

SCREENING AND QUARANTINE FOR INMATES WITH INFLUENZA LIKE ILLNESS (ILI)

1. All new intakes from the community, inmates referred by health services or custody staff, or self-referred with possible ILI shall be screened for ILI by a nurse using **Form HR 108 Influenza Symptom Screening**.
 - **Any inmate with a temperature of 100.0 F and either sore throat or cough shall be considered for placement in a quarantine unit after discussion with a medical prescriber.**
 - If the caseload of newly symptomatic inmates increases dramatically, the requirement for consultation with a medical prescriber may be waived if advised by the CMHC Director of Medical Services.
 - Screening shall generally be conducted by nursing staff, but in cases of serious nursing staff shortages, screening may be conducted by non-nursing health services staff.
2. Following the discussion with a medical prescriber, an inmate whose screen suggests ILI shall be referred to the CDOC Clinical Director (if transfer to another facility is anticipated) or to local custody staff (if placement in a quarantine unit in the same facility is anticipated.) The decision about transfer vs. local quarantine will be guided by the housing policy developed by the CDOC's Pandemic Influenza Response Team.
3. Any inmate screened to have ILI shall be issued a surgical mask and instructed to wear it at all times except when in a quarantine unit.

MANAGEMENT OF INMATES IN A QUARANTINE UNIT

1. Symptomatic inmates shall remain in cohort (quarantined) in a designated housing unit to prevent further exposure to other inmates and staff. This unit or block shall be on quarantine status.
2. MD sick call, nurse sick call and medication delivery shall take place in the designated quarantine area. This shall include diabetic testing and insulin administration. Inmates housed in a quarantine unit shall be treated in the medical unit only for emergency conditions.

PANDEMIC INFLUENZA RESPONSE PLAN

3. Staff conducting sick call or delivering medications in the quarantine units shall wear surgical masks and gloves on the unit and dispose of both upon exiting. Masks shall be replaced when they become saturated.
4. Symptomatic Treatment for ILI:
 - Nursing staff shall conduct a symptom screen daily on all inmates in the quarantine unit utilizing **HR 108 Influenza Symptom Screening**.
 - Nursing staff may offer symptomatic treatment as provided by nursing protocols for Sore Throat (which includes acetaminophen and ibuprofen) and Common Cold (which includes nasal decongestants).
5. All necessary supplies, including PPE shall be available for use by health services staff caring for patients in an isolation room or the quarantine unit(s).
6. The quarantine sign shall be placed on the designated housing unit.
7. The facility and CMHC central office shall coordinate the stocking/replenishing of supplies to handle the needs of the facilities.

MANAGEMENT OF SPECIAL POPULATIONS DURING THE INFLUENZA OUTBREAK:**1. Infirmary patients**

- a. Negative pressure rooms shall be the first room to be used for inmates with ILI and will be managed as described above.
- b. Other infirmary rooms shall not be used as a quarantine unit, but may be used to care for infirmary level of care patients who have ILI. Inmates with ILI may not be housed in the same room with patients that have no ILI symptoms.

2. Patients Undergoing Dialysis

Inmates with ILI shall be separated from patients without ILI, and treated in a separate wing of the dialysis unit. All symptomatic patients shall wear a surgical mask during their time in the dialysis room.

3. Halfway House Inmates

- a. No inmate shall be transferred from a HWH to a CDOC facility solely for the management of influenza like illness.
- b. Inmates with influenza like illness who may require infirmary level care may be transferred to a CDOC facility with the approval of the CMHC Director of Medical Services or CDOC Clinical Director.

4. End of Sentence

- a. Inmates in the Quarantine Unit who have reached their end of sentence or who bond out from a facility shall be screened by a medical prescriber or a nurse in consultation with a medical prescriber to determine if they can be treated at home or if it is necessary to bring them to a general hospital's emergency department.

PANDEMIC INFLUENZA RESPONSE PLAN**MANAGING THE RISK OF INFLUENZA SPREAD:**

1. CMHC shall offer inmates and staff seasonal vaccine according to past practice and state health department recommendations subject to availability.
2. Inmates with ILI shall wear a surgical mask in transit to or from a quarantine unit, or if they must leave their cell (unless the cell is part of the quarantine unit).
3. Staff shall be provided with all necessary Personal Protective Equipment (PPE).
 - a. Staff working the quarantine unit shall be provided appropriate PPE (personal protective equipment) surgical masks, disposable gloves and gowns. They shall be required to wear a mask and gloves while working on the quarantine unit and shall dispose of them at exit. The mask shall be replaced when it gets saturated. Disposable gowns may be worn if the potential to be exposed to excessive secretions or body fluids is present. Disposal gloves, gowns, and masks shall be discarded in a "hazardous waste" (red bag) container. Staff shall also be required to wash their hands or use hand sanitizer upon exiting the unit.
 - b. Staff conversing with or examining (including intake screening process) an inmate who is coughing or is believed to have ILI shall wear a surgical mask. Such staff may wear gowns and gloves, but are not required to. Symptomatic inmates shall be provided a surgical mask.
4. Symptomatic inmates shall not be sent to halfway houses. Symptomatic inmates shall not be sent to community health care facilities including JDH except for emergencies.
5. Restriction of visitors, education and recreation activities for inmates shall be according to the recommendation of DOC.
6. Frequent cleaning of the quarantine area will be conducted by DOC staff and inmate workers.
7. It will be at the discretion of CDOC whether a symptomatic inmate may go to court. If allowed, the inmate shall be issued a surgical mask.
8. Education:
 - CMHC/CDOC shall develop a lesson plan regarding pandemic influenza. This shall become part of the preservice education, and current education for existing staff. This training shall be updated as more information is available. Training shall be conducted as needed.
9. Use of antiviral medication will be limited to symptomatic inmates considered at high risk for severe complications. Nursing or prescriber staff shall consult with the CDOC Clinical Director prior to ordering such medication. Staff wishing to take antiviral medications for symptomatic disease or for prophylaxis shall consult their private physician or Occupational Medicine provider.

PANDEMIC INFLUENZA RESPONSE PLAN

10. Inmates may be released from quarantine 24 hours after the last elevated temperature, with on-site or telephonic review by a prescriber.

DECLARATION OF END OF INFLUENZA PANDEMIC:

1. CMHC health services in consultation with DPH shall make a determination when to declare the end of the influenza pandemic.
2. CMHC shall notify CDOC of the determination and work with custody to relocate quarantined inmates to the appropriate medical or mental health housing or infirmary.

REFERENCES: *Administrative Directives 7.3, Emergency Plans. 2007; 7.8 Management of Pandemic Connecticut . 2007. Department of Correction.*
 Standards for Health Services in Prisons (P-A-7). 2014. National Commission on Correctional Health Care. Chicago, IL.
 CDC

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen MaurerMD _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

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EMERGENCY RESPONSE EQUIPMENT

Effective Date: 06/01/07

POLICY:

Emergency response equipment available at each CDOC facility shall include an automated external defibrillator, general emergency equipment bag, portable oxygen, medication bag (“fanny pack”), and emergency drug box.

Description:

- Automated external defibrillator (AED): A portable electronic device that diagnoses and treats potentially life threatening cardiac arrhythmias in a patient by application of electrical therapy which stops the arrhythmia, allowing the heart to re-establish an effective rhythm. AED use is taught in CDOC and CMHC first responder and basic life support (BLS) level CPR classes. (Refer to CMHC Policy A 7.03a, Emergency Equipment: Automatic External Defibrillator).
- General emergency equipment bag: Contains general emergency response supplies and protective gear including bandages, cervical neck collars, gloves, masks, and similar items.
- Medication bag (“fanny pack”): Contains selected medications that may be administered under nursing protocols, scissors, and other small items.
- Emergency Drug Box: Holds a broader supply of emergency medications and supplies than those contained in the medication bag (“fanny pack”). Most items require a physician order for administration, though a few may be administered under nursing protocols.

