

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

NUMBER: I 1.01

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THERAPEUTIC RESTRAINTS

Effective Date: 03/01/00

POLICY: In the Connecticut Department of Correction (**CDOC**) facilities therapeutic restraints may be used to protect patients from harming themselves or others, or if the patient poses a serious threat to the security or orderly running of the institution.
Therapeutic restraint shall not be used as punishment, as a substitute for less restrictive interventions or for convenience of the staff.

The health services staff shall not participate in the application of non-therapeutic restraint of inmates.

Prior to initiating therapeutic restraint, mental health, nursing and trained custody staff shall make efforts to calm the patient's behavior through verbal intervention and the use of voluntary psychoactive medications. These attempts shall be documented in the health record (**HR**).

PROCEDURE: Initiating Therapeutic Restraint

A physician/APRN order is required for therapeutic restraint. The order shall be documented on **Form HR 925, Physician's Order Sheet** and placed in the inmate's HR.

Co-administration of appropriate medications shall be the expected practice when placing a patient in restraints unless contraindicated with supporting documentation. Medications administered while the inmate is in restraints shall be documented on **Form HR 716, Medication Administration Record**

In the absence of a physician/APRN a Registered Nurse shall assess the inmate and, if applicable, obtain a telephone order for therapeutic restraints from an APRN/physician/psychiatrist within one (1) hour of the assessment. If the psychiatrist/APRN does not concur with the need for therapeutic restraints and temporary restraints have been applied, the restraints shall be discontinued immediately.

Telephone orders shall be co-signed within 72 hours for males and 48 hours for females.

The reasons and duration for restraints shall be documented in the inmate's HR. Duration shall not exceed 3 hours.

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Therapeutic restraints shall be removed as soon as possible. Upon initiating restraints, the patient shall be informed of the behavior(s) necessary for release from restraints. This discussion shall be documented in the HR.

- Therapeutic restraints shall be implemented on an inmate in collaboration with facility supervising custody staff and requires constant (one to one) observation.
- The inmate shall be positioned face up.
- Arms shall be positioned one up and one down or two down
- Arms and legs shall be restrained with efforts made to minimize inmate discomfort.
- Nursing staff shall document the inmate position during the initial restraint application.

Procedures Required to Monitor Therapeutic Restraint

No order for therapeutic restraints shall exceed 3 hours nor be in force for longer than 3 hours without consultation with an order by a psychiatrist/APRN.

Each renewal of therapeutic restraint requires another order by a physician or APRN. Greater than two consecutive orders for therapeutic restraint requires consultation with the CMHC Director of Mental Health & Psychiatric Services and/or CTDOC Chief of Psychiatric Services.

Therapeutic restraints shall be maintained only so long as a patient is exhibiting behaviors or making threats of harm to self or others.

Documentation of observed behaviors shall be made on **Form HR 505A, Therapeutic Restraint Flowsheet** at every (staggered) 15-minute interval. Checks shall include a verbal response from the patient or other behavior indicating consciousness.

The facility nursing supervisor shall establish a program of monitoring patients while in restraints.

The following shall occur at defined intervals and shall be documented on **Form HR505A, Therapeutic Restraint Flowsheet**:

- Circulation: every 15 minutes (to include all four extremities)
- Respiration: every 15 minutes (to include a description of respiratory effort if applicable)
- Pulse: every 30 minutes

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- Blood Pressure: every 60 minutes
- Temperature: every 120 minutes
- Inmate behavior including response to medication while in restraints: every 15 minutes
- Every two (2) hours, at a minimum, the therapeutic restraints shall be totally removed, or serially removed, and each limb assessed for trauma, circulation, and or diminished nerve sensation, and moved through full range of motion. Nursing staff shall document this assessment in the inmate's HR.
- The inmate shall be allowed to attend to bodily functions as needed. Nursing staff shall document the times that the inmate was offered bathroom facilities (at a minimum, every 2 hours), and whether or not the offer was accepted or refused.
- Restrained inmates shall receive normally scheduled meals. Nursing staff shall document the manner in which the inmate was fed (i.e. self-fed or fed by staff) and an estimate of the percentage of food taken (i.e. 50% of lunch).
- Meals shall be bite-sized and served on paper plates unless a physician/APRN has ordered alternate dietary arrangements
- If feasible, the inmate may have one (1) arm released for eating
- Fluids shall be offered every two (2) hours
- Food and fluid intake/output and refusal shall be documented
- Inmate placed in full stationary therapeutic restraints shall be covered
- If the inmate's physical condition deteriorates, restraints shall be removed, and the physician/APRN/psychiatrist shall be notified immediately
- ADA accommodations shall be made when necessary
- Inmates in therapeutic restraints shall have 1:1 continuous observation. Form **HR 505A Therapeutic Restraint Flowsheet** shall be completed.

The patient's physical and behavioral condition shall be reviewed and documented by nursing staff at each shift change.

The attending physician/APRN and/or other mental health professional shall evaluate the patient, if the incident occurs during working hours. Crisis intervention counseling shall be provided to assist the patient in controlling his/her behavior so that restraints shall be terminated as soon as possible.

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Within one hour following the application of therapeutic restraints, a medical evaluation shall include a review of the Health Record and interview of the inmate by a physician or qualified health services staff member to determine if there are any medical contraindications to maintaining the inmate in restraints. The results of this evaluation shall be documented in the inmate's HR.

The mental health plan of care (SOAP documentation) shall address the goal of removing the inmate from therapeutic restraints as soon as possible.

The facility shall maintain a log of all uses of restraints which includes the patient name and number, date and time of initiation of restraint, date and time of release from therapeutic restraint and name of authorizing physician, psychiatrist/APRN.

- REFERENCES:** *Administrative Directive, 6.5 Use of Force*. 2008. Connecticut Department of Correction.
- Standards for Health Services in Prisons (P-I-01)*. 2014. National Commission on Correctional Health Care. Chicago, IL.

