

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

NUMBER: B 1.01

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INFECTION CONTROL PROGRAM

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall establish and maintain an Infection Control Program that a) effectively monitors the incidence of infectious and communicable diseases among inmates in the custody of the Connecticut Department of Correction (**CDOC**); b) promotes a safe and healthy environment; c) reduces the incidence and spread of these diseases; d) assures that inmates infected with these diseases receive prompt care and treatment; and e) provides for the completion and filing of all reports consistent with local, state, and federal laws and regulations.

At a minimum, the Infection Control Program shall include:

- Written policies, procedures and practices that define a) surveillance procedures to detect inmates with serious infectious and communicable diseases; b) immunizations to prevent these diseases, as appropriate; and c) the care inmates with these diseases receive, including isolation when medically indicated and compliance with treatment regimens.
- Decontamination of medical equipment and proper disposal of sharps and biohazardous wastes.
- Strict adherence to universal precautions by CDOC/CMHC staff in order to minimize the risk of exposure to blood and body fluids.

The CMHC Infection Control Program shall include a Quality Improvement Unit that consists of, at a minimum, a centralized-CMHC Multidisciplinary Infection Control Committee.

PROCEDURE:

CMHC Quality Improvement/Infection Control staff shall maintain an Infection Control Manual available to all CMHC staff on the CMHC Portal.

The CMHC Director of Medical Services, in conjunction with Quality Improvement/Infection Control staff, shall ensure that the Infection Control Manual is reviewed annually and remains current.

INFECTION CONTROL PROGRAM

At a minimum, the Infection Control Manual shall contain information on the following:

- Infection Control Committee
- Surveillance of infection control procedures
- Immunization requirements
- Identification and treatment of inmates with infectious diseases (i.e., tuberculosis, HIV, etc.)
- Isolation procedures
- Decontamination of equipment and disposal of sharps and biohazardous waste
- Universal precautions
- Infection control in dental clinics and dental laboratories
- Bloodborne Pathogen Exposure Control Plan

REFERENCES: *Administrative Directives 8.11, Human Immunodeficiency Virus*. 2008. Connecticut Department of Correction
 Doe vs. Meachum Consent Judgment. 1990. Connecticut Department of Correction.
 Standards for Health Services in Prisons (P-B-01). 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 Kathleen Maurer MD _____

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INFECTION CONTROL COMMITTEE

Effective Date: 03/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**), in conjunction with the Connecticut Department of Correction (**CDOC**) Monitoring Panel, shall establish an Infection Control Program that includes the formation of a centralized, multidisciplinary, Infection Control Committee (**ICC**).

The ICC, chaired by the CMHC Clinical Director/designee, shall be responsible for the oversight of the CMHC Infection Control Program. (Functional Unit, Quality Improvement Committees shall provide oversight of the CMHC Infection Control Programs implemented at the facility level.)

In addition to responsibilities established by the CMHC Clinical Director/designee, the ICC shall have the authority to recommend immediate and appropriate infection control measures whenever an imminent danger exists to any CDOC employee, inmate, or CMHC employee. The CDOC Director of Health Services, or designee shall review and approve a CMHC ICC recommended action.

PROCEDURE: The Functional Unit-based QI/ICC shall meet Quarterly.

The Infection Control Manual is available to all CMHC staff on the CMHC Portal.

(See attached sample Infection Control Committee agenda)

- REFERENCES:** *Administrative Directive 8.10, Quality Assurance and Improvement.* 2008. Connecticut Department of Correction.
- Doe vs. Meachum Consent Judgment.* 1990. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-B-01).* 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 Health Services Kathleen Maurer MD _____

**CMHC
QUARTERLY INFECTION CONTROL COMMITTEE**

FACILITY:

Agenda

1. Call to Order
2. Review of Minutes
3. Old Business
4. Occupational Exposures
5. Inmate TB Issues
 - TB Monthly Screening
 - Annual Symptom Checks
 - Negative Pressure Room: IM placement, room checks
 - Other (e.g. questionable chest x-ray)
6. Autoclave Reports (monthly submission to Central Office)
7. Infection Control Incidents
 - MRSA, Other disease clusters
8. Occupational Health
 - When applicable:
 - Staff: Annual PPD's
 - Hep B
 - Flu Vaccine
 - Fit Testing
9. New Business
10. Next Meeting Date

Effective Date: 06/10

Revision Dates: 10/31/11; 01/28/13

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ECTOPARASITE CONTROL

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure appropriate ectoparasitic treatment and control to inmates in Connecticut Department of Correction (**CDOC**) facilities.

An ectoparasite is defined as a parasite, such as a flea or lice that lives on the exterior of another organism.

PROCEDURE: Following an inmate's completion of the CDOC facility admission protocols, CMHC staff shall assess all inmates for ectoparasitic infection in accordance with **CMHC Policy, E 2.01, Intake Health Screening**. When indicated by this health screening, inmates shall undergo delousing treatment as specified by DOC AD 9.3, Inmate Admissions, Transfers and Discharges.