Personal Protective Equipment: CMHC shall provide personal protective equipment to staff. Although CPR masks (for use in adults) and protective CPR barriers (for use in children and infants) are stocked in the general and respiratory equipment bags,

Direct care staff shall carry a universal precaution pouch on person.

CMHC staff shall transport the following items to all “Code White” and “Code Purple” sites: and other codes as appropriate:

- Automated external defibrillator (AED)
- Code response bag

If oxygen is indicated during a code, CMHC/CDOC staff shall transport it to the code site as appropriate.

EMERGENCY RESPONSE EQUIPMENT**PROCEDURE:****Contents:**

The code response bag and emergency drug shall contain items approved by the CMHC Medical Director or CMHC Director of Nursing or designees. Facility specific additions must be approved prior to placement. Item location within all bags shall be universal.

The emergency drug box shall contain items agreed upon by the CMHC Medical Director and the CMHC Pharmacy Supervisor or designees. The emergency drug box is generally kept in the facility medication room, but may be carried to the site of an emergency if needed.

A list of contents shall be placed inside the code response bag

The contents of the emergency drug box shall be listed on the emergency drug box. (Refer to CMHC Pharmacy Manual Policy 13.00, Emergency Drug Box)

Location:

The code response bag and AED shall be stored in secure areas designated by the Nursing Supervisor or designee in collaboration Health Services Administrator (HSA) and custody staff. The location(s) shall be clearly identified in each facility.

The medication bag ("fanny pack") is located within the code response "Red Bag."

The emergency drug box shall be locked in the facility medication room when not in use.

Assignment:

The Nursing Supervisor or designee shall assign primary and alternate nursing staff responsible to transport the code response bag and AED to emergencies.

In the event the primary responder might be unavailable for a period of time, the responsibility for responding to an emergency shall be transferred to an alternate responder.

Transport:

Emergency response equipment shall be transported via a method that is ergonomically sound.

Security and Replacement of Stock Used:

The code response bag shall be secured by a designated white lock. Replacement locks shall be kept by the Nursing Supervisor or designee in a secure location. Intactness of locks shall be checked at the beginning and end of each work shift.

- If a lock securing a bag is broken, the contents of the bag shall be audited. Missing items shall be replaced immediately from the replacement stock box, store room, or facility pharmacy

EMERGENCY RESPONSE EQUIPMENT

room (in the case of medications). Locks shall be replaced. The number on the replacement lock shall be documented on the corresponding Emergency Bag and Restock List.

- The Nursing Supervisor or designee shall notify Custody and the HSA of any missing items that have the potential for being lethal.

A list of items contained within the code response bag, inclusive of the medication bag (“fanny pack”) located within it, shall be maintained by the CHNS or designee.

- The Nursing Supervisor or designee shall at review the inventory of supplies on hand to maintain the code response bag, inclusive of the medication bag (“fanny pack”) located within it, a minimum of once a month to help ensure adequate stock for restock purposes is readily available
 - The date of the inventory and person conducting the inventory shall be tracked on the Accountability Log.
 - Expiration dates of items shall be checked during the inventory process.
 - Items due to expire within the next month shall be replaced from back-up stock.
 - Each **emergency drug box** shall be secured by a designated red lock and replaced with a yellow lock if opened. Use and replacement of stock shall follow current policy (Refer to **CMHC Pharmacy Manual Policy 13.00, Emergency Drug Box**).

Pharmaceutical items contained within the medication bags (“fanny packs”) shall be reviewed by the pharmacist as part of periodic UCHC Pharmacy Inspections

REFERENCES: *Administrative Directive 8.1, Scope of Health Services Care.* 2007. Connecticut Department of Correction.
 Administrative Directive 2.13, Employee Uniform, Personal Appearance and Identification. 2012. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-B-02). 2008. National Commission on Correctional Health Care, Chicago IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

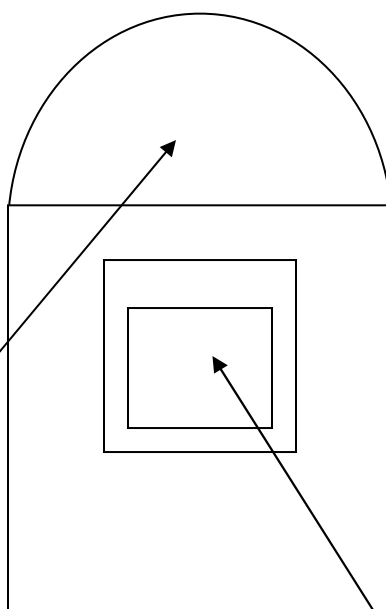
Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

EMERGENCY RESPONSE EQUIPMENT

GENERAL EMERGENCY EQUIPMENT “RED BAG”

OUTSIDE
COVER



Nitrile (or Latex Free) gloves - size X- Large	5 prs
Nitrile (or Latex Free) gloves - size Medium	5 prs

Face shield	2
Protective gown	2
Protective bonnet	2
Protective booties	2
Red biohazard bag - 10 gal	2
Red biohazard bag - 1 gal	2

INSIDE COVER

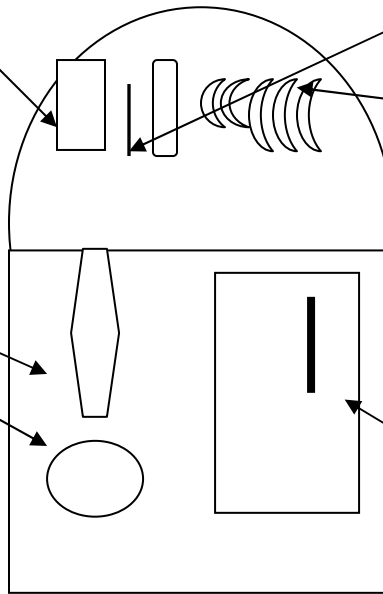
CPR shield	1
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Tongue depressors	2
Penlight	1

N95 masks	2
Molded Surgical Masks	2

Airway - Adult Lg - 100 mm	1
Airway - Adult Med - 90 mm	1
Airway - Adult Sm - 80 mm	1
Airway - Child - 60 mm	1
Airway - Infant - 50 mm	1

W10 Forms	2 ea
Medical Incident Report	2 ea
Clinical Record	2 ea
Pen	1



MAIN COMPARTMENT

Adjustable C-spine collar	1
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FANNY PACK (in "RED BAG") CONTENTS	
Glucagon	1
Instant Glucose	3
Alcohol Prep Pads	5
Sidekick Glucometer	1
Band-aids	5
Epi-Pen	1
Aspirin 81 mg	1 bottle
NTG 1/150 SL	1 bottle
Lancets	5

Sterile 4x4 bandages	4
ABD pads	4
Sterile gauze (roll) 4"	2
Large multi-trauma dressing	1
Tape	1
Ace Wrap - 4 inch	2

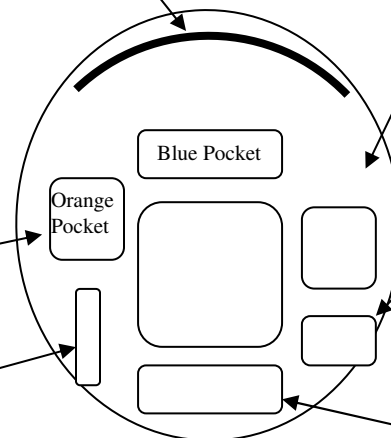
NS 250 cc bottle	2
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Towel	1
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Quick Clot	2
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Stethoscope	1
Adult blood pressure cuff	1
Add on cuff (Large)	1

Ambu-bag with mask	1
Nasal Cannula	1
Non-Rebreather Mask	1



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**EMERGENCY EQUIPMENT:
AUTOMATIC EXTERNAL DEFIBRILLATOR**

Effective Date: 12/20/02

POLICY:

Connecticut Department of Correction (**CDOC**) shall ensure that Automated External Defibrillators (**AED**) are available in designated areas of each CDOC facility, CDOC Central Office and the Maloney Center for Training and Staff Development.