Approved: UConn Health - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD

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

Title: CDOC Director Health Services, Kathleen Maurer MD

Title: CDOC Chief of Psychiatric Services, Craig Burns MD

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MEDICAL RESTRAINTS

Effective Date: 06/18/03

POLICY: In Connecticut Department of Correction (**CDOC**) facilities, medical restraints are indicated during the course of medical treatment to promote healing, or prevent an inmate from injuring themselves. Appropriate examples include but are not limited to:

- Inmate who is uncooperative and pulling IV's or drainage tubes which are essential to recovery process
- Inmate who becomes restless/confused and attempts to get out of bed unsupervised

Medical restraint use shall only be initiated in a medical infirmary AFTER documented less restrictive attempts/alternatives have been considered/failed. Possible alternatives are listed in this policy.

Restraint Equipment Used in Medical Infirmary:

The CDOC, Director of Health Services shall approve all medical restraint equipment utilized in CDOC facilities. Approved restraint equipment shall be that which is manufactured for the sole purpose of medical restraint.

DEFINITION: A medical restraint is defined as ANY physical or mechanical device, material or equipment attached or adjacent to the inmate body that he/she cannot easily remove and that restricts movement or normal access to one's body.

PROCEDURE: University of Connecticut Health Center (**UCHC**), Correctional Managed Health Care (**CMHC**) staff shall ensure that the following criteria be met prior to the application of medical restraints on any CDOC inmate-patient.

- When on site, a prescriber shall evaluate and assess the inmate prior to authorizing placement/removal of the restraint
- A physician, APRN, PA shall provide and document a written order for medical restraints to be used on an inmate. Restraint orders are required for the use of:
 - ❑ Mitts
 - ❑ Geri-Chair only with table in place
 - ❑ Jacket Vest
 - ❑ 1 or more extremity restraints
 - ❑ Soft waist belt

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- The order shall be documented on **Form HR 925, Physician's Orders** and placed in the inmate's Health Record (**HR**).
- The written order shall include the following information:
 - ❑ The type of restraint
 - ❑ The duration of the restraints
 - ❑ The criteria/behavior for discontinuation
 - ❑ The presence or absence of pregnancy
- In the absence of a physician, APRN, or PA, a Registered Nurse shall assess the inmate and, if applicable, obtain a telephone order for initiation/renewal of medical restraints from the appropriate on-call physician within one (1) hour of the assessment.
- PRN orders for medical restraints are not authorized under any circumstance.
- Medical Restraint Orders shall be renewed:
 - ❑ Every **3 hours** for 2 or more extremity restraints
 - ❑ **Daily** for all other types of restraints
- Direct assessment by a physician, APRN, or PA shall occur every **24 hours**.

Restraint Alternatives for Consideration:

- ❑ Outlets for anxious behavior such as structured activity
- ❑ Presence of staff member at bedside
- ❑ Exercise
- ❑ Appropriate diversion activities within security consideration
- ❑ Active listening, attention to feelings and concerns
- ❑ Spiritual support
- ❑ Shower, ambulation
- ❑ Presence of inmate volunteer (in appropriate peer-related programs, hospice and palliative care programs with proper training and supervision)

Restraint Procedure:

- Medical restraints shall be implemented on an inmate in collaboration with facility, supervising custody staff, through notification and/or request for assistance.
- Nursing staff shall document the inmate position during the initial restraint application, and all reapplications, along with the names of staff applying the restraints.

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- **Medical Restraints shall not be tied to the bed side rails.**
- When in medical restraints, bedside rails shall always be in the raised position unless providing inmate care.
- Staff shall reorient the inmate to provide reassurance to the inmate as needed.
- Nursing staff shall notify the physician, APRN, or PA if the clinical status deteriorates or inmate injures self.
- Restraints shall not be applied to the inmate's limb affected with:
 - ❑ Fracture
 - ❑ Hemiparesis
 - ❑ AV Shunt
- The following assessments/interventions shall occur at defined intervals while the inmate is in restraint and shall be documented on **Form HR 505a, Medical/Surgical (Non-Behavioral) Restraint Flow Sheet**.

Medical Restraints	VS	Behavioral Assessment (including Psychological trauma)	Offer Food and Fluid	Offer Toilet	Reposition IM/ Remove & Reapply Restraints	Range of Motion	Skin Integrity CSM* Checks
Mitts, Geri-chair, 1 extremity	q8 hr. (BP, P, R)	q15"	q2 hr.	q2 hr.	q2 hr.	q2 hr.	q2 hr.
2, 3 & 4 extremities; jacket vest, soft waist belt	P: q 30 m BP: q 1 hr R**: q 2 hr	q15 "	q2 hr.	q2 hr.	q2 hr.	q2 hr.	q2 hr.

*CSM = circulation, sensation, & motion

** Respiration includes check for airway obstruction

- The following assessment and care regarding restraints shall be documented on **Form HR 401, Clinical Record** every shift:
 - ❑ The inmate's status and symptoms/behaviors that necessitate the use of restraints
 - ❑ Attempts to reduce/eliminate the restraints
 - ❑ Improvement in symptoms/behaviors that may allow for reduction

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- ❑ Plan of action to reduce/eliminate restraints
- ❑ Inmate counseling regarding **both** the symptoms and behavior that necessitated the application of restraints, and specific direction about behavior required to reduce/remove restraints
- ❑ The inmate's response to care
- ❑ The physical and emotional well-being of the inmate

Form HR CN 6602, Medical Incident Report shall be completed. The treatment plan (SOAP note) shall address the goal of removing the inmate from medical restraints as soon as possible.

The inmate shall be continually assessed for changes in symptoms/behavior that either requires restraints, or allows for their reduction or removal. Nursing care shall focus on safety, food, fluid elimination, circulation, respiration, and restoration of the patient to an optimal state of wellness.

Reporting

CMHC CHNS/designee in each CDOC facility shall report all use of medical restraints to the HSA through documentation on **Form HR CN 6602, Medical Incident Report**. This information shall be tracked and submitted electronically on the CMHC Monthly Reports and reviewed at the facility QI meetings.