In addition to treatment of an individual, the following procedures shall be completed:

- The infected inmate's linen and clothing shall be isolated until machine-washed, using hot water (130 degrees F) and dried using high heat for at least 20 minutes
- The infected inmate's mattress and housing area shall be cleaned with an appropriate disinfectant approved by CDOC
- The infected inmate's cell partner(s) should be evaluated and treated as appropriate

CMHC's agent of choice in treating ectoparasite infestation shall be determined by current practice. Prior to the choice of treatment for infected inmates, all conditions (such as pregnancy, open sores, or rashes) shall be considered.

- Female inmates are tested for pregnancy prior to the delousing procedure. For pregnant inmates a prescriber is contacted to determine the appropriate treatment.

Questions should be directed to CMHC Infection Control Program.

- REFERENCES:** *Administrative Directive 9.3, Inmate Admissions, Transfers and Discharges.* 2009/14. Connecticut Department of Correction.
- CMHC Policy, E 2.01, Intake Health Screening.* 2009. University of Connecticut Health Center, Correctional Managed Health Care Program.
- Standards for Health Services in Prisons (P-B-04).* 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 _____

**UConn HEALTH
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PATIENT SAFETY

Effective Date: 02/28/11

Policy:

UConn Health, Correctional Managed Health Care (CMHC) in collaboration with the Connecticut Department of Correction (CDOC) shall promote patient safety by instituting systems for proactive reporting of risks and incidents, analyzing high risk and adverse events, reviewing staffing patterns, promoting professional, supportive work environment, providing coaching and counseling, and enhancing communications.

Definitions:

1. **Patient safety system:** practice interventions designed to prevent adverse or near-miss clinical events.
2. **Error reporting system:** policies and procedures that outline how health care staff voluntarily identify and report all clinical errors, whether the error occurs by omission (failing to do something that is supposed to be done) or commission (doing something that is not supposed to be done).
3. **Near-miss clinical event:** an error in clinical activity without a consequential adverse patient outcome.
4. **Adverse clinical event:** an injury or death caused by medical management rather than by the patient's underlying disease or condition.
5. **Critical Test Results :** any result or findings that may be considered life threatening or that could result in severe morbidity and require urgent or emergency clinical attention

Safety refers to the health and well being of health care providers, administration, and support staff, working in a correctional facility as well as the client population served in CDOC through CMHC.

Patient Safety systems shall focus on strategies that improve clinical practice.

Procedure:

Safety expertise and resources to reduce the risk and harm to patients are available through CMHC leadership, Policy and Procedure and the CDOC Administrative Directive process. Policies and procedures are provided for the protection and guidance of employees and inmates.

PATIENT SAFETY

Whenever possible the proactive application of policies and procedures shall reduce/eliminate risk for staff and inmates.

CMHC shall foster a culture that encourages staff to identify opportunities to reduce harm or potential harm to patients.

Patient safety is the responsibility of all CMHC employees. Employees must know current policies and procedures and apply such as appropriate. Employees are encouraged to continuously review and recommend changes to policies and procedures as appropriate.

1. Creating and sustaining a culture of safety:

- a. **Access to health care:** Medical, mental health, and dental services shall be available and accessible to all inmates in the custody of the CDOC. Inmates shall be informed of the availability and the procedure to access such services in both English and Spanish during facility orientation.

1. A 1.01 Access to Health Care
2. E 7.01 Inmate Request for Non-Emergency Health Care Services
3. E 5.01 Referral-Assessment: Mental health
4. E 6.01 Oral Care Services

- b. **Safety culture is supported by upper management**

1. A 2.01 Responsible Health Care Authority
2. UCHC.CMHC Civility in Workplace Program-Human Resource Dept.

- c. **Active leadership are accountable for management of safety systems**

1. Pharmacy Manual
2. A 3.01 Medical Autonomy

- d. **System in place for reporting preventable adverse events (PAE) in which a preventable event led to patient harm.**

All medications shall be administered in a timely manner, according to the orders of the prescribing practitioner and in accordance with applicable state and federal laws. A medication variance shall be reported immediately by the nurse who makes or discovers the variance to the prescriber and to the nursing supervisor/designee.

1. E 14.01 Prescriber orders
2. D 2.19 Medication Administration

System in place to analyze and address all reported errors. A system shall be in place to address what is “wrong” in the environment vs. “who” is wrong. The goal shall be to address the process and framework of safety.

1. Staff retraining

2. Policy Revisions
3. Leadership sanctions
4. Pharmacy and Therapeutics Committees (Medical and Mental Health)

System in place to assure that following serious harm due to a system failure and /or human errors, the involved care givers receive treatment that is just, respectful, compassionate, emotionally supportive, while being given the opportunity to fully participate in the event investigation and risk identification and mitigation activities to prevent future events.