1. The location of the AED shall be as follows:
 - Facilities with 24 hour medical coverage:
 - Medical Unit in proximity to emergency bag
 - Facilities with less than 24 hour medical coverage:
 - Medical Unit during the staffed facility clinic hours
 - Designated facility site (requires a facility addendum)
2. Where applicable CMHC staff shall be responsible for transporting the AED unit to the CDOC Shift Commander's office at the close of the staffed facility clinic hours, and transporting the AED to the medical unit at the beginning of the staffed facility clinic.
3. All Correctional Managed Health Care (CMHC) hazardous duty staff shall be actively certified in CPR per the American Heart Association.
4. CMHC staff shall transport the following items to all codes (white, and codes purple):
 - Automated external defibrillator (AED)
 - General emergency equipment bag
 - Medication bag ("fanny pack")

If oxygen is required during a code CMHC staff shall transport respiratory equipment (oxygen) to the code site as appropriate.

PROCEDURE:

Bring the AED to all codes, white and purple.
Open the AED cover all the way to follow the prompts.

**EMERGENCY EQUIPMENT:
AUTOMATIC EXTERNAL DEFIBRILLATOR**

A. Scheduled Maintenance for AED

1. The AED checks itself and displays the need for maintenance.
2. CMHC health care staff shall be responsible for checking and documenting the working condition of the AED daily with other emergency equipment. All equipment checks, (daily, monthly, and annually) including the electrode' expiration date, shall be documented on **Form HR 902, Change of Shift Inventory Record**. These records shall be maintained at the facility for three years.

B. Daily Maintenance

1. Check the status indicator to ensure that it is GREEN. When the indicator is GREEN, the AED is ready for a rescue.
2. If the AED requires maintenance the "Rescue Ready Indicator" will display RED and the AED will beep every 30 seconds. Open the AED lid to determine maintenance needed - i.e. battery, electrodes, connections, etc.
3. If the red SERVICE indicator is lit contact Cardiac Science Customer Service at 1-888-466-8686.

C. Monthly Maintenance

Perform the following procedure each month

1. Open the AED lid.
2. Wait for the AED to indicate status; Observe the change of the STATUS INDICATOR to RED. After approximately 5 seconds, verify that the STATUS INDICATOR returns to GREEN.
3. Check the expiration date on the electrodes.
4. Listen for the voice prompts.
5. Close the lid and observe the change of the STATUS INDICATOR to RED. After approximately 5 seconds, verify that the STATUS INDICATOR returns to GREEN.

D. Annual Maintenance

Perform the following tests annually to confirm that the diagnostics are functioning properly and to verify the integrity of the case.

Check the integrity of the Pads and Circuitry.

1. Open the AED lid.
2. Remove the pads.
3. Close the lid.
4. Confirm that the STATUS INDICATOR turns RED.
5. Open the lid and confirm that the Pad indicator is lit.
6. Reconnect the pads and close the lid.
7. Make sure the expiration date is visible through the clear window of the lid.

**EMERGENCY EQUIPMENT:
AUTOMATIC EXTERNAL DEFIBRILLATOR**

8. Check to make sure that the STATUS INDICATOR is GREEN. If the pads are not installed properly, the PAD indicator will illuminate; contact Cardiac Science Customer Service at 1-888-466-8686.
9. Open the lid and confirm that no diagnostic indicators are lit.
10. Check the expiration date of the pads; if expired, replace them.
11. Check the pads packaging integrity.
12. Close the lid.

Check the integrity of the Service Indicator (LED) and Circuitry.

1. Immediately after opening the AED lid, press and hold the Shock button and confirm that the Service LED is lit.
2. Release the Shock/Continue button.
3. Close the lid.
4. Verify that the STATUS INDICATOR remains RED.
5. Open the lid and confirm that no diagnostic indicators are lit.
6. Close the lid.
7. Verify that the STATUS INDICATOR turns GREEN.

Check the Integrity of the Case.

1. Examine the molded case of the AED for any visible signs of stress. If the case shows signs of stress, contact Cardiac Science Customer Service at 1-888-466-8686.
2. Battery replacement is approximately 4 years from date of installation. When the Smart Gauge battery status indicator LED illuminates RED a BATTERY LOW prompt appears. However the AED is capable of delivering at least 9 more defibrillation shocks after the first BATTERY LOW prompt.
3. A terry cloth towel should be retained in the emergency bag to be used with the AED as need indicates (i.e. chest diaphoresis).

CMHC staff shall notify CDOC Health & Addiction Services when Cardiac Science has been contacted at (860) 692-7648 and for replacement of electrodes and batteries.

E. AED USE

- After each usage of the AED CDOC/CMHC staff shall notify the CDOC designated staff member at the facility. The CDOC designated staff member will download each use of the AED and notify CDOC Health & Addiction Services. The AED holds several events in memory; therefore the AED can be used again prior to download of previous event.

**EMERGENCY EQUIPMENT:
AUTOMATIC EXTERNAL DEFIBRILLATOR**

REFERENCES: *Administrative Directive 8.1, Scope of Health Services Care. 2007.*
 Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-B-02). 2008 National
 Commission on Correctional Health Care, Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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COMMUNICATION ON PATIENTS' HEALTH NEEDS

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff, in collaboration with Connecticut Department of Correction (**CDOC**) staff, shall ensure compliance with the Americans with Disabilities Act (**ADA**) in the delivery of health services to inmates in custody of the CDOC.

PROCEDURE: Compliance with ADA shall be accomplished by:

- Providing reasonable accommodation to inmates with qualifying disabilities
- Providing information regarding both the protections against discrimination and the existence and location of accessible services, activities, and facilities
- Providing mechanisms by which an inmate may file complaints about disability discrimination.

CMHC staff shall ensure that ongoing communication and cooperation exists with CDOC staff regarding inmates' significant health needs within CDOC facilities that may be considered in classification decisions, in order to preserve the health and safety of that inmate, other inmates, or staff. CMHC staff shall communicate appropriate issues to the facility ADA coordinator and be available to confer with him/her on issues as necessary.

Health care and custody staff communicate about inmates' special needs included in but are not limited to the following groups:

- Chronically-ill inmates
- Inmates with serious communicable disease
- Physically disabled inmates
- Pregnant inmates
- Frail or elderly inmates
- Terminally ill inmates
- Inmates with serious mental health needs
- Inmates developmentally disabled
- Inmates with severe visual and/or hearing impairments
- Inmates under 18 years
- Inmates undergoing dialysis
- Suspected victims of physical or sexual abuse

COMMUNICATION ON PATIENTS' HEALTH NEEDS

CDOC staff and CMHC staff shall assure that the special needs patients' health and safety are protected and that both staff groups are aware of decisions relative to housing, program assignments, disciplinary measures, and admission to and transfers from CDOC facilities.

Staff shall document ADA accommodations/issues on **Form HR 800 Health Problem List**.

- REFERENCES:** *Administrative Directive 8.1, Scope of Health Services Care*. 2014. Connecticut Department of Correction.
 Administrative Directive 10.19, Americans with Disabilities Act. 2014. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-A-8). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 8.02

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INMATE SPECIAL EDUCATION

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff and Connecticut Department of Correction (**CDOC**) staff shall collaborate regarding an inmate's eligibility for special education services.

PROCEDURE: Inmate health information shall be provided on a need to know basis in a manner that is consistent with confidentiality of medical information, for Unified School District #1 (**USD 1**) Administrators to make a determination of an inmate's eligibility for special education programs.

The Director of Special Education for USD 1/ CDOC Americans with Disabilities Act (**ADA**) Coordinator shall assist in the determination of special needs.