REFERENCES: *Administrative Directive 6.5, Use of Force.* 2008. Connecticut Department of Correction.
 Administrative Directive 7.2, Armories. 2008. Connecticut Department of Correction.
 Standards for Health Services in Prisons P-I-01, Use of Restraint and Seclusion in Correctional Facilities. 2008. National Commission on Correctional Health Care, Chicago IL.
 CT State Statute

(See related CMHC policy C 6.01, Inmate Workers)

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 _____

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**PSYCHOACTIVE MEDICATION:
INVOLUNTARY ADMINISTRATION**

Effective Date: 04/01/2001

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**), may administer involuntary psychoactive medication to inmates in Connecticut Department of Correction (**CDOC**) facilities who suffer from mental illness or disorder, or in emergency circumstances, manifests a disturbed mental state:

1. During emergencies.
2. When the inmate refuses medication and, as a result of his/her mental illness or disorder
 - the inmate is gravely disabled or;
 - the inmate is likely to harm self or others or;
 - the inmate poses a serious threat of damage to property affecting the security or orderly running of the institution or;
 - in the absence of such medication the inmate is likely to rapidly deteriorate into one of the above states.
3. When psychiatric medication is ordered by a criminal court per Conn. Gen. Stat. §54-56d, in order to maintain an accused inmate's mental competence throughout trial.

PROCEDURE:

Involuntary psychoactive medication may be administered in the following three circumstances:

1. Emergency Psychoactive Medication.

A. Emergency administration of involuntary psychoactive medication may be ordered by a psychiatrist or a mental health Advanced Practice Registered Nurse (APRN), on a single dose basis using only short serum life duration medications if the staff determines the inmate is unlikely to respond to less restrictive medically acceptable alternatives or such alternatives have not been successful or are not available. The inmate's condition constitutes an emergency when the inmate suffers from a disturbed mental state and as a result presents an imminent threat of:

1. Bodily harm to self or others;
2. Serious destruction of property affecting the security or orderly running of the institution; or
3. Extreme deterioration in personal function.

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- B. When emergency administration of psychoactive medication is ordered the ordering psychiatrist, APRN, or other health care staff shall document the reason for same and when and how the medication is to be administered in the inmate's health record.

2. Involuntary Medication Panel

- A. When a treating psychiatrist or mental health APRN determines that psychoactive medication is indicated because an inmate, as a result of mental illness or disorder, is gravely disabled, or is a serious risk to harm self or others, or poses a serious threat to damage property affecting the security or orderly running of the institution, or will rapidly deteriorate to such state without medication, and the inmate has refused such medication after risks, benefits and alternatives have been discussed with the inmate, the treating psychiatrist/APRN may make a referral on **Form HR512, Mental Health Involuntary Medication Panel Referral** specifying the inmate's diagnosis, symptoms, and rationale for such medication.
- B. The Health Services Administrator or designee shall appoint a panel. The panel will consist of:
1. One non-treating psychiatrist
 2. Two non-treating licensed mental health staff members.
 3. One of the three panel members will serve as the chairperson as assigned by the Health Services Administrator or designee.
- C. For the purposes of this policy, non-treating means that the provider is not the current provider and has not provided any service to the inmate within the last 30 days beyond routine coverage for another provider.
- D. An inmate advisor shall be designated who shall be a non-treating licensed mental health staff member. The inmate advisor will advise the inmate during the panel process and will be present at the hearing. The inmate is not obligated to accept the services of the inmate advisor.
- E. The inmate advisor shall give the inmate at least 24 hours notice of the Involuntary Medication Panel by delivering to the inmate **Form HR513, Notification of Involuntary Medication Panel** with a copy of **Form HR512, Mental Health Involuntary Medication Panel Referral**, including the inmate's diagnosis, the factual basis for the diagnosis, and why the staff believe the medication is necessary.
- F. Inmate has the following rights at the Involuntary Medication Panel
1. An opportunity to attend and be heard, and to present evidence on his/her behalf.
 2. The right to refuse to participate in the Involuntary Medication Panel process. Refusal to participate will be documented in writing.

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3. A limited right to present testimony through his/her own witnesses and to cross-examine witnesses called by the facility.
 4. The right to have an inmate advisor advise him/her during the hearing process.
 5. The right to be informed of the evidence relied on for the proposed involuntary treatment unless such disclosure is judged to be harmful to his/her health. If such evidence is withheld, the inmate has the right to be informed that evidence is being withheld on that basis. In any event, such evidence will be disclosed to the designated inmate advisor.
- G. Staff members who are witnesses should participate at the hearing when they are reasonably available and have information relevant to the inmate's mental condition or need for psychoactive medication. Telephonic testimony may be allowed at the discretion of the chairperson. Written witness statements may be considered in their absence upon a showing of good cause.
- H. The inmate's rights should be limited only when there is a finding by the Involuntary Medication Panel chairperson of good cause for not permitting presentations or cross-examination.
1. An inmate may be excluded from the hearing for safety or security reasons, or if so disruptive it is not possible to proceed with the hearing.
 2. The Involuntary Medication Panel chairperson will document the reasons for not permitting an inmate to be present or cross-examine a witness. Reasons for not permitting an inmate to present or cross-examine witnesses include, but are not limited to:
 - a. Irrelevance,
 - b. Redundancy,
 - c. Possible reprisals, or
 - d. Other reasons related to facility security and order.
 3. The inmate advisor will be at the hearing, even if the inmate is excluded or chooses not to participate. The inmate advisor should report the inmate's position concerning medication to the panel and may ask questions of witnesses.
- I. Hearing Postponement
1. The Involuntary Medication Panel chairperson may request a hearing postponement for good cause for up to 7 days.
 2. The CMHC Director of Mental Health and Psychiatric Services or designee may postpone a hearing for up to 7 days for good cause (e.g., facility lockdown). The reason for the continuance will be documented on **Form HR 518 Postponement of Involuntary Medication Panel** and must be:
 - a. Approved by the CMHC Director of Mental Health and Psychiatric Services or designee within 24 hours, excluding weekends and holidays.
 - b. Presented at the Involuntary Medication Panel proceeding, and
 - c. Served to the inmate

**PSYCHOACTIVE MEDICATION:
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J. The Involuntary Medication Panel shall:

1. Receive and assess information provided during the panel by treating mental health providers.
2. Review **Form HR512, Mental Health Involuntary Medication Panel Referral** and the inmate's CTDOC health record.
3. Conduct a face-to-face interview/evaluation of the inmate, if the inmate is participating in the panel.
4. Consider the evidence presented by the inmate.
5. Consider the preferences of the inmate with regard to medication options.
6. Authorize or decline authorization for involuntary medication.