5. G 5.08 Critical Incident Response
6. G 5.07 Multidisciplinary System Case Review
7. UCHC/CMHC Employee Assistance Program

- e. **System in place for reviewing all formal and informal patient complaints.** All grievances, formal and informal, shall be addressed by a health care provider, analyzing the issue and addressing system issues.
 1. G 4.03 Mental health Review of Disciplinary Reports
 2. A 11.01 Health Services Review
- f. **Root cause analysis:** Incidents of unexpected occurrence, involving death or serious injury or psychological injury, or the risk thereof shall be reviewed
 1. G 5.07 Multidisciplinary System Case Review
 2. UCHC Root Cause Analysis Procedure
- g. **Monitoring therapeutic serum levels:** Blood levels of medications are ordered as clinically appropriate for inmates taking such medications.
 1. G 4.05 Psychoactive Medications
- h. **Suicide prevention:** Staff shall receive on-going training in suicide prevention.
 1. G 5.02 Suicide Prevention
- i. **Privacy:** Health care is rendered confidentially with consideration for the inmate's dignity and feelings, in a manner designed to encourage subsequent use of available health service resources.
 1. A 9.01 Privacy of Care
- j. **Confidentiality:** All health related treatment/care information is protected under HIPPA regulation 2002.
 1. H 1.01a Inmate Health Record/Protected Health Information

- k. **Research:** Participation in medical research is consistent with the Code of Federal Regulation (45 CFR 46, revised March 6, 1983)
 - 1. I 6.01 Medical Research
- l. **Drug Diversion:** On-going attention to drug utilization and administration is consistent with the prevention, identification of, and reporting of drug diversion.
 - 1. York Facility Addendum D 2.20a Drug Diversion Plan
 - 2. CMHC Pharmacy Manual

2. Creating environment for education and self improvement; matching healthcare needs with service delivery capability

- a. **Staff training on patient safety.** Reviewed during initial orientation and annually.
 - 1. C 3.01 Professional Development Health Care Staff

Organization shall have written documents that reflect each individual staff member's responsibility in safety including roles in team, scope of practice, errors, etc.

- UCHC/CMHC Code of Ethics statements
- CMHC Job descriptions
- C 1.01 Licensure and Credentialing

- b. **Standardization; reducing redundancy:** All employees shall complete a basic orientation program consistent with their duties and responsibilities.
 - 1. C 9.01 Orientation Program for Health Services Staff
- c. **On-going Education:** Annual training requirements are established appropriate to the staff member's position within the CMHC Program
 - 1. C 3.01 Professional Development: Health Care Staff
- d. **Performance appraisals**
 - 1. C 2.01 Clinical Performance Enhancement
 - 2. C 1.01a UCHC/CMHC Employment Files and Personnel Records
- e. **Job description:** DAS (CT Department of Administrative Services) job descriptions describe the duties and responsibilities to be performed by an individual employee
- f. **Monitor staff recruitment and retention.** A system to monitor unscheduled leave use and any other patterns that may reflect staff fatigue and burnout.
Staff vacancy monitoring to include:
 - turnover rate

- actual vacancy
 - agency efforts to fill positions
 - UCHC Human Resources exit interview information
- g. **Staffing patterns:** Sufficient numbers and types of health care personnel shall be available to provide adequate health evaluation and treatment of inmates consistent with community standards of care
1. C 7. 01 Health Services Staffing
 2. C 9.01 Orientation Program for Health Services Staff
- h. **Competency assessments:** An established mechanism is in place to provide supervision and oversight of advance practice registered nurses and physician assistants.
1. C 2.02 Clinical Oversight and Supervision Advanced Practice Registered Nurse (APRN) Physician Assistant (PA)
- i. **Peer review:** An established mechanism to evaluate the appropriateness of individual practice of physicians, dentist, doctorate-level clinicians, advanced practice registered nurses and physician assistants.
1. C 2.01 Clinical Performance Enhancement
- j. **Nurse protocols:** Written nurse protocols conform to appropriate level of skill and preparation of nursing staff who will carry out protocols when appraising an inmate's physical status.
1. E 11.01 Nursing Protocols
- k. **Medication protocols:** Staff administering medication shall meet appropriate CT Department of Health educational requirements for licensure. Medication history (including OTC) is obtained and documented for every inmate.
1. C 5.01 Medication Administration Training
 2. E 2.01 Intake Health Screening
 3. E 3.01 Inmate Health Transfer Screening
 4. G 3.01 Infirmary Admission
 5. CMHC Infirmary Manual

All keep-on-person medications are labeled with the inmate's name and ID number, medication name, strength, dose, frequency, number of pills or time frame, lot number, date dispensed, and date expiring.

1. CMHC Pharmacy Manual

All inmates shall be provided with an up-to-date list of medications they are receiving at the time of discharge.

1. E 13.01 Medical/Mental Health Discharge Planning

External medications are labeled “External Use Only” and are stored separately from internal prescriptions.

I. Reference books, resources. An up-to-date medication reference resource shall be available.

1. [CMHC Portal](#)
2. [MicroMedex](#)
3. [CMHC Drug Formulary](#)
4. [CMHC Non-Formulary Drug Request](#)
5. Nurse Monitor
6. [CMHC Pharmacy and Therapeutics](#)

m. Policy and procedure manuals: Policy and Procedure Manuals shall provide the framework for the delivery of health services to inmates in the custody of CDOC and serve as the CHMC Program’s official position on health related-issues.

1. A 5.01 Health Services Policy and Procedure Manual

3. Communications

a. Telephone Orders/ transfer of information. All telephone orders or transfer of telephonic critical information, including test results, shall be verified by having the person receiving the information record and “read back” the complete order or test result.