REFERENCES: *Administrative Directive 10.2, Inmate Education.* 2009. Connecticut Department of Correction.
Administrative Directive 10.19, Americans with Disabilities Act. 2004. Connecticut Department of Correction.
Standards for Health Services in Prisons (P-A-8). 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director of Health Services, Daniel Bannish PsyD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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**EMERGENCY TRANSFERS OF INMATES
WITH ACUTE MEDICAL CONDITIONS**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) staff shall work collaboratively with Connecticut Department of Correction (**CDOC**) staff to provide transportation for inmates with acute or serious medical conditions.

PROCEDURE:

In the event of an acute medical condition of an inmate in a CDOC facility, the CMHC facility on-site prescriber or in their absence, health care staff, in consultation with the on-call CMHC Physician shall order the level of care needed by the inmate.

If it is decided that the inmate is to be transferred to an **offsite** community facility for medical/dental care, facility CMHC staff shall provide the following to:

Off-site community institution/ED:

- W-10 complete with medications and history (may be completed electronically)
 - the W-10 must include recent inmate vital signs and relevant lab studies (where available) before sending the inmate to an outside community facility
- Other pertinent medical/mental health information required to continuity of care
- Copy of the Medication Administration Record (MAR)
- Copy of Living Will and/or Health Authority if applicable
- Copy of Health Problem List
- Copy of conservatorship, guardianship as applicable

Warden or CDOC shift supervisor:

- Copy of MIR **Form CN 6602, Medical Incident Report (MIR)**

For the inmate Health Record:

- Copy of MIR
- Copy of W-10
- Documentation of any communication with physician on-call or documentation by the prescriber on-site

**EMERGENCY TRANSFERS OF INMATES
WITH ACUTE MEDICAL CONDITIONS**

EXCEPTION: If the prescriber, or in their absence, health care staff determines that the inmate's medical condition is life threatening, a 911 call shall be initiated and the inmate transferred immediately to the nearest medical facility or emergency room for stabilization and treatment.

These cases shall be reported to Utilization Management immediately after transfer.

Once it has been established that an inmate requires emergency care, a completed **W-10** shall accompany the inmate.

All communication to Utilization Management shall include:

- Inmate name, CDOC number
- Receiving facility
- Referring physician/dentist
- Reason for sending inmate out
- Mode of transfer (i.e. State vehicle, ambulance)

Upon the inmate's return to a CDOC facility from an emergency room, a completed **W-10** (or alternative documentation of the inmate ER visit, if the **W-10** was not utilized) from the ER must be submitted to Utilization Management within 8 hours of returning to the facility.

Should the inmate be admitted to an inpatient community facility, a **W-10** (or discharge summary/alternative documentation of the inmate ER visit/hospital stay if the **W-10** was not utilized) must be FAXED to Utilization Management within 1 (one) business day of the inmate's return to the CDOC facility.

Documentation in the inmate's health record shall include the date and time that the inmate left the facility and the mode of transportation when leaving. Additional pertinent information should include any conversations with the ER regarding the inmate's status.

For inmates who have ER stays or who are admitted to the community hospital/service, there shall be documentation in the health record describing the on-going communication between CMHC staff and the acute care provider regarding the condition of the inmate and the anticipated date of return to the facility. An attempt shall be made to communicate daily. All attempts at communication and actual information sharing shall be documented in the inmate's health record.

The inmate's return to the sending facility or return to a CDOC inpatient setting shall be documented in the health record along with acknowledging the presence/absence of a discharge summary and/or other documents from the community provider.

**EMERGENCY TRANSFERS OF INMATES
WITH ACUTE MEDICAL CONDITIONS**

- REFERENCES:** *Administrative Directive 9.2, Inmate Classification*, 2006. Connecticut Department of Correction.
- Administrative Directive 9.3, Admissions, Transfers, Discharges*, 2009. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-A-8)*. 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UCONN HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 9.01

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PRIVACY OF CARE

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff shall ensure that health care services delivered to inmate-patients in the custody of the Connecticut Department of Correction (**CDOC**) are rendered confidentially, with consideration for the inmate's dignity and feelings, and in a manner designed to encourage the inmate-patient's subsequent use of available health service resources.

PROCEDURE: Health care encounters with inmate shall be conducted in private (i.e. only authorized CMHC staff present). If the inmate poses a probable risk to the safety of him/herself, the health care provider or others, a CDOC custody staff chaperone shall be present.

Mental Health encounters shall be conducted face-to-face, in a private, audio-controlled setting. This encounter shall be documented using the CMHC approved abbreviation "F/F/P/AC".

When the presence of CDOC custody staff is required for any reason during a health care encounter with an inmate, every effort shall be made by CMHC staff to provide either auditory or visual privacy. Whenever present during a health care encounter, CDOC custody staff shall be reminded of the confidentiality of any health information obtained during the encounter; and their name shall be documented in the health record and the reason (ie. safety/security).

Whenever deficits in an inmate's speech or hearing, or his/her inability to communicate in the same language, compromises effective communication during a health care encounter, arrangements shall be made for the assistance of an interpreter or other assistive devices. Whenever present to assist during a health care encounter, the interpreter shall be reminded of the confidentiality of any health information obtained during the encounter. The name and title of the interpreter shall be documented in the health record.

(See related CMHC Policies: E 7.01a Interpreter Services, H 2.03 Inmate Health Record/Protected Health Information: Confidentiality/Disclosure)

- REFERENCES:** *Administrative Directive 8.11, Human Immunodeficiency Virus*. 2008. Connecticut Department of Correction.
- Doe vs. Meachum Consent Judgment*. 1990. Connecticut Department of Correction.
- Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule*, 2002.
- Standards for Health Services in Prisons (P-A-9)*. 2014. National Commission on Correctional Health Care. Chicago, IL.
- UCHC Privacy of PHI Policies 2003-11*. Patients' Rights to Privacy of PHI; Rights of Individuals.

Approved: UCHC – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director of Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 10.01

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**INMATE DEATH AND CARDIAC ARREST:
RESPONSE/ PRONOUNCEMENT/NOTIFICATION**

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with the Connecticut Department of Correction (**CDOC**), shall ensure that a physician shall pronounce an inmate dead while in the custody of the CDOC, and that appropriate notifications are made promptly following the death of an inmate.

For purposes of this policy, the following definitions shall apply:

DEFINITION:

Primary Care Physician: the physician with primary responsibility for an inmate-patient's care and treatment.

Death: an inmate shall be considered dead when, according to ordinary standards of medical practice, there is irreversible cessation of the inmate's spontaneous respiratory and circulatory functions.

Hospice Death: The death of a designated "hospice inmate" housed in the infirmary of a hospice designated facility.

PROCEDURE:

Response to Inmate Cardiac Arrest/ Death

In the event of suspected cardiac arrest, cardiopulmonary resuscitation (CPR) shall be initiated by health services staff witnessing the arrest (or continued by health services staff if initiated by custody staff) and the emergency medical response system (EMS) activated unless any of the criteria for not initiating or continuing CPR are present. (Also refer to **Policy A 7.03a: Emergency Equipment: Automatic External Defibrillator**).

1. Criteria for not attempting or continuing resuscitation:

- The inmate is in an infirmary or hospice designated infirmary with a DNR (do not resuscitate) order. **Refer to Policy I 4.01, Do Not Resuscitate.**

**INMATE DEATH AND CARDIAC ARREST:
RESPONSE/PRONOUNCEMENT/NOTIFICATION**

- The inmate has signed a living will/advance directives that requests no resuscitation measures with a DNR order. **Refer to Policy I 4.01, Do Not Resuscitate.**
- A physician is on-site and determines, based on inmate history and presentation, that resuscitation is inappropriate and issues a DNR order. (See “Physician in attendance” section below)
- Responding ambulance emergency medical service (EMS) personnel, in accordance with their protocols and following the direction of their usual medical oversight, have deemed that death is presumed and continuation of CPR is not warranted.

2. Physician in attendance:

- When a physician is in attendance, based on the inmate’s health history, the physician shall determine whether to institute CPR and activate emergency response.
- First responders shall institute CPR without waiting for the physician to make a determination of the appropriateness of CPR, but will consult the physician about continuing CPR and activating EMS.