K. The decision of the Involuntary Medication Panel will be by majority vote, although the non-treating psychiatrist's vote must be in favor of involuntary psychoactive medication administration for it to be approved.

1. Involuntary medication may be authorized for a period of no more than one hundred twenty (120) days when the panel determines that the inmate suffers from mental illness or disorder as a result of which he/she is gravely disabled, or presents the likelihood of serious harm to self and/or others, or poses a serious threat of damage to property affecting the security or orderly running of the institution, or in the absence of such medication is likely to rapidly deteriorate into one of the above states. The Panel decision regarding involuntary medication shall be recorded by the panel psychiatrist on **Form HR519, Mental Health Involuntary Medication Panel Decision** which includes the vote of each panel member, the panel decision and the rationale. The rationale will specifically state whether mental illness or disorder is found and how that illness or disorder is related to danger to self, danger to others, damage to property affecting the security or orderly running of the institution, grave disability, or how in the absence of medication the inmate is likely to rapidly deteriorate into one of these above states. The panel psychiatrist shall also document the panel decision and rationale in the inmate's health record on **Form HR401, Clinical Record**.
2. Each Panel member shall sign the Panel rationale recorded on **Form HR519**. Once signed, the form will be filed in the inmate's health record.
3. The inmate will receive a copy of the completed **Form HR519** once the panel decision has been made and a copy of **Form HR520, Involuntary Medication Panel Written Response to Inmate**.
4. The treating psychiatrist/APRN will write a medication order for panel authorized involuntary medication on the Physician's Orders sheet, including dosage, frequency, duration and route of administration. Nursing staff will transcribe the order onto the Medication Administration Record.
5. Long-acting psychoactive medications may be used if indicated.
6. An inmate may voluntarily take medication at any time.
7. The remainder of a one hundred twenty (120) day period of authorized involuntary medication administration may be continued at a receiving facility upon transfer.

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8. When a treating psychiatrist or mental health APRN determines that psychoactive medication is indicated for the reasons set forth in §2.A. above beyond the expiration of a one hundred twenty (120) day period authorized by an Involuntary Medication Panel, and the inmate has refused such medication after risks, benefits and alternatives have been discussed with the inmate, the treating psychiatrist/APRN may make a new referral on **Form HR512, Mental Health Involuntary Medication Panel Referral**, as described above and a new panel shall be designated and the provisions of §2 of this policy shall apply to proceedings of the new panel. Referrals for new Involuntary Medication Panels may continue indefinitely as long as the inmate refuses necessary medication and suffers from a mental illness or disorder as a result of which the inmate is a danger to self or to others, to property affecting the security or orderly running of the institution, is gravely disabled, or in the absence of such continued medication is likely to deteriorate into one of the above states.

L. Appeal

1. An inmate may appeal a decision made by the Involuntary Medication Panel within 24 hours of receipt of **Form HR520, Involuntary Medication Panel Written Response to Inmate** by completing **Form HR521, Appeal of decision to Involuntarily Medicate** and submitting it to the inmate advisor. The appeal will be decided by the CMHC Director of Mental Health and Psychiatric Services/designee.
2. The CMHC Director of Mental Health and Psychiatric Services/designee will review all appeals and take action within 24 hours of receipt of the appeal, excluding holidays or weekends, to determine whether the required procedures were followed. If required procedures were not followed, the CMHC Director of Mental Health and Psychiatric Services will direct the facility CMHC Health Services Administrator to appoint a new Involuntary Medication Panel in accordance with the procedures set forth above.
3. Nothing in this policy shall be construed as preventing an inmate from seeking judicial review of involuntarily administered psychoactive medication, including but not limited to a habeas petition.

3. Court Ordered Psychiatric Medication to Maintain Competence to Stand Trial:

- A. Pursuant to Conn. Gen. Stat. §54-56d, a criminal court may order that mentally ill defendants be involuntarily given psychiatric medication in order to maintain their mental competence throughout trial. The treating psychiatrist or APRN shall continue the court ordered medication as described in the court report completed by the court appointed Health Care Guardian.

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- B. If the medication recommended to the criminal court by the Health Care Guardian is not on the CMHC formulary, the treating psychiatrist or APRN will complete a Non Formulary Request (NFR), documenting the court order as the rationale for the NFR.
- C. If the court ordered medication is judged by the treating psychiatrist or APRN to be medically contraindicated or has resulted in serious side effects for the inmate, the treating psychiatrist or APRN will contact the Department of Correction, Director of Psychiatric Services for resolution, who will be responsible for contacting the Health Care Guardian.

See Policy G 2.04 Psychoactive Medication

REFERENCES: *Administrative Directives. 8.8, Psychoactive Medication, CT Department of Correction.*

Conn. Gen. Stat. §54-56d.

Standards for Health Services in Prisons P-I-02. 2008. National Commission on Correctional Health Care. Chicago, IL.

Washington v. Harper, 494 U.S. 210 (1990).

28 C.F.R. § 549.46.

Approved:

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

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

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

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

Title: CDOC Director of Psychiatric Services, Craig Burns MD _____

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FORENSIC INFORMATION

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that CMHC direct patient care staff is excluded from participating in the collection of forensic information except where mandated by law or court ordered.