1. D 2.19 Medication Administration

b. E-mails: staff should access e-mails daily when on site

1. C 1.00 CMHC Employee: Accessing E-Mails

c. Reporting of critical test results:

1. Clinical laboratory or radiology staff or any other consulting entity reporting a critical test result shall identify themselves, state the emergency nature of the call, verify the name of person receiving the report, and give the name of the test/report and the test results (ie., laboratory, x-ray).
2. Staff receiving such communication shall read back the patient’s name and the critical results. This interaction shall be documented with the date and time and the names of both parties. CMHC staff shall document information in the shift-to-shift report and in the patient health record.

3. Staff shall immediately notify on-site or on-call prescriber of the critical test results.
- d. **Standard abbreviations and documentation:** Documentation of inmate health related encounters and findings shall be documented according to established guidelines. Only abbreviations, acronyms, symbols and dose designations approved by CMHC shall be utilized.
 1. H 1.02 Inmate Health Record/Protected health Information: Documentation/Abbreviations
- e. **Consultations:** Ordered consultations, internal and external, with specialties, both on-site and off-site, either employee or contractor shall follow the URC process.
 1. E 10.03 Missed URC Pre-certified Appointments
 2. E 10.02 Missed Facility Specialty Appointments
- f. **Intake screening:** All inmates shall receive a health screening performed by qualified health care professional upon arrival in a CDOC facility.
 1. E 2.01 Intake Health Screening
- g. **Transfer Summary Form:** Health information shall be communicated between health care providers as inmates move from facility to facility.
 1. E 3.01 Inmate Transfer Health Screening
- h. **Health Information:** All patient information, allergies, mobility limitations, language or communication limitation or other disabilities shall be communicated from one patient transition to another and from one patient care provider to another.
 1. G. 10.11 Aids to Impairment
 2. HR 800 Health Problem List
 3. Inmate Summary Screen
- i. **Correct patient names and numbers:** Standardized policies and procedures shall ensure that labeling of radiographs, laboratory specimens, or other diagnostic studies correctly identify the patient as well as the ordered diagnostic.
 1. D 4.01 Diagnostic Studies
 2. CMHC/JDH Laboratory Manual
 3. CMHC Radiation Safety manual
- j. **All tests and consults shall be tracked for completion:** Tests shall be tracked for sent date, where, when, anticipated return date, and results. Documentation shall include actions taken if overdue. CMHC shall establish a process for review of diagnostic results by an appropriate prescriber and inclusion in the health record.

This process shall make accommodations for absence of the ordering prescriber when necessary.

1. P 1.05 PSS: Laboratory Test Ordering and Results Reporting

k. Patient Safety System:

1. P 1.01 PSS: Downtime Procedure
2. P 1.02 PSS: Inmate Admission/Quick Admit
3. P 1.03 PSS: Transfer of Inmates
4. P 1.04 PSS: Physician/Prescriber Co-Signature
5. P 1.05 PSS: Laboratory Test Ordering and Results Reporting

l. Discharge planning: Discharge planning shall be available to all inmates with serious medical or mental health needs.

1. E 13.01 Medical/Mental Health Discharge Planning
2. G 4.08 Discharge of MH Level 5 inmates

4. Patient involvement

a. Informed consent: Inmates shall have the opportunity to evaluate and understand the options available and the attendant risks of intervention recommended for diagnosis and treatment of conditions affecting their health status. Informed consent shall be obtained by a clinician.

1. I 5.01 Informed Consent
2. I 2.01 Psychoactive Medication: Involuntary Administration

b. Informed refusal: Inmates may elect to refuse health care related to treatment. A written refusal of treatment shall be obtained at a time interval appropriate to the intervention by clinicians privileged to order or refer for the intervention.

1. I 5.02 Right to Refuse Treatment

Refusal of single doses of medication may be obtained by appropriate nursing staff.

2. D 2.19 Medication Administration

c. Special health needs: Services delivered to special needs inmates – patient shall include a treatment plan based on individual patient assessment.

1. A 8.01 Communication on Patient Health
2. G 2.01 Patients with Special Needs
3. G 2.05 Severe Mental Illness – Intellect-Challenged
4. G 3.01 Infirmary Admission Care
5. G 10.01 Aids to Impairment
6. G 11.01 Care of Terminally Ill

York Facility Addendums: Pregnancy/GYN Care

7. G 7.01 Perinatal Care

8. G 7.01a Gynecological Care

Cross Reference: See also Section 5 Condition Specific, a. Chronic Disease Management.

- d. **Use of interpreter:** Language assistance services shall be available as appropriate. Custody staff and other inmates shall not be utilized in this capacity unless the situation is a critical emergency.

1. E 7.01a Interpreter Services

- e. **Notification of diagnostic results:** Test results shall be communicated to the patient as clinically appropriate and documented in the health record.

1. P 1.05 laboratory Test Ordering and Results Reporting

- f. **Advance directives:** Practitioners may seek advance directives for appropriate inmates and on admission to an infirmary setting. Inmates may request the establishment of advance directives at any time during incarceration.