3. Physician not in attendance:

- If no physician is on-site, and the inmate has a current DNR order, the nursing supervisor/designee shall implement the DNR order, assess for signs of death then notify the HSA, the Shift Supervisor, and the CMHC Physician on call.

4. Transfer to acute care facility:

For inmates transferred to an acute care facility, refer to **Policy A 8.03, Transfer of Inmate with Acute Medical Conditions.**

Reporting Inmate Death to Medical Examiner**1. Death at a CDOC facility:**

- If a physician is on-site, the physician shall notify the Office of the Chief Medical Examiner and inquire if the Medical Examiner will respond to the scene to investigate the death. The physician shall notify the shift commander/designee of the Medical Examiner’s response.
- If there is no physician on-site, the CMHC Physician on call may choose to notify the Office of the Chief Medical Examiner, or may delegate to the nursing

**INMATE DEATH AND CARDIAC ARREST:
RESPONSE/PRONOUNCEMENT/NOTIFICATION**

supervisor/designee. The nurse shall utilize information obtained from the inmate health record, incident reports, and death certificate to report the information for notification. In either case, the shift commander shall be notified of the Medical Examiner's decision.

- If the Medical Examiner accepts the case, a case number shall be assigned to the inmate (document on death certificate), and their staff shall respond to the facility and investigate the scene.
- If the Medical Examiner declines the case, a case number shall be assigned (document on death certificate), and death has been pronounced by an on-site physician, the facility shall notify the next of kin and release the body to a funeral home chosen by the next of kin or by the facility (see Notification of Death to Next of Kin and Funeral Home section).

2. Death at receiving/community hospital:

- When death occurs at a receiving/community hospital, that hospital is responsible for notifying the Office of the Medical Examiner.

Pronouncement of Death and Completion of Death Certificate:**1. Death at a CDOC facility:**

- ***Only a physician shall pronounce death of an inmate.***
 - If a physician is not on-site, the health services staff shall inform the on-call physician to come to the facility promptly to pronounce death.
 - The on-call physician may arrive to the facility to pronounce death personally or ask a colleague who lives closer to the facility and is willing to make the trip. If no such willing colleague is available, the on-call physician must go to the facility.
 - Death should be pronounced as soon as possible, and prior to removal of the body (see section: Notification of Death to Next of Kin and Funeral Home section).
- ***Only a physician shall complete the death certificate.***
 - In cases accepted by the Medical Examiner (ME), the ME shall complete the death certificate.

2. Death at receiving/community facility:

- CMHC staff is not responsible for completing the death certificate if the inmate dies at the receiving/community facility.

**INMATE DEATH AND CARDIAC ARREST:
RESPONSE/PRONOUNCEMENT/NOTIFICATION****Reporting Inmate Death to DOC and CMHC****1. When death has been pronounced at a CDOC facility:**

- Only the physician shall pronounce death. The inmate death shall be immediately reported to the Office of the Chief Medical Examiner and the CMHC Physician on call. The nursing supervisor/designee shall notify the Shift Supervisor and the HSA.

2. If before transporting inmate, EMT/paramedic personnel presume an inmate dead, through communicating with the responsible EMT/paramedic authority:

Nursing supervisor/designee shall notify the Shift Supervisor/ designee, the HSA, the CMHC Physician on call, and the Medical Examiner.

3. If death has been pronounced at receiving/community facility:

- The CMHC staff member with first knowledge of an inmate death shall immediately notify the CDOC facility shift supervisor or designee, the CMHC Physician on call, and the appropriate CMHC Health Service Administrator (**HSA**), all of whom in turn will continue notification procedures in accordance with CDOC **Administrative Directive, 8.2, Inmate Death**. In addition the CMHC staff member with first knowledge of an inmate-patient death shall complete **Form CN 6601, Incident Report and Form CN 6602, Medical Incident Report**. Completed form HR 6602 shall be filed in the inmate's health record, and copies of both forms sent to the HSA and Shift Supervisor.

Upon notification of an inmate death, the appropriate CMHC HSA shall immediately notify the CMHC Designated Director.

- The HSA shall immediately notify the CDOC Director of Health Services or designee on-call of an inmate death. The facility staff shall notify the CMHC Clinical Director.

Notification of Inmate Death to Next of Kin and Funeral Home:

- CDOC notifies next of kin that death has occurred, and contacts either a funeral director chosen by next of kin or one chosen by the facility.
- CDOC staff speaks with funeral home to schedule pickup of the inmate's body.

Half-Way Houses:

Since Half Way Houses are not staffed by medical professionals, facility staff should activate emergency response services in any case of inmate death.

**INMATE DEATH AND CARDIAC ARREST:
RESPONSE/PRONOUNCEMENT/NOTIFICATION****Documentation:**

The appropriate health services staff member shall document in the health record the health-related circumstances surrounding the death and the fact that the death occurred.

Staff shall complete **Form HR 913 Checklist for Inmate Death and Form HR 913a Funeral Home Release Form** to ensure compliance with the policy.

If the Medical examiner has taken possession of the body, the appropriate health services staff member shall clearly document such in the health record.

When health services documentation has been completed, the health record shall be reviewed by the nursing supervisor/designee, who shall time, date, and sign the seal, mark as "confidential", and immediately deliver the health record to the Unit Administrator/designee.

Within seventy-two hours of an inmate death, the appropriate CMHC HSA shall provide the CMHC Medical Director with the following information:

- Date of death (including time);
- Apparent manner of death;
- Suspected or actual medical cause of death;
- Location of death;
- Brief summary of how death occurred;
- Any history of attempted suicide;
- A list of all current medications, if any;
- Current medical history, if relevant to death;
- Current psychological condition, if known;

(See Policies: Inmate Death: Disposition of Body; Inmate Death: Summary and Review)

**INMATE DEATH AND CARDIAC ARREST:
RESPONSE/PRONOUNCEMENT/NOTIFICATION**

- REFERENCES:** *Administrative Directives 6.6, Reporting of Incidents.* 2005. Connecticut Department of Correction.
- Administrative Directives 8.2, Inmate Death.* 2005. Connecticut Department of Correction.
- Administrative Directives 8.10, Quality Assurance and Improvement.* 2008. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-A-10).* 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman PhD MD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

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INMATE DEATH: DISPOSITION OF BODY

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff, in cooperation with Connecticut Department of Correction (**CDOC**) staff, shall ensure that the body of a deceased inmate is processed properly and expeditiously, in accordance with CDOC **Administrative Directive 8.2, Inmate Death**.

PROCEDURE: Following appropriate notification procedures outlined in **CMHC Policy A 10.01, Inmate Death and Cardiac Arrest: Response/Pronouncement/Notification**, the Office of the Chief Medical Examiner shall determine the disposition of the inmate's body.

The Medical Examiner may take possession of the body for autopsy if the death was violent, sudden or unexpected, occurred under suspicious circumstances, or, if in the judgment of the Medical Examiner, an autopsy should be performed.

If the Medical Examiner determines that an autopsy shall be performed, he/she will arrange the transport of the body from the scene of the death to the Office of the Chief Medical Examiner.

Upon completion of the autopsy and inquest, the Medical Examiner will release the body to the funeral director designated by the next of kin or the appropriate CDOC Unit Administrator.

Upon notification by the CDOC Unit Administrator or the Office of the Chief Medical Examiner that the body has been released, the next of kin shall be responsible to arrange with a funeral director to remove the body from the specified location to a designated funeral home for final disposition.

If the next of kin cannot be located immediately, or if upon notification, the next of kin is unable to arrange the timely removal of the body from the applicable facility, the CDOC Unit Administrator shall arrange with the designated funeral director for the transfer of the body from the facility to a funeral home, or if the next of kin has refused to claim the body, or if after a diligent effort by the CDOC Unit Administrator, the next of kin can not be contacted/located, the CDOC Unit Administrator shall designate a funeral director to carry out the final disposition of the body.