DEFINITION:

Forensic information is physical or psychological data collected from an inmate that may be used against him or her in disciplinary or legal proceedings.

PROCEDURE:

Health services staff are not involved in the collection of forensic information **except** when:

- Complying with state laws or court orders that require blood samples from inmates, so long as there is consent of the inmate and health services staff are not involved in any punitive action taken as a result of an inmate's nonparticipation in the collection process
- Conducting blood or urine testing for drugs when done for medical purposes by a prescriber order
- Conducting court ordered laboratory tests, or radiology procedures with consent of the inmate
- In the case of sexual assault, gathering evidence from the inmate-victim with his or her consent
- When providing information regarding relevant mental health data to a Disciplinary Hearing Officer

Health services staff **shall not**:

- Conduct body cavity searches for contraband
- Collect non-medically indicated blood or urine specimens for drug analysis
- Perform psychological or mental health evaluations of inmates for use in adversarial proceedings, including parole release **recommendations**

FORENSIC INFORMATION

Mental Health services staff shall:

- Conduct mental health parole summaries at the request of the Parole Commission using form **HR 525, *Mental Health Parole Summary***.
- The screening must be completed within 30 calendar days of receipt of the formal request.
- Provide the information as indicated on the Mental Health Parole Summary form, which shall include mental health history; current diagnosis, medications, mental health status, and treatment information; post release plans; and post release treatment recommendations.

A licensed psychologist or mental health prescriber shall either complete the Mental Health Parole Summary form or review and sign off on those completed by clinical social workers and licensed professional counselors.

Mental Health services staff **shall not**:

- Provide parole release **recommendations** under any circumstance
- Provide **opinions** for forensic decision making involving parole decisions, competency to stand trial, or insanity

REFERENCES: *Standards for Health Services in Prisons P-I-03*, Forensic Information. 2008.
National Commission on Correctional Health Care. Chicago IL.
CT. State Statute 03-242.

(See related CMHC policy I 3.02, DNA Specimen Collection)

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

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

Title: CDOC Director Health Services, Kathleen Maurer MD _____

Title: CDOC Chief of Psychiatric Services, Craig Burns MD _____

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DNA Specimen Collection

Effective Date: 04/01/01

POLICY: In accordance with CGS §54-102h, the Department of Correction shall be responsible for drawing of blood or taking buccal swabs for inmates regarding DNA Databank Evidence Collection.

PROCEDURE: Scheduling of Blood Sample

Upon receipt of the DNA Databank Submission Form, the CMHC Nursing Supervisor/designee shall schedule the inmate for DNA testing on the next scheduled, on-site, lab day.

Method of Collection of Blood Samples

Collection of blood samples for DNA identification shall be completed as follows:

- A contracted reference laboratory phlebotomist or a designated member of the CMHC staff shall draw the inmate's blood specimen.
- Blood shall be collected during regularly scheduled laboratory times.
- Blood shall be collected utilizing sterile, disposable needles, in sterile EDTA ("purple top") collection tubes, which then shall be sealed and labeled with the following information:
 - ❑ Inmate name
 - ❑ Inmate number
 - ❑ Inmate Social Security Number
 - ❑ Inmate Date of Birth
 - ❑ Inmate race
 - ❑ Inmate gender
 - ❑ Date of collection
 - ❑ Location of collection (facility)
 - ❑ Name of the phlebotomist or designated member of CMHC staff collecting the sample

DNA SPECIMEN COLLECTION

A separate bound logbook shall be maintained in a secure area within the CDOC facility, health services unit. At the time the blood is drawn, the person drawing the blood sample shall enter the labeling information listed above into the logbook. In addition, that person shall complete Section 2 of the DNA Databank Submission Form.

The person drawing the blood sample shall:

- Collect the blood sample in the appropriate collection tube (“purple top”).
- Place the filled collection tube onto wadding and wrap.
- Insert the wrapped vial into the metal tube and screw **securely**.
- Insert metal tube into brown screw-top cylinder. **Screw securely**.
- Place **evidence tape** around brown screw-top cylinder.
- Place completed DNA Submission Form in white envelope.
- Insert brown screw-top cylinder and white envelope into Airborne Express Lab Pak.
- Attach completed Airborne Express Airbill within the **Lab Pak** dotted lines
- The packaged DNA sample shall then be placed in a secured refrigerator in the CDOC facility’s health services unit until the sample is transmitted to the DPS Forensic Science Laboratory. The 24-hour time span shall include time of delivery by the designated courier service.

Transmission of Blood Sample

Within 15 days of collection, a designated CMHC staff member shall package each blood sample individually and send it by the designated courier service to the DPS Forensic Science Laboratory Receiving Unit, 278 Colony Street, Meriden, CT 06451 Monday through Thursday only.

The designated CMHC staff member shall, upon retrieving the blood from the refrigerator in the health services unit, enter the following information

into the logbook and complete Section 3 of the DNA Databank Submission Form:

- ☐ Date Transmitted
- ☐ Completed by

DNA SPECIMEN COLLECTION

Each sample of blood shall be accompanied by the "DNA Databank Submission Form", when transmitted to the Forensic Science Laboratory.

A receipt shall be obtained from the courier service for each individual DNA sample transmitted.

The return address shall state the CDOC Unit Administrator's (Warden's) name and facility address. A copy of the courier receipt and pink DNA Databank Submission Form shall be stapled together and hand delivered to the designated CDOC facility contact person(s), obtained through the unit administrator.

Upon receipt of the blood sample and form, the Forensic Science Lab shall issue a return receipt to the CDOC, which shall include:

- The Laboratory Case Number (as assigned by the Forensic Lab).
- The Inmate SPBI Number (If no SPBI Number, then inmate number or inmate Social Security Number.
- Date received.

Buccal Swab Collection

The person drawing the buccal swab shall:

1. Complete all information (including inmate signature) on both sides of the Buccal Collection Card
2. Remove a sterile foam tipped applicator from its packaging, taking care not to touch the foam tip
3. Grasping the plastic handle, place the foam tip in the subject's mouth and vigorously rub the inside surface for approximately one minute. Move the applicator between the gum-line and fold of the right cheek and below the tongue soaking up as much saliva as possible.
4. Remove the applicator from the mouth.
5. Carefully lift the protective tab to expose the Pink Collection Paper. Press the flat circular applicator head firmly within one of the circles. Turn the swab over and press onto the same sample Collection Paper circle. Return the swab to the original package.
6. Repeat steps 2-5 with a second swab on the left cheek and apply to the second circle on the Pink Collection paper.
7. When the Pink Collection Paper is dry, place the collection card and the swabs in their packaging into the self-addressed mailing envelope.
8. Apply the bar-coded label to the designated space on the back of the mailing envelope. Fill out the SPBI, Inmate, and Social Security Number.
9. Seal the envelope. Submit to the Connecticut Forensic Science Laboratory according to agency guidelines.

DNA SPECIMEN COLLECTION

Inmate Refusal

In accordance with CGS §54-102h, DNA testing is required of all inmates who meet the requirements set forth in Section 1 of the DNA Databank Submission Form. The DNA test is a condition of release, and shall not be optional. Should, however, the inmate refuse testing, the phlebotomist shall:

Obtain a signed **Form HR 301, Refusal of Health Services**. Forward the signed refusal to the CDOC facility contact person and file a copy in the inmate's health record under "Correspondence".

Note the refusal in the logbook.

Notify the facility CMHC Nursing Supervisor who shall notify the appropriate CMHC Health Services Administrator and Unit Administrator of the facility.

At the direction of the Unit Administrator, the Facility Contact Person assigned to the inmate shall meet with the inmate to review the testing procedure to ensure the inmate has correct information regarding the purpose of the DNA testing and requirements of the law.

If the inmate consents to the DNA test, the Unit Administrator and CMHC Nursing Supervisor shall be notified, and the inmate re-scheduled for phlebotomy on the next regularly scheduled laboratory day.

REFERENCES: *Administrative Directive 9.3, Admissions, Transfers and Discharges*. 2009. Connecticut Department of Correction
CDOC Protocol, Health Services DNA Databank Evidence Collection, 11/1/99
CT Public Act 99-183
Standards for Health Services in Prisons (P-I-03). 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: I 4.01

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DO NOT RESUSCITATE

Effective Date: 07/21/04

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**), shall ensure that Connecticut Department of Correction (**DOC**) inmates who are suffering from a terminal condition are permitted to make decisions concerning the withdrawing or withholding of care.

This policy does not apply to pregnant inmates or inmates under the age of 18.

DEFINITIONS: A *terminal condition* means the final stage of an incurable or irreversible medical condition which, without the administration of a life support system, will result in death within a relatively short time, in the opinion of the attending physician.

Living Will means a written statement in compliance with Ct. State Statute section 19a-575a containing a declarant's wishes concerning any aspect of his health care, including the withholding or withdrawal of life support systems.

Next of Kin means any member of the following classes of persons, in the order of priority listed: (A) The spouse of the patient; (B) an adult son or daughter of the patient; (C) either parent of the patients; (D) an adult brother or sister of the patient; (E) a grandparent of the patient.

- PROCEDURE:**
1. The decision to designate an inmate "Do Not Resuscitate" (DNR) is made by the physician based on:
 - Medical judgment of the physician in accordance with the usual and customary standards of medical practice
 - Physician deems the patient to be in a terminal condition
 - Physician has considered the inmate's wishes concerning the withholding or withdrawal of life support systems.
(Conn. Gen. Stat. 19a-571a)
 - Living Will if executed
 - Inmate must be housed in the infirmary
 2. The DNR order shall be documented in the health record (HR) on **Form HR 925, Physician's Orders**. Telephone or verbal orders for DNR or DNR/CMO are not acceptable. The original order shall also include physician documentation in the HR, **Form HR 401, Clinical Record**:
 - The medical appropriateness of the decision
 - The inmate's consent

DO NOT RESUSCITATE

- Discussion of family or others if involved in the consent process

With consent of the inmate, the inmate's next-of-kin, family, or designated individual shall be notified that a DNR order has been invoked. The facility chaplain shall be involved as appropriate.

3. The physician shall consider the patient's wishes concerning the withholding or withdrawal of life supports.
4.
 - a. If the inmate is competent to understand his/her situation, and is able to express his/her wishes, and/or has an established Living Will, the DNR or DNR decision shall be made with the inmate's consent.
 - b. If the inmate is not competent and has an appointed health care agent, court appointed guardian, or personal representative who holds a durable power of attorney, the appropriate individual shall give consent.
 - c. If the inmate is not competent, but has no appointed health care agent, court appointed guardian, or personal representative who holds a durable power of attorney, the physician shall consult the inmate's next of kin, and/or any other person to whom the inmate has communicated his or her wishes, if the physician has knowledge of such person(s). Health services staff shall notify the Health Services Administrator who shall contact the DOC Attorney General.
 - d. If the wishes of the inmate have not been expressed in a Living Will, and the inmate is unable to communicate his wishes (i.e., coma, untoward event), and the inmate's next of kin is not available, the physician shall determine the wishes of the inmate by:
 - consulting any statement made by the inmate directly to the physician and
 - if available, the inmate's health care agent, legal guardian, or conservator, and any other person to whom the inmate has communicated his/her wishes, if the physician has knowledge of such person.
5. A "Do Not Resuscitate" order means only that the Code White team will not be called and the inmate will not receive basic or advanced life support in the event of cardiopulmonary arrest. It does not limit other forms of therapy, aggressive nursing and physician care, and transfer to a community hospital. Measures intended to provide inmate comfort shall continue.

DO NOT RESUSCITATE

6. Orders for “Do Not Resuscitate” shall be reviewed for renewal at least every 30 days. The DNR order may be reversed at any time if so documented.
7. Inmates shall be admitted to an infirmary for the final stages of life. The inmate’s health record, bed, or immediate surroundings shall be identified by a DNR identifier. All staff involved in patient care, including correctional staff assigned to the infirmary shall be notified of the DNR. A monthly review of DNR orders shall be conducted to insure all orders are renewed within the 30 day time frame.
 - Patients shall continue to receive pain control and palliative care throughout the course of illness. (See *Administrative Policies: G 11.01 Care of Terminally Ill Inmates and Inmates with a Chronic Debilitating Disease; G 2.02 Living Will/Appointment of Health Care Agent*)
8. If the inmate is to be transferred to another health setting, a copy of the Living Will and DNR orders shall accompany the inmate. This information shall be communicated to all health individuals transporting the inmate.

REFERENCES: *Standards for Health Services in Prisons (P-I-04)*. 2008. National Commission on Correctional Health Care. Chicago, IL.
Connecticut General Statutes: Sections 19a-570-580d.

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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INFORMED CONSENT

Effective Date: 04/01/01

POLICY:

UConn Health, Correctional Managed Health Care (**CMHC**) staff shall ensure that Connecticut Department of Correction (**CDOC**) inmates have the opportunity to evaluate and understand the options available and the attendant risks of interventions recommended for the diagnosis and treatment of conditions affecting their health status.

PROCEDURE:

CMHC staff shall provide information to an inmate, in a language understood by the inmate, to make a decision to consent to or refuse a recommended health care intervention.

Informed consent shall be obtained, in writing, from an inmate prior to any invasive health care procedure.

The prescribing practitioner shall provide an inmate the following:

- The recommended procedure or treatment to be undertaken
- Any alternative procedures or methods of treatment
- Any risks to the recommended procedure or treatment

The inmate shall be asked if further explanation of the recommended treatment or diagnostic evaluation is required. If not, the recommended treatment or evaluation shall be prescribed.

If the inmate requests further information, a more detailed explanation shall be provided that includes details of the recommended procedure or treatment, the viable alternatives, and any material risks to the recommended procedure or treatment.

The process used in obtaining consent from an inmate shall be documented in the inmate's health record (**HR**).

CMHC Form HR 305, Consent for Treatment, shall be completed and signed by an adult inmate, and **CMHC Form HR 306, Consent for Treatment of Minor** shall be completed and signed for inmates under 18 for the following procedures:

- Dental surgery (extractions), removal of orthodontic appliances
- Incision and drainage
- Skin removal, including biopsy
- Cauterization
- Allergy shots
- Contraception methods/prescription
- All major and minor surgical procedures (CDOC facility on-site)
- Other procedures in which there is a probability of major adverse risks

For the following procedures the identified form shall be completed.

- Psychoactive medication, **Form HR 401F Clinical Record-Psychoactive Medication Agreement to be completed by the prescriber at the time medication is initiated.**
Methadone/LAAM Treatment, **Form FDA 2635**

The completed **CMHC Form HR 305, Consent for Treatment** or **CMHC Form HR 306, Consent for Treatment of Minor** shall be placed in the inmate's HR.

Consent for Treatment of a Minor for Operative Procedures (under the age of eighteen years old)

For on-site procedures: The facility based provider will initiate telephone contact with the minor's parent or legal guardian (including DCF if the minor is committed to DCF) to obtain verbal consent for the procedure with a witness, or meet with the parent and legal guardian to obtain written consent.

For off-site procedures: Up-to-date parent or legal contact information will be provided by CMHC staff to the facility where the procedure is being performed.

The provider who will perform the procedure will discuss the procedure, and obtain informed consent from the parent, legal guardian or DCF liaison utilizing their appropriate agency consent form. This will occur either via phone, or through a separately arranged appointment with the parent or legal guardian.

CMHC facility staff will include all related consent documentation in the packet that accompanies the minor to the procedure.

In the event that the parent or legal guardian cannot be reached following "due diligence to obtain consent for treatment or surgery", (consistent with CT General Statute Sec.18-81d. Medical and dental treatment of inmates under the age of eighteen), the "Commissioner or his designee may authorize medical or dental treatment, including surgery and oral surgery, to insure the continued good health of such inmate. Any such authorization for medical treatment or surgery shall be made on the advice of a licensed physician except that if any such surgery is not of an emergency

INFORMED CONSENT

nature, the advice of two such physicians shall be required. Any such authorization for dental treatment or oral surgery shall be made on the advice of a dentist licensed to practice in the state, except that if any such oral surgery is not of an emergency nature the advice of two such dentists shall be required.

Informed consent is not required of an inmate in the following circumstances:

- A life-threatening emergency that requires immediate medical intervention to prevent certain death or serious permanent impairment.
- Emergency care of an inmate who does not have the mental capacity to provide informed consent and for whom there is not sufficient time to obtain a court order.
- When there is a court order to provide the medical treatment or procedure.
- When a legal guardian provides informed consent.
- When an inmate is paneled for involuntary psychotropic medication administration.

In the situations described above, all aspects of the inmate's medical condition and reasons for medical intervention are to be documented in the progress notes of the inmate's HR.

REFERENCES: *Administrative Directive 8.11, Human Immunodeficiency Virus.* 2008.
 Connecticut Department of Correction.
 Standards for Health Services in Prisons P-I-05, Informed Consent. 2008.
 National Commission on Correctional Health Care. Chicago, IL.

(See related CMHC policies, DNA Specimen Collection, Human Immunodeficiency Virus, Psychoactive Medication, Psychoactive Medication: Involuntary Administration, Inmate Death)

Approved: UCHC - CMHC

Date:

Title: CMHC Executive Director, Robert Trestman MD PhD _____

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

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

Title: CDOC Director Health Services, Kathleen Maurer MD _____

Title: CDOC Chief of Psychiatric Services, Craig Burns MD _____

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CORRECTIONAL MANAGED HEALTH CARE
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RIGHT TO REFUSE TREATMENT

Effective Date: 04/01/01

POLICY: Any Connecticut Department of Correction (**CDOC**) inmate may elect to refuse health related treatment offered by the University Connecticut Health Center (**UCHC**), Correctional Managed Health Care (**CMHC**) staff, unless it is determined that the inmate lacks the capacity to make a rational decision.

Inmates may not refuse infirmary placement in a CDOC facility, but may refuse individual aspects of care/treatment.

PROCEDURE: A CDOC inmate may refuse all diagnostic and treatment recommendations of CMHC or other qualified health services staff. Refusals of diagnostic and treatment recommendations shall be documented on **Form HR 301, Refusal of Health Services**, and filed in the inmate's health record (**HR**) on **Clinical Record form HR401**.

Signed Refusal Forms shall be required for inmates refusing three or more consecutive doses of medication or there is an established pattern of refusals. When consecutive refusal of medication occurs as described, follow Policy D 2.19, Medication Administration/Distribution.

If an inmate refuses to sign the refusal form, health services staff shall document the refusal, and sign and date the refusal form in the presence of another staff member who shall sign the form as a witness.

CMHC staff shall counsel inmates who refuse treatments/appointments. This counseling shall be documented in the inmate's health record. There shall be documented follow-up for all refused specialty appointments and refused medical/mental assessment/appointments.

An inmate shall be medically isolated or housed in an infirmary unit under the order of a physician, APRN, or P.A. when his or her condition is a danger or potential danger to himself or herself, the staff or the inmate population.

If there is reason to suspect that an inmate lacks the capacity to make rational decisions, a psychiatric determination of the inmate's condition must be made. In immediate emergencies, the senior qualified CMHC staff member shall make the decision to determine necessary treatment-

When an inmate is deemed to lack the capacity for rational decision making or cognitive impairment renders the inmate incapable of making a clinical decision in a rational manner, the inmate shall be referred through CDOC to

RIGHT TO REFUSE TREATMENT

the judicial competency process. Examples of etiologies with such impairment are significant mental health disease, senility, coma or confusion.

Compelled psychotropic medication administration shall be in accordance with **CMHC Policy I 2.01: Psychoactive Medication: Involuntary Administration.**

(See related CMHC Policy I 2.01, Psychoactive Medication: Involuntary Administration)

REFERENCES: *Standards for Health Services in Prisons* P-I-05. 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: CMHC Dir. MH and Psychiatric Services, Robert Berger MD _____

Title: CDOC Director Health Services, Kathleen Maurer MD _____

Title: CDOC Chief of Psychiatric Services, Craig Burns MD _____

**UConn Health
CORRECTIONAL MANAGED HEALTH CARE
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NUMBER: I 6.01

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MEDICAL RESEARCH

Effective Date: 04/01/01

- POLICY:** UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that the practice of medical research involving Connecticut Department of Correction (**CDOC**) inmates is consistent with CDOC policy and procedure and the Code of Federal Regulation (45 CFR 46, revised March 6, 1983).
- PROCEDURE:** Medical research involving CDOC inmates is permitted solely at the discretion of CDOC, after proof of review and approval by an Academic Center Institutional Review Board (IRB) and assurance by the IRB that the research is within guidelines suggested by the Code of Federal Regulation (45 CFR 46, revised March 6, 1983).
- Approval will occur only if it is clearly established that the research is indicated, reasonably likely to improve the health and well being of the subject (s), and there is an uncoerced decision to participate as a research subject.
- Specific procedures to obtain medical research approval shall be in accordance with the provisions of CDOC **Administrative Directive, 1.7, Research.**
- This policy is not intended to restrict the collection of aggregate data from confidential record reviews, nor to prohibit inmates from participating in established clinical trials where there is some potential benefit to the participants themselves (provided federal regulations are followed)
- REFERENCES:** *Administrative Directive 1.7, Research*, 2009. Connecticut Department of Correction.
Standards for Health Services in Prisons P-I-06, 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 _____

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PARTICIPATION IN EXECUTIONS

Effective Date: 04/01/01

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that CMHC staff/contractors who provide health care to Connecticut Department of Correction (**CDOC**) inmates do not participate in inmate executions.

PROCEDURE: The determination of whether an inmate is “competent for execution” shall be made by an independent expert and not by any health care professional regularly in the employ or under contract of CMHC.

REFERENCES: *Administrative Directive 6.15, Administration of Capitol Punishment* 2004. Connecticut Department of Correction.
Connecticut State Statute Section 54-101. Disposition of person becoming insane after death sentence.
Position Statement, Competency for Execution. 1988. National Commission on Correctional Health Care. Chicago, IL.
Standards for Health Services in Prisons P-I-07. 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 _____

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SUBPOENAS AND COURT ORDERS FOR CMHC EMPLOYEES

Effective Date: 05/07/04

POLICY: UConn Health, Correctional Managed Health Care (**CMHC**) shall ensure that work-related subpoenas served to CMHC employees, physicians, and volunteers are appropriately handled.

PROCEDURE: Response to Subpoenas

For work-related subpoenas being served to a CMHC employee, physician, or volunteer, the Connecticut Department of Correction (CDOC) will determine if the individual is in the facility; once confirmed, CDOC will notify the individual.

- All persons working under the auspices of CMHC who receives a subpoena, which is in any way work-related, shall immediately notify the HSA, who in turn shall notify the Designated Director.
- The individual shall immediately forward the subpoena to the Office of the CDOC Attorney General's office, Attention: Department Head Public Safety Unit, via fax 860-808-5591, for review of the subpoena and advice on how to proceed.
- The CDOC Attorney General shall explain procedures and give any necessary instructions to the individual, including referral to the UCHC Attorney General, as appropriate.

REFERENCES: *Administrative Directive 1.12. Legal Counsel or Representation of Staff 2007.*
Connecticut Department of Correction.

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 _____