For inmates with advance directives, written documentation of this preference for life-sustaining treatment shall be prominently displayed in the health record. The original signed document shall be enclosed in a “plastic sleeve” prior to location in the health record. The presence of the advance directive shall be documented on the Health Problem Lists and the outside of the health record shall display the approved “Living Will” sticker.

1. G 2.02 Living Will/Appointment of Health Care Agent

2. I 4.01 DNR

3. Hospice Program Manual

- g. **Medication adherence:** Inmate education shall include the importance of adherence with medication therapy.

1. D 2.19 Medication Administration

2. CMHC Pharmacy Manual

- h. **Patient education:** The inmate shall be informed of all pertinent health related activities related to him/her.

1. A 8.02 Inmate Special Education

2. E 1.01 Information on Health Services

PATIENT SAFETY

- i. **Resolving complaints/inquiries:** A process to enable an inmate to seek formal review of any health care provision, practice, diagnosis, or treatment. Review of aggregate information 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.
 - 1. A 11.01 Health Services Review
- j. **Care plans.** Patient specific plan of care incorporates the inmate's social environment (work, work release plan) as appropriate
 - 1. H 1.02 Documentation policy
 - 2. G 3.01 Infirmary Admission and Care
 - 3. DOC Inmate Classification System

5. Condition specific

- a. **Chronic disease management:** Aims to decrease the frequency and severity of symptoms, prevent disease progression and complications, and foster improvement in function shall be available to inmates as appropriate.
 - 1. G 1.00 Chronic Diseases Services
 - 2. G 1.01 Diabetes Management
 - 3. G 1.03 Hemodialysis
 - 4. G 1.03a Peritoneal Dialysis
 - 5. G 1.04 Human Immunodeficiency Virus
 - 6. G 2.01 Patients with Special health Needs
 - 7. G 4.02 Treatment Planning-Mental Health Services
- b. **Access to mental health services**
 - 1. I 1.01 Therapeutic Restraints
- c. **Hand hygiene:** An infection Control Program shall effectively monitor the incidence of infectious and communicable diseases among inmates; reduce the incidence and spread of these disease; ensure that inmates receive prompt care and treatment; and provide for completion of required written reports and notification of required bodies of oversight.
 - 1. B 1.01 Infection Control Program
 - 2. B 2.01 Environmental Health and Safety
 - 3. B 3.01 Kitchen Sanitation and Food Handlers
- d. **Detox protocols:** Inmates with reported or observable withdrawal/intoxication shall receive on-going screening
 - 1. G 6.01a Intoxication and Withdrawal: Alcohol Withdrawal Guidelines

2. G 6.01b Intoxication and Withdrawal: Benzodiazepine Withdrawal Guidelines
3. G 6.01c Intoxication and Withdrawal: Opiate Withdrawal Guidelines

6. Outcome measurements: The use of outcome measures shall be utilized to evaluate the effectiveness of health related care whenever possible.

a. Analyzing data regarding patient safety concerns:

1. I 2.01 Psychoactive Medication: Involuntary Administration
2. I 1.01 Therapeutic Restraints
3. A 4.02 Health Services Activity Report
4. A 6.01 Quality Improvement Program
5. CMHC Monthly Reports
6. CMHC Incident Reports

b. Identifying “near miss” events

1. G 5.08 Critical Incident Response
2. “Good Catch” recognition

c. Patient experience of health care

1. Periodically the inmate population is surveyed regarding their experience with health care services. The data shall be analyzed, discussed and results reviewed with health services administrators and facility staff to identify opportunities for improvement.

Patient Safety System: See Section 3 Communications, j. Patient Safety System

1. P 1.01 PSS: Downtime Procedure
2. P 1.02 PSS: Inmate Admission/Quick Admit
3. P 1.03 PSS: Transfer of Inmates
4. P 1.04 PSS: Physician/Prescriber Co-Signature
5. P 1.05 PSS: Laboratory Test Ordering and Results Reporting

Other Resources:

- UCHC/CMHC Civility in Workplace Program-Human Resource Dept.
- Pharmacy Manual
 - 2.20a Drug Diversion Plan
- UCHC/CMHC Employee Assistance Program
- UCHC Root Cause Analysis Procedure
 - CMHC Infirmary Manual
 - MicroMedex
 - CMHC Drug Formulary

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- CMHC Non-Formulary Drug Request
 - UCHC Department of Laboratory Medicine Specimen Collection Manual
 - CMHC Radiology Manual
 - Hospice Program Manual
 - CMHC Monthly Reports
 - CMHC Incident Reports
 - “Good Catch” recognition

REFERENCES: *Standards for Health Services in Prisons (P-B-02)*. 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 _____

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STAFF SAFETY

Effective Date: 02/28/11

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) is committed to ensuring safety in the workplace.

DEFINITIONS:

Staff Safety refers to the health and well-being of health care, administrative, and support staff working within a correctional facility or other settings where UCHC/CMHC employees are assigned.

PROCEDURE:

The promotion of healthy and safe working conditions is supported by the University of Connecticut Code of Conduct (<http://www.audit.uconn.edu/doc/codeofconduct.pdf>) and CDOC Administrative Directive (AD) 2.12, Employee Health and Safety.