INMATE DEATH: DISPOSITION OF THE BODY

Payment for services provided on behalf of a deceased inmate shall be the responsibility of the next of kin unless indigence is demonstrated. If the CDOC facility is responsible for the services, the Unit Administrator shall use any available funds in the inmate's account to defray the cost of final disposition of the body. If there are no available funds, burial expenses shall be at the Connecticut Department of Income Maintenance rates.

- REFERENCES:** *Administrative Directives 8.2, Inmate Death.* 2005. Connecticut Department of Correction.
- Administrative Directives 8.10, Quality Assurance and Improvement.* 2008. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-A-10).* 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD PhD _____

Title: CMHC Director of Medical Services, Mark Buchanan MD _____

Title: CDOC Director Health Services, Daniel Bannish PsyD _____

**UConn Health
Correctional Managed Health Care
Policy and Procedures
For Use Within the Connecticut Department of Correction**

NUMBER: A 10.03

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**Notification of Protected Health
Information to Inmate Family/Friends**

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) staff, immediately upon the knowledge/notification, shall report a serious illness, injury, or death of an inmate in the custody of the Connecticut Department of Correction (**CDOC**) to the appropriate supervisor.

PROCEDURE: CMHC staff shall not use or disclose inmate PHI to a family member, a personal representative of the inmate, or another person responsible for the care of the inmate unless authorized in writing (**CN 4401**) by the inmate and CDOC whenever possible.

(See related CMHC Policies, A 10.01, Inmate Death and Cardiac Arrest: Response/Pronouncement/Notification; H 2.03 Inmate Health Record/Protected Health Information: Confidentiality/Disclosure)

REFERENCES: *Administrative Directive 6.6, Reporting of Incidents.* 2005, Connecticut Department of Correction.
Administrative Directive 8.2, Inmate Death. 2005. Connecticut Department of Correction.
Federal Register, Department of Health and Human Services Part V, 45 CFR Parts 160 and 164: Standards for Privacy of Individually Identifiable Health Information; Final Rule, 2002.
Standards for Health Services in Prisons (P-A-10). 2014. National Commission on Correctional Health Care. Chicago, IL.
UCHC Privacy Policy 2003-25, Use and Disclosure Involving Family and Friends (Privacy & Security of Protected Health Information (PHI)).

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
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FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 11.01

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HEALTH SERVICES REVIEW

Effective Date: 01/31/08

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with the Connecticut Department of Correction (**CDOC**), shall follow CDOC Administrative Directive 8.9 Health Services Review, to enable an inmate to seek formal review of any health care provision, practice, diagnosis or treatment. Review of health care services enables CDOC and CMHC to identify individual and systemic problems, to resolve health care issues in a timely manner and to facilitate the accomplishment of its mission.

DEFINITIONS:

ADA. Americans with Disabilities Act.

Health Services Appeal. A request for reconsideration of a Health Services Review decision.

Health Services Review Appointment. A consultation with a physician, psychiatrist, dentist, requested by an inmate to review the existing diagnosis or treatment of written concern.

Health Services Review Coordinator (HSRC). An employee of the unit designated to coordinate the process of the Health Services Review.

Review. A review by an authorized health services staff member of: (1) an existing diagnostic or treatment decision, including a decision to provide no treatment; (2) an established policy, provision, procedure or practice, or the need for such; or (3) an allegation of improper staff conduct.

Utilization Review. A process by which requests for specialty care, treatment, services and/or diagnostic testing is reviewed for approval based on standardized guidelines. A panel of three physicians who review requests for specialty health service evaluation, treatment and/or diagnostic testing, from a facility dentist, physician, Physician's Assistant or an Advanced Practice Registered Nurse.

Upheld. The application for Administrative Remedy is granted.

Withdrawn. The inmate voluntarily discontinues the pursuit of an Administrative Remedy.

Compromised. The application for Administrative Remedy has sufficient merit at some modification of the existing decision is warranted.

Denied. The application for Administrative Remedy is without merit.

Return Without Disposition. The Administrative Remedy has not been written or processed according to Directive procedure.

HEALTH SERVICES REVIEW

Rejected Returned to inmate because of unacceptable language or content

PROCEDURE:

1. Access. Each inmate in the custody of the Commissioner of Correction shall have access to the Health Services Review. Special provisions shall be made to ensure access for those requesting assistance through reasonable accommodations via ADA.
2. Depositories and Collection. Each request for Health Services Review shall be submitted by depositing the request in a locked box clearly marked as 'Health Services Reviews or Health Services Remedies'. The Unit Administrator shall ensure that these boxes are properly labeled and available in each housing unit. The Health Services Contract provider shall assign staff to collect the contents of the boxes, and shall establish a regular and timely collection schedule.
3. Health Services Contractor Provider. The Health Services Provider shall appoint two employees of the Health Services Unit to be Health Services Review Coordinators, one to serve as the primary Health Services Review Coordinator and one to serve as a back up to coordinate the volume of remedies for each facility. The Health Service Provider shall establish the scope of authority and the duties necessary to implement and administer the Health Services Review, process for each facility and shall arrange for the training of each Health Services Review Coordinator.

Instruction regarding this policy and procedures shall be provided to all affected health care staff during pre-service or in-service training.

4. Health Services Review Coordinator (HSRC). The HSR Coordinator shall be responsible for, but not limited to, the following:
 - A. Ensure that instruction about the Health Services Review is included in the inmate orientation curriculum.
 - B. Ensure that CN 8901, Appeal of Health Services Review is available on all housing units.
 - C. Ensure that the collection of requests from Health Services boxes is regular and timely.
 - D. Ensure that Health Services Review requests are properly logged and routed for evaluation and response.
 - E. Provides monthly and annual reports for submission to CDOC
5. Types of Review. There are two types of Health Services Review:
 - A. Diagnosis and Treatment. A review of a diagnosis or treatment, including a decision to provide no treatment, relating to an individual inmate.
 - B. Review of an Administrative Issue. A review of a practice, procedure, Administrative provision or policy, or an allegation of improper conduct by a health services provider.

Informal Resolution. The inmate must attempt to seek an informal resolution prior to filing for a Health Services Review. The inmate must attempt to resolve the issue face-to-face with the appropriate staff member or with a supervisor via written request utilizing CN 9601 Inmate Request Form placed in the Health Services Review/Remedy box.

HEALTH SERVICES REVIEW

The inmate must clearly state the problem and action requested to remedy the issue. The request must be free of obscene or vulgar language or content.

A response to the inmate shall be made within 15 calendar days from receipt of the written request.

6. Review of a Diagnosis or Treatment. An inmate, who is dissatisfied with a diagnosis or treatment that pertains to him/herself, may apply for a Health Services Review /Remedy, if informal resolution via inmate request was unsuccessful, by checking the 'Diagnosis/Treatment' box on **CN 9602, Inmate Administrative Remedy Form** explaining concisely the cause of his/her dissatisfaction, and depositing the completed form in the Health Services Review box. The inmate should provide a concise statement of what of what particular diagnostic or treatment decision he/she believes to be wrong and how he/she has been affected. A properly submitted request for Review of a Diagnosis and Treatment shall be handled according to the following procedures:
- A. Upon receipt of **CN 9602, Inmate Administrative Remedy Form** The HSRC shall schedule a Health Services Review appointment with a physician, APRN, dentist, psychologist/psychiatrist as appropriate as soon as possible, at no cost to the inmate, to determine what action, if any, should be taken. If the physician, APRN, dentist, psychologist/psychiatrist decides that the existing diagnosis or treatment is appropriate, the inmate shall have exhausted the health services review. The physician, APRN, dentist, psychologist/psychiatrist shall notify the inmate of the decision, in writing within ten (10) business days by indicating 'No Further Action' in the disposition field of **CN 9602, Inmate Administrative Remedy Form**.
 - B. If the physician decides that a different diagnosis or treatment is warranted, he/she may either (1) act on his/her decision; or, (2) refer the case to the Utilization Review Committee for authorization by indicating 'Change of Treatment' or 'Referred to URC', as appropriate, in the disposition field of **CN 9602, Inmate Administrative Remedy Form**. the case of Sections 10(A) or 10(B) of this Directive, the physician shall make an entry in the inmate's health record denoting the visit as a Health Services Review Administrative Remedy, 'HSR Administrative Remedy' in addition to any medical notations.
 - C. If the physician refers a case to the Utilization Review Committee, Attachment A, **HR 202, Utilization Review Request** shall be completed and reviewed according to the contracted health services provider's Utilization Review policies.
 - D. If the Utilization Review Committee denies a physician's recommendation/opinion of a treatment or diagnosis, an appeal may be initiated by the physician, using Attachment A, **HR 202, Utilization Review Request**.
 - E. If an inmate receives a Health Services Review, and no change in diagnosis or treatment results from this review, he/she may not request a second review for this same issue unless his/her clinical situation has changed significantly since the first review. In addition, a request previously submitted to and rejected by the Utilization Review Committee may not be resubmitted for the Health Services Review.

HEALTH SERVICES REVIEW

- F. If the review concerns dental services, the inmate shall be scheduled to see a dentist, who shall handle the review in the manner described above.
- G. If the review concerns mental health services, the inmate shall be scheduled to see a supervising psychologist, who shall handle the review in the manner described above, except that mental health care is not subject to review by the Utilization Review Committee.

7. **Review of an Administrative Issue.** An inmate who is affected by a circumstance as described above may request a review of a practice or procedure by checking the 'All Other Health Care Issues' box on **CN 9602, Inmate Administrative Remedy Form**, and depositing it in the Health Services Review/Remedy box. The inmate should provide a concise statement of what he/she believes to be wrong and how he/she has been affected. A properly submitted request for Review of an Administrative Issue shall be handled according to the following procedures:

Administrative Issue	First Reviewer – CMHC Staff	Appeal – CMHC Staff
Non-prescriber medical staff/policy	Nursing Supervisor	Health Services Administrator
Medical Prescriber Dentist Optometrist Podiatrist	Health Services Administrator	Central Office Clinical Lead
Social Worker/Mental Health Policy	Psychologist	Health Services Administrator
Psychologist Nursing Supervisor	Health Services Administrator	Central Office Mental Health
Mental Health Prescriber	Health Services Administrator	Central Office Mental Health
Health Services Administrator	Director of QI and Resource Management	Executive Director

Each review shall be evaluated, investigated, and decided upon within **30 days**. The outcome shall be indicated by one of the following dispositions: Rejected, Denied, Compromised, Upheld, or Withdrawn.

- A. If the inmate is dissatisfied with the response, the inmate may appeal within ten (10) business days by completing **CN 8901, Appeal of Health Services Review** and depositing it in the Health Services Review/Remedy box.
- B. The appeal shall be decided by the contracted health services provider (designated facility health services director or designee) within fifteen (15) business days of receiving the appeal, and the inmate shall be promptly notified. For all issues relating to compliance with existing standards, this review shall be final; the inmate shall have exhausted the health services review process.
- C. If the matter relates to a health services policy of the Department, the inmate may appeal to the DOC Director of Health Services/designee within ten (10) business days of receipt of the response from the contracted health services provider (designated facility health services

HEALTH SERVICES REVIEW

director or designee) by completing CN 8901, Appeal of Health Services Review and depositing it in the Health Services box.

- D. Within thirty business (30) days of receipt of, such appeal the DOC Director of Health Services or designee shall notify the inmate of the decision. Upon receipt of this decision the inmate shall have exhausted the Health Services Review.

8. Records.

- A. A log of each Health Services Review request and appeal shall be maintained by the HSR Coordinator.
- B. A file of each Health Services Review request and appeal shall be maintained by the HSR Coordinator, containing copies of the forms that have been used in the review or appeal.
- C. The health record of each inmate who has applied for a Review of a Diagnosis or Treatment shall contain a copy of the forms used in the Review, notations in the medical chronology, including a notation of 'HSR Administrative Remedy'.
- D. The Health Services Review files of individuals shall be subject to HIPAA standards.
- E. Health records shall be retained in accordance with Administrative Directive 4.7, Records Retention.

9. Monitoring and Evaluation. CMHC shall keep an electronic log of all reviews and appeals along with the final disposition of all reviews and appeals. Each facility/functional unit shall review their logs at the quarterly facility Quality Improvement Committee meeting. The electronic log shall be reviewed by the HSA quarterly for timeliness and appropriateness of response. The Director of Health and Addiction Services or designee shall have access to the electronic log and shall receive a hard copy report from the HSA upon request.

10. Forms and Attachments. The following forms and attachments are applicable to this policy and shall be utilized for the intended function:

- CN 9601 Inmate Request Form
- A. CN 9602, Inmate Administrative Remedy Form
- B. CN 8901, Appeal of Health Services Review
- D. HR 202, Utilization Review Request

REFERENCES: *Administrative Directive 9.6, Health Services Review.* 2014; 8.1, Scope of Health Services Care 2014; *Administrative Directive 4.7, Records Retention,* Connecticut Department of Correction. 2012
Connecticut General Statutes, Section 18-81.
Standards for Health Services in Prisons (P-A-11). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

Title: CMHC Director of Medical Services, Johnny Wu MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____



Health Services Review Routing Chart

Connecticut Department of Correction

Attachment B
REV 1/1/08
AD 8.9

The inmate files a request for Health Services Review by completing CN 9602, Inmate Administrative Remedy Form, checking either the box for 'Diagnosis/Treatment' (medical issue) or the box for 'All Other Health Care Issues' (administrative issue), and depositing the form in a 'Health Services' box. The Health Services Review Coordinator (HSRC) collects the completed forms from box and routes them according to the procedures listed below:

REVIEW OF A MEDICAL DECISION (Section 10)	REVIEW OF AN ADMINISTRATIVE ISSUE (Section 11)
Upon receipt of such a request, the HSRC shall determine if informal resolution is possible, and, if so, work toward that end. If not, the HSRC shall schedule a Health Services Review Appointment (HSRA) with a physician, as soon as possible, at no cost to the inmate, to determine what action, if any, should be taken. If the physician decides that the existing diagnosis or treatment is appropriate, the inmate shall have exhausted his/her health services administrative remedy. The physician shall notify the inmate of the decision, in writing within ten (10) business days by indicating 'No Further Action' in the disposition field of CN 9602, Inmate Administrative Remedy Form.	Upon receipt of such a request, the HSRC shall determine if informal resolution is possible, and, if so, work toward that end. If not, the HSRC shall refer the matter to the unit's Health Services Administrator for instruction as to any investigation that may be necessary. Within thirty (30) business days the Health Services Administrator shall inform the inmate in writing of the disposition of the review by indicating 'Denied, Compromised or Upheld' in the disposition field of CN 9602, Inmate Administrative Remedy Form.
If the physician decides that a different diagnosis or treatment is warranted, he/she may either (1) act on his/her decision; or, (2) refer the case to the Utilization Review Committee (URC) for authorization by indicating 'Change of Treatment' or 'Referred to URC', as appropriate, in the disposition field of CN 9602, Inmate Administrative Remedy Form.	If the inmate is dissatisfied with the response, the inmate may appeal within ten (10) business days by completing CN 8901, Appeal of Health Services Review and depositing it in the Health Services box.
If the physician decides to refer a case to the URC, the physician shall complete Attachment A, HR 202, Utilization Review Request, and forward it and any other documentation to the URC. The URC shall decide the case according to existing medical practices and policies.	The appeal shall be decided by the contracted Designated Facility Health Services Director or designee within fifteen (15) business days of receiving the appeal, and the inmate shall be promptly notified. For all issues relating to compliance with existing standards, this review shall be final; the inmate shall have exhausted the administrative remedy.
If the URC denies a physician's recommendation/opinion of a treatment or diagnosis, the physician may appeal on his/her own initiative, or, upon the request of the inmate, must appeal the decision by using Attachment A, HR 202, Utilization Review Request.	If the matter relates to a health services policy of the Department, the inmate may appeal to the DOC Director of Health and Addiction Services within ten (10) business days of receipt of the response from the contracted health services provider, Designated Facility Health Services Director or designee by completing CN 8901, Appeal of Health Services Review and depositing it in the Health Services box.
A request for services previously submitted to and rejected by the URC may not be submitted for Health Services Review. If an inmate is not satisfied with the URC's response, the inmate's clinician shall submit an appeal on behalf of the inmate by completing Attachment A, HR 202, Utilization Review Request.	Within thirty business (30) days of receipt of a policy review, the DOC Director of Health and Addiction Services or designee shall notify the inmate of the decision.
If an inmate receives a Health Services Review, and no change in diagnosis or treatment results from this review, he/she may not request a second review for this same issue unless his/her clinical situation has changed significantly since the first review. In addition, a request previously submitted to and rejected by the URC may not be resubmitted for the Health Services Review.	UPON RECEIPT OF THIS DECISION, THE INMATE SHALL HAVE EXHAUSTED HIS HEALTH SERVICES ADMINISTRATIVE REMEDY.
If the review concerns dental services, the inmate shall be scheduled to see a dentist, who shall handle the review in the manner described above.	
If the review concerns mental health services, the inmate shall be scheduled to see a supervising psychologist, who shall handle the review in the manner described above, except that mental health care is not subject to review by the URC.	