Safety expertise and services are available through Occupational and Environmental Health Center (OEHC) at UConn Health Center and Connecticut Department of Correction (**CDOC**) Safety Program and Department-wide Health and Safety Advisory Committee (refer to AD 2.12, Employee Health and Safety).

General:

1. Safety is everyone's responsibility and cannot be delegated. Each employee must know the potential hazards associated with their duties and follow all applicable safety practices and procedures.
2. All employees are expected to carry out their assignments in a way that prevents injury to themselves and others. Staff must be alert to recognizing and resolving potential safety and environmental hazards so that risks for employees and others might be identified and reduced or eliminated.
3. Health Services Administrators, supervisors, employees must establish, follow, and enforce safe practices and procedures.
4. Disciplinary action up to and including termination may be appropriate for failure to comply with or follow required safety procedures/policies.

STAFF SAFETYPrevention of Occupational Injury and Illness:

1. Stress reduction

Job stress may compromise occupational safety. UCHC/CMHC departments and programs to create and maintain a supportive environment and prevent or reduce workplace stress include:

- The Know Better Place employee engagement and recognition, Just Move, and UConn Pride initiatives (employees.uchc.edu).
- The Office of Diversity and Equity (ODE) initiatives to ensure an environment of equality, respect, appreciation, and fairness by building, valuing, and managing diversity. (E-mail: <http://diversity.uchc.edu/diversity/index.html>).
- The Occupational and Environmental Health Center (OEHC) confidential employee assistance program (EAP) (Phone 860-679-2877 or 800-852-4392; (E-mail: uchc_eap@uchc.edu).

2. Policies and Procedures

- Pre-employment Health Examination/Immunization Documentation
 - In accordance with Connecticut State Law – Public Act 89-90, the Occupational and Environmental Medicine Department at the University of Connecticut Health Center is responsible for obtaining adequate documentation and providing a pre-employment physical exam to ascertain immunity to communicable diseases in order to protect the health of all patients, students, staff and employees (<http://www.resadmin.uchc.edu/pdf/Immun.pdf>)
- CMHC shall maintain policies and procedures created to prevent or control occupational illness and injury. Staff should be familiar with safety related content specific to their roles and responsibilities and found within the following manuals:
 - Infection Control Manual: Applies to all staff
 - Dental Manual: Applies to staff handling dental equipment or performing dental procedures.
 - Radiology Safety Manual: Applies to staff that has potential exposure to radiation or staff handling processing chemicals.

These policies shall be available to staff electronically.

3. Training

- Mandatory training is a key component of many safety efforts.
- Health Services Administrators and supervisors are responsible for having employees attend required training.

STAFF SAFETY

- CMHC staff is required to complete assigned mandatory training.
- See related **CMHC Policy 3.03, Education-Training of Personnel**

4. Material Safety Data Sheets

- Material Safety Data Sheets (MSDSs) are used by manufacturers to provide health and safety information on chemicals and commercial products.
 - MSDSs are available on the CMHC Portal.
 - Printed MSDSs for products supplied by CDOC are located in a binder available at each CDOC facility

Hazard Reporting

1. It is the responsibility of every employee to report unsafe conditions to the HSA or designee having responsibility for the area.
2. The HSA or designee will review each report and inform the CDOC shift commander or designee and OEHC of the reported hazardous condition.

Accident/Incident Reporting

1. Regardless of severity, occupational injuries, illnesses, exposures to toxic substances, or other incidents concerning employees or students must be promptly reported by the employee or student to their immediate supervisor, Health Services Administrator (**HSA**) or designee, and OEHC at UConn Health Center at **860-679-2893**.
2. OEHC will review such injury and illness reports, coordinate the incident with the (HSA) or designee for their investigation/action, and maintain the Institution's OSHA log of such incidents.
3. Emergency first aid treatment of any non-inmate health care emergency is to be documented on **CDOC Form CN 6602, Medical Incident Report** and forwarded to OEHC if it involves an employee, the Unit Administrator (warden) or designee, the HSA or designee. Under no circumstances shall employee health records be maintained at the CDOC facility. (See related **CMHC Policy: A 1.02, Non-Inmate Emergencies Treatment**)

Healthcare Emergencies

1. CMHC staff shall initially evaluate health related emergencies occurring within CDOC facilities. First aid is to be provided as appropriate. **For life-threatening events, 911 shall be called.**
2. The on-site health services supervisor or designee shall notify the CDOC shift commander and HSA when a continued plan of action might be needed.
3. Any individual has the right to refuse emergency treatment. Refusal of emergency treatment must be documented on **CDOC Form CN 6602, Medical Incident Report**.

(See related **CMHC Policy A1.02 Non-Inmate Healthcare Emergencies Treatment**)

STAFF SAFETY

Oversight

- CMHC staff, in conjunction with CDOC, shall ensure that a regularly scheduled environmental inspection of each CDOC facility and their operations is completed. The HSA or designee shall collaborate with CDOC unit staff in each facility to conduct regularly scheduled CDOC environmental inspections. (See related CMHC Policy B 2.01, Environmental Health and Safety.)
- CDOC environmental reports will be shared with CMHC staff at facility health services Quality Improvement meetings.

REFERENCES:

University of Connecticut Code of Conduct (<http://www.audit.uconn.edu/doc/codeofconduct.pdf>)

University of Connecticut Health and Policy Statement, ors.uchc.edu/overall.html

Administrative Directive 2.12, Employee Health and Safety. 2006. Connecticut Department of Correction.

Approved: UCHC – CMHC

Date:

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Title: CMHC Director of Medical Services, Mark Buchanan M.D. _____

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KITCHEN SANITATION AND FOOD HANDLERS

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that all inmates assigned as food service workers in Connecticut Department of Correction (**CDOC**) facilities, have undergone an appropriate health screening prior to placement and have been medically cleared to perform such duties. In addition, kitchen, dining and food storage areas shall be kept clean and sanitary for preparing and serving meals.

PROCEDURE: Names of inmates identified to work in kitchen areas in each CDOC facility shall be submitted to CMHC facility staff by appropriate CDOC staff.

CMHC facility staff shall conduct an appropriate health screening for identified inmates prior to the inmate's placement in a kitchen area. **Form HR 004, Food Handler Clearance**, shall be completed by CMHC staff and placed in the inmate's health record. A list of inmates approved for placement in the kitchen area shall be forwarded to custody.

Per **CDOC Administrative Directive 10.18, Food Services**, facility food service personnel shall conduct weekly inspections of dining halls, kitchens, bakeries, and storerooms for compliance with all sanitary and safety food service requirements. Persons involved in food preparation and serving shall maintain a high level of personal cleanliness, wear protective gear over the head and hands, be trained in appropriate sanitary regulations prior to assignment, and wash their hands at the start of each shift, throughout the shift as needed and upon any use of toilet facilities.

Facility food service staff shall provide inmates assigned as food service workers in CDOC facilities with training regarding appropriate sanitation regulations.

In food production facilities food service personnel shall provide sample trays, held for 72 hours, with date and meal name.

KITCHEN SANITATION AND FOOD HANDLERS

- REFERENCES:** *Administrative Directive 10.18, Food Services.* 2006. Connecticut Department of Correction.
- Occupational Safety and Health Administration (OSHA) Standards. Standards for Health Services in Prisons (P-B-03).* 2008. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC – CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

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Title: CDOC Director Health Services, Daniel Bannish PsyD _____

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RESPONSE TO SEXUAL ABUSE

Effective Date: 04/01/01

POLICY:

UConn Health, University of Connecticut Health Center (**UCHC**), Correctional Managed Health Care (**CMHC**) in collaboration with the Connecticut Department of Correction (**CDOC**) shall comply with CDOC AD 6.12 Sexual Abuse/Sexual Harassment Prevention and Intervention. UCHC/CMHC shall ensure that all inmates within the Connecticut Department of Correction (**CDOC**) who allege sexual abuse shall be provided comprehensive medical/mental health care.

DEFINITION:

For the purposes of this policy:

- Sexual abuse shall be defined in accordance with Connecticut Department of Correction Administrative Directive 6.12 Section 3-H.

PREA: Prison Rape Elimination Act of 2003, Public Law 108-79; US Department of Justice Final Rule, 2012.

PROCEDURE:

Immediately following a report of alleged sexual abuse the victim shall be taken to the facility health services unit, if appropriate, and provided a private, confidential area for physical assessment, treatment, and mental health evaluation.

The victim shall be treated with dignity and respect. All involved staff shall maintain confidentiality.

The Shift Commander shall contact the facility Duty Officer and Connecticut State Police as soon as practical.

CMHC staff shall not allow the victim to shower, wash, bathe, or douche until examined by a physician/APRN/PA. (If doing so could reasonably be expected to destroy biological, forensic, or physical evidence of such sexual abuse).

Any items of physical evidence, including but not limited to biological, forensic, physical items or substances including clothing, bandages or other tangible items in possession of the victim discovered during the medical examination shall be properly documented, preserved and handled only in accordance with CDOC Administrative Directive 6.9 Control of Contraband and Physical Evidence. (When practical, evidence items should be photographed in the condition/location they are discovered, modesty permitting). Each individual item of evidence must be properly identified and labeled using a **CN 6901 Form**.

RESPONSE TO SEXUAL ABUSE

CMHC staff shall complete **Form CN 6602, Medical Incident Report (MIR)** in accordance with Administrative Directive 6.6, Reporting of Incidents. The MIR shall include the following historical details:

- The type of sexual abuse that allegedly occurred and when it last occurred. Note if it is described as ongoing abuse.
- Where the sexual abuse allegedly took place. Note if it occurred elsewhere in the past.
- The type of force/coercion used on the victim. If the inmate volunteers the name of his/her alleged assailant(s), health services staff shall report the name to a Shift Supervisor, but not record the name of the alleged assailant(s) on the MIR or the health record.

CMHC staff shall record the victim's medical history, as appropriate in the inmate's health record (**HR**). The presence of risk factors (such as Hepatitis B or Hepatitis C and HIV disease) should be recorded. Without specific signed permission (CN4401 Authorization to Obtain and/or Disclose Personal Health Information) by the victim, CMHC staff cannot reveal such diagnoses to the Warden or his/her staff; or between principals involved. This information ***shall not*** be noted on the MIR.

Staff shall fully and accurately describe evidence of physical trauma or abuse, i.e. abrasions, lacerations, ecchymosis, petechiae or other abnormalities.

The nurse in attendance (absent an on-site physician) must visually examine all reported areas of alleged sexual (abuse) (i.e., appropriate peri-rectal, inguinal and/or pharyngeal areas).

If no physician is on-site, the "on-call physician" shall be notified. In either case, the CMHC Physician will determine whether an emergency room visit is warranted.

(Note: Connecticut State Police may order collection of physical evidence at the nearest Community Hospital equipped to regardless of CMHC Physician determination not to do so).

If the physician determines an Emergency Room (ER) Referral is warranted the inmate shall be sent to an emergency room where a Sexual Assault Nurse Examiner (SANE/SAFE) is available. Staff shall call the Connecticut Sexual Assault Crisis Services 24 Hour Hotline, 1-888-999-5545 to identify the closest emergency room with a SANE nurse available and be familiar with the process for referral to Sexual Assault Nurse Examiner (SANE/SAFE).

Reference: <http://www.connsacs.org/contactus.htm>

Staff will be familiar with the process for referral to Sexual Assault Nurse Examiner (SANE/SAFE).

RESPONSE TO SEXUAL ABUSE

Note: if the physician determines an Emergency Room (ER) Referral is warranted, the following tests may be obtained in the ER (W-10 to accompany the inmate):

- DNA probe for gonorrhea (GC) and chlamydia: rectal, pharyngeal, vaginal as indicated.
- VDRL. A repeat VDRL in two months will be necessary.
- Chronic Hepatitis Profile:
 - ❑ Not indicated if the inmate is already known to have a positive HbsAb or a positive HbsAg, HBcAb, and a positive anti-HCV.
 - ❑ The ID specialist following a review of initial values shall order appropriate follow up hepatitis serologies.
- HIV Antibody – within a week of the alleged incident, if the inmate is not already known to be positive.
 - ❑ Not indicated if the victim has known HIV Disease.
 - ❑ If the initial HIV-Antibody is negative, this study should be repeated in 6 months.

For anyone who reports a sexual abuse, the on-call physician may initiate the following Medical Treatment:

- Rocephin (ceftriaxone) 250 mg. IM, followed by Doxycycline 100 mg. po bid x 7 days. For female inmates, Azithromycin 1 gm po x 1 may be prescribed in lieu of Doxycycline.
- Flagyl 2 Gms. po x 1.
- The on-site ID Specialist shall determine if the inmate requires any further prophylactic treatment, i.e., antiretroviral therapy for significant HIV exposure, Hepatitis B hyperimmune globulin and/or vaccine. For HIV exposure, education shall be offered.

The following Mental Health treatment shall be provided initially:

- A qualified Mental Health professional shall conduct, with the victim's consent, crisis intervention counseling, mental health evaluation, and evaluation of suicide potential to determine if the victim's condition requires follow-up treatment at the facility or referral to a CDOC Designated Mental Health Facility. Assessment/intervention provided shall be documented in the inmate's health care record.
- Health services staff shall notify the on-call psychiatrist when there is no mental health staff on-site.
- Follow-up care shall be arranged as needed after the initial mental health evaluation.

The following shall be notified in every case of alleged sexual assault:

- The Shift Commander
- The “CMHC Physician on-call” (absent an on-site physician)
- On-site mental health staff; if not available contact the Psychiatrist on-call
- The CMHC Health Services Administrator, either on duty or on-call, who shall, in turn, notifies the Designated Director

After evaluation of the victim is completed, and absent on-site CMHC mental health staff, placement shall be determined by CMHC staff on duty, in conjunction with the Shift Commander. To the extent the disclosure about victims of abuse is required by law (i.e., PREA), the inmate shall be informed of such disclosure of Protected Health Information (PHI) unless professional judgment deems it detrimental to the inmate, or to prevent serious harm to the inmate or other potential victims.

CMHC staff shall receive annual training in health care issues for victims of sexual abuse and the other CMHC and CDOC policies and procedures to be followed when treating a victim of sexual abuse. Such training shall be documented in the employee’s training records.

Additional referral can be made to Connecticut Sexual Assault Crisis Service for additional counseling of the victim while incarcerated or upon an inmate’s release from CDOC custody. Staff may also make arrangements for supportive counseling from a CONNSACS designated volunteer counselor through an approved telephone contact or a professional visit. Arrangements for contact may be made through the Health Services Administrator or designee.

See CMHC Infection Control Manual and related CMHC policies: G 5.02 Suicide Prevention: Assessment; G 5.04 Suicide Prevention: Intervention.

REFERENCES: *Administrative Directives 6.6, Reporting of Incidents, 2014; 6.9, Control of Contraband and Physical Evidence 2014; 6.12, Sexual Abuse/Sexual Harassment Prevention and Intervention Policy 2014; 8.1, Scope of Health Care Services 2014; 8.5, Mental Health Services 2014.*
Prison Rape Elimination Act (PREA), 2003, Public Law 108-79.
Standards for Health Services in Prisons (P-B-04). 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UCHC - CMHC

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