**UConn Health
Correctional Managed Health Care
Inmate Health Review Log**

Grievance #	Inmate Name	Inmate #	Date Rcvd.	Type	Contact Date	Code Resolution	HRSA HSA Date	HRSA Physician Date	IM Contact Date	Code Resolution	Response Date to IM (within 10 da.)	Appeal Date (See Appeal Log)
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								
Remedy Summary				Dx/Tx M MH D								
				Admin/Other M MH D								

Resolution Codes:

Informal Resolution
IR

Denied
D

Upheld
U

Withdrawn
W

Discipline:

Medical
M

Mental Health
MH

Dental
D

UConn Health
Correctional Managed Health Care
Inmate Health Review Appeal Tracking Form

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

Grievance #	Inmate Name	Inmate #	Date Rec'd	Final Disposition	Discipline			Review Date	Director Review	Resolution	Response Date	Policy Issue		Appeal to DOC		DOC Response
				Date	Dental	MH	Medical	(within 15 days)				Yes	No	Yes	No	Date

FACILITY: _____

UConn Health
Correctional Managed Health Care
Quality Improvement – Inmate Health Services Review Page 1 of 3

Diagnosis and Treatment	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Total Number of HSR Requests													
MEDICAL total filed													
Medication													
Medical Care													
Bottom Bunk													
Diet													
Request for Health Records													
OUTCOMES													
No Further Action													
Change of Treatment													
Referred to URC													
MENTAL HEALTH total filed													
Change of Classification Score													
Medication													
Single Cell Status													
OUTCOMES													
No Further Action													
Change of Treatment													
DENTAL total filed													
Waiting Time/Access Issues													
Dentures/Prosthesis													
Denial of Care													
OUTCOMES													
No Further Action													
Change of Treatment													
Referred to URC													

FACILITY: _____

UConn Health
Correctional Managed Health Care
Quality Improvement – Inmate Health Services Review Page 2 of 3

Administrative/Other	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Total Number of HSR Requests													
MEDICAL total filed													
Policy													
Staff													
Practice or procedure													
OUTCOMES													
Rejected													
Returned without Disposition													
Denied													
Compromised													
Upheld													
Withdrawn													
MENTAL HEALTH total filed													
Policy													
Staff													
Practice or procedure													
OUTCOMES													
Rejected													
Returned without Disposition													
Denied													
Compromised													
Upheld													
Withdrawn													
DENTAL													
Policy													
Staff													
Practice or procedure													
OUTCOMES													
Rejected													
Returned without Disposition													
Denied													
Compromised													
Upheld													
Withdrawn													

FACILITY: _____

**UConn HEALTH
CORRECTIONAL MANAGED HEALTH CARE
POLICY AND PROCEDURES
FOR USE WITHIN THE CONNECTICUT DEPARTMENT OF CORRECTION**

NUMBER: A 12.01

Page 1 of 2

UCHC CMHC EMPLOYEE APPEARANCE/IDENTIFICATION

Effective Date: 05/16/14

Annual Review Completed:

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) employees shall maintain a neat, clean, and well groomed appearance at all times during the performance of duties in order to promote a professional work environment. Attire for CMHC personnel shall be in keeping with safety and security concerns. Staff shall comply with CDOC AD 2.13. Employee Uniform, Personal Appearance and Identification.

CMHC health services employees shall be issued a pocket case containing latex free gloves and a pocket mask (Universal Precaution Pouch) for emergency mouth to mouth rescue breathing. It shall be the responsibility of each employee to carry the provided barrier with them at all times while on duty (*UCHC CMHC Infection Control Manual: Policy 1.03 Universal Precautions*).

No personal equipment, (e.g., phone, beeper, electronic device, etc.), other than state issued items shall be carried or worn by staff while on duty.

Fluid resistant attire shall be available for any staff exposed to blood or body fluid.

Personal Appearance

Staff shall wear clothing and appropriate footwear that supports personal safety and does not impede an employee's ability to respond or react to an emergency. Clothes shall be kept neat and clean. Footwear shall be clean, non-tattered, and laced as appropriate. Inappropriate footwear such as flip flops shall not be permitted.

UCHC/CMHC direct patient care staff shall wear shoes that protect them from potential blood or other potential infectious material splashing. UCHC/CMHC direct patient care staff shall not wear footwear with ports or holes or open toe shoes that can potentially expose the employee to blood borne pathogens. (*UCHC CMHC Infection Control Manual: Policy, 1.07a Occupational Exposure to Blood Borne Pathogens*).

For direct patient care staff, scrubs and/or lab jackets are encouraged, but optional. The wearing of provocative, suggestive or exercise attire, shorts, tee shirts, ragged or torn clothing shall not be permitted.

Revision Date:

UCHC CMHC EMPLOYEE APPEARANCE/IDENTIFICATION

Staff who provide direct patient care shall adhere to the following hand hygiene practices:

- Fingernails "natural" nail length, is required to be, at the maximum, 1/4" in length. Nail polish may be worn, as long as it is maintained and not chipped. Artificial nails and nail extenders are not allowed to be worn by staff who provide direct patient care.

(UCHC CMHC Infection Control Manual, Policy 1.05 Hand Hygiene)

All hair, to include facial hair, shall be clean, neat and trimmed. Neither color, cut nor style shall detract from the well groomed appearance of an employee. Hair shall not interfere with the normal wearing of authorized headgear, medical and safety/security equipment. Hats and head gear are not permitted except for approved medical/safety purposes.

The wearing of jewelry should be kept to a minimum and should not interfere with task requirements of the job.

Employee Identification

Each employee shall be issued UCHC identification and shall keep it on person. While on duty, the front of the identification shall be visible at all times.

REFERENCES: CDOC Administrative Directive 2.13, *Employee Uniform, Personal Appearance and Identification*. 1997. Connecticut Department of Correction.

UCHC CMHC Administrative Policy and Procedure Manual:

Policy A 7.03 Emergency Response Equipment.

UCHC CMHC Infection Control Manual:

Policies: 1.03 Universal Precautions; 1.05 Hand Hygiene; 1.07a Occupational Exposure to Blood Borne Pathogens.

Approved: UCHC – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman, MD _____

Title: CMHC Clinical Director, Johnny Wu MD _____

Title: CMHC Dir. of MH and Psychiatric Services, Robert Berger MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

Revision Date: