

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Medical Services	PAGE <u> 1 </u> OF <u> 16 </u>
	NUMBER: 68-MED-01
RULE/CODE REFERENCE:	SUPERSEDES: 68-MED-01 dated 04/18/11
RELATED ACA STANDARDS: 4-4143; 4-4344; 4-4346; 4-4347; 4-4348; 4-4350; 4-4352; 4-4359; 4-4361; 4-4363; 4-4366; 4-4367; 4-4375; 4-4380; 4-4381; 4-4382; 4-4388; 4-4389; 4-4392; 4-4393; 4-4394; 4-4396; 4-4400; 4-4403; 4-4403-1; 4-4407; 4-4408; 4-4412; 4-4414; 4-4422; 4-4423; 4-4424; 4-4426; 4-4427; 2-CO-4E-01	EFFECTIVE DATE: April 2, 2015
	APPROVED:

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish standard procedural guidelines for the delivery of medical services and the provision of unimpeded access to medical care for offenders under the jurisdiction of the Department of Rehabilitation and Correction.

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Department of Rehabilitation and Correction (excluding DPCS, CTA, and OPI staff) and to all offenders confined to institutions within the Department.

IV. DEFINITIONS

Advanced Level Provider (ALP) - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician's Assistant under Ohio Revised Code section 4730.

Chief Medical Officer (CMO) - The physician responsible for the day-to-day medical care of offenders at the institution level. The Chief Medical Officer is the ultimate medical authority at the institution.

Health Care - A discipline that includes medical, mental health, and recovery services.

Health Care Administrator (HCA) – The administrator responsible for the day-to-day operations of medical services at the institution level. The HCA is the health authority of the institution.

Intrasystem Transfer - The transfer of an offender from one institution or program to another within the Ohio Department of Rehabilitation and Correction.

Medical Emergency - Serious life threatening or disabling condition(s) manifested by severe symptoms occurring suddenly and unexpectedly which would result in serious physical impairment or loss of life if not treated immediately.

State Medical Director - The responsible physician and the medical authority for the Department. The State Medical Director is responsible for the overall planning, design, implementation, monitoring, utilization management, and evaluation of medical services provided within the Ohio Department of Rehabilitation and Correction.

V. POLICY

It is the policy of the Department of Rehabilitation and Correction to provide medical services and continuity of care to incarcerated offenders. Continuity of care is provided from admission to transfer or discharge from the facility, and shall include referral to community-based providers when indicated. These services are to be accessible to all offenders, include an emphasis on disease prevention, and reflect a holistic approach in accordance with approved levels of care.

VI. PROCEDURES

A. Governance and Administration

1. Responsibilities of the Bureau of Medical Services (BOMS)
 - a. The State Medical Director shall serve as the responsible physician and the medical authority for the Department and the medical services programs. The State Medical Director is responsible for the overall supervision of medical services.
 - b. BOMS shall assist institution medical departments in the coordination of institution medical services.
 - c. With input from institution field staff, BOMS shall utilize a health care staffing analysis to identify the types of health care providers necessary to provide the determined scope of services and essential positions needed to perform the health services mission in each institution.
 - d. BOMS shall provide operational and fiscal support for all DRC institution medical service programs.

- e. BOMS shall coordinate all medical continuous quality improvement activities within DRC institutions.
 - f. BOMS shall manage equipment requests for institution health services.
 - g. BOMS will coordinate the credentialing process for all ALPs including all physicians, dentists, ophthalmologists, podiatrists, nurse practitioners, and physician assistants.
2. Institution Health Authority
- a. The Health Care Administrator (HCA) shall serve as the institution health authority;
 - b. Responsibilities of the institution health authority shall include, but not be limited to, the following:
 - i. Decisions about the deployment of health resources and the day-to-day operations of the medical services program;
 - ii. Development of a mission statement that defines the scope of medical services;
 - iii. Development of mechanisms, including written agreements when necessary, to ensure that the scope of services is provided and properly monitored;
 - iv. Development of institution medical procedures, when necessary, to address needs not addressed in departmental policies. Each institution procedure and program in the institution's health care delivery system shall be reviewed, revised, if necessary, and signed at least annually by the HCA;
 - v. Establishment of systems for the coordination of care among multidisciplinary medical providers;
 - vi. Development of an institutional Continuous Quality Improvement program;
 - vii. Coordination with institution administration to ensure that there is adequate space made available for administrative, direct care, professional, and clerical staff. Such space shall include access to a conference area, a records storage area, a public lobby and toilet facilities;
 - viii. Determination of equipment, supplies, and materials necessary for health services.
 - 1) Institution HCAs shall follow the purchase procedures outlined in Department Policy 22-BUS-09, Procurement Procedures.
 - 2) If the institution's medical budget is exhausted, yet additional equipment essential to the provision of quality medical care is needed, a Request To Purchase (RTP), an Equipment Justification, and a Budget Authority Adjustment for such equipment must be forwarded to BOMS.

- c. The HCA shall be available to provide clinical and administrative supervision to institution medical staff 24 hours per day, 7 days per week. In the event that the HCA is not available to provide such supervision, then the HCA shall arrange for back-up clinical and administrative supervision as follows:
 - i. Designate the Continuous Quality Improvement Coordinator to provide clinical and administrative supervision as acting HCA, or
 - ii. Designate the Assistant HCA or arrange with the appropriate institution Deputy Warden to provide administrative supervision of the institution medical staff as acting HCA and designate an experienced staff nurse to provide clinical supervision; or
 - iii. Arrange with the HCA of a nearby DRC institution for provision of clinical guidance and arrange with the appropriate institution Deputy Warden to provide administrative supervision of the institution medical staff.
3. Responsibilities of the Chief Medical Officer (CMO)
 - a. The CMO shall have sole responsibility for all matters involving purely clinical judgment. The CMO shall provide clinical leadership for the provision of medical services in conjunction with the HCA.
 - b. Additional responsibilities of the CMO include, but are not limited to:
 - i. Coordinating on-call physician coverage 24 hours per day, 7 days per week - provides and shares on-call responsibilities;
 - ii. Conducts peer review/monitoring on institutional Advanced Level Providers (ALP);
 - iii. Clinical care of the inmate population;
 - iv. Evaluation of inmates for referral consultations;
 - v. Participation in collegial review process, per Medical Protocol B-1, Consultation Referrals;
 - vi. Review of the recommendations of the specialty consultants with approval, disapproval, or modification of their recommendations;
 - vii. Monthly review of outstanding consults with the HCA;
 - viii. Review of all medical emergency transfers to outside hospitals;
 - viii. Provision of medical information/education to the health care and institutional staff;
 - ix. Provision of medical summaries or other written information;

- x. Attendance and participation in institution and departmental meetings and committees, including the Pharmacy and Therapeutics committee, Continuous Quality Improvement committee, and quarterly administrative meetings;
 - xi. Health care policies and protocols review on an annual basis;
 - xii. And all other duties as assigned by BOMS.
4. Department Medical Policy And Protocol
- a. BOMS shall develop, coordinate, and enforce system-wide medical service policies and protocols and shall provide direction related to health care issues.
 - c. The State Medical Director shall be responsible for the review and revision of medical policies and protocols.
 - d. BOMS shall be responsible for providing specific guidance and training to all relevant field staff about substantive changes in medical policy or protocol. Each HCA will ensure all institutional healthcare staff receives training about new and revised medical policies and protocols.
 - e. The institution HCA and the CMO are responsible for ensuring that each policy and protocol is implemented in accordance with DRC guidelines.
 - f. The Managing Officer or designee will be responsible for reviewing and revising any institution post orders required ensuring compliance with the policy or protocol.
5. Institution Medical Strategic Planning
- a. As a part of the institution's medical strategic planning process, each HCA and CMO shall develop measurable goals and objectives that shall be reviewed annually and updated as needed.
 - b. During the annual review, each HCA shall assess the achievement of established goals and objectives and document findings. Program changes shall be implemented, as necessary, in response to findings.
 - c. As detailed in Department Policy 08-MAU-01, Facility Internal Management Audits, the internal management audit system shall be used to monitor compliance with department policies and established standards.
6. Institution Administrative Meetings and Reporting Requirements
- a. Each institution HCA and CMO shall meet with the Managing Officer, appropriate Deputy Warden, and a security representative at least quarterly to address infection control issues, issues pertinent to medical services and the health environment and shall develop plans to address issues raised. Additionally, the HCA shall review with

the Managing Officer and appropriate Deputy Warden any newly adopted or revised policies and protocols.

- b. Each institution HCA shall submit reports to the Managing Officer at least quarterly that outline issues pertinent to the health services system and the health environment and any plans that address these issues.
- c. Each institution HCA shall prepare and submit electronic monthly reports that include, but are not limited to, the following:
 - i. Referrals to specialists;
 - ii. Prescriptions written;
 - iii. Laboratory and x-rays completed;
 - iv. Infirmary admissions;
 - v. Off-site transports;
 - vi. Transports to outside emergency departments and FMC Urgent Care;
 - vii. Hospital admissions;
 - viii. Serious injuries or illnesses; and/or
 - ix. Deaths.

7. Credentials Review

- a. The HCA shall verify the licensure status of each licensed or certified employee annually, as outlined in Medical Protocol G-8, Credentialing. Verification of current credentials and job descriptions shall be maintained on file in each facility.
- b. The designated background investigation coordinator in each institution shall conduct a background investigation on all contractors, as outlined in Department Policy 34-PRO-07, Background Investigations. The results of this investigation shall be maintained in the contractor's file.

B. Offender Care And Treatment

1. A complete medical, dental, and mental health screening will be performed on each offender, excluding intrasystem transfers, at the time of the offender's arrival at one of the Department's reception centers in accordance with Department Policy 52-RCP-06, Reception Intake Medical Screening.
2. Health appraisal data collection and recording will include the following:
 - a. A uniform process as defined by the Bureau of Medical Services;
 - b. Health history and vital signs collected by health trained or qualified health care personnel;
 - c. Collection of all other health appraisal data performed only by qualified health professionals;

- d. Review of results of the medical examination, tests, and identification of health-related problems is performed by an ALP.
3. Detoxification
 - a. Detoxification of alcohol, opiates, hypnotics, other stimulants, and sedative hypnotic drugs is conducted only under medical supervision at the facility or in a hospital setting when conditions warrant. Detoxification procedures shall be implemented in accordance with Medical Protocol B-24, Medical Detoxification Guidelines.
 - b. Offenders experiencing severe, life-threatening intoxication (an overdose), or withdrawal are transferred under appropriate security conditions to a facility where specialized care is available.
 4. Intrasystem Transfer Procedures – as referenced in Medical Protocol B-12, Intrasystem Transfer and Receiving Process.
 - a. Prior to any intrasystem or interagency (i.e. DRC to county jail or other correctional agency) transfer, an Intrasystem Transfer and Receiving Health Screening form (DRC5255) shall be completed on all offenders to maintain the provision of continuity of care.
 - i. The form shall include information about the patient's health condition, treatments, allergies, scheduled appointments, pertinent test results and prescribed medication.
 - ii. The medical evaluation shall include a determination of the patient's suitability for travel, with particular attention given to communicable disease clearance.
 - b. All prescribed essential medication shall be prepared in accordance with procedures outlined in Medical Protocol E-32, Preparation of Medication for Intra-system Transfers.
 - c. Medical records shall be transferred with the patient and be handled in such a manner as to ensure confidentiality.
 - i. Completed intrasystem transfer forms shall be placed in a sealed envelope and transported with the offender records to the receiving institution.
 - ii. The envelopes containing the intrasystem transfer forms and all medications that are transported shall be forwarded to the medical staff in the medical intake area upon the offender's arrival at the receiving institution.
 - d. Upon arrival at a new institution, all offenders will be provided both oral and written instruction concerning access to medical care, the grievance process, and mental health services within the institution.
 - i. Arrangements shall be made to provide this information to non-English speaking offenders in a language they can understand.

- ii. When literacy or other communication problem exists, a staff member will assist the offender in understanding the information.
 - e. Receipt of orientation information given to patients shall be documented on the Intrasystem Transfer and Receiving Health Screening form (DRC5255).
5. A Registered Nurse (RN) or ALP shall conduct a health screening on each patient upon arrival which includes, at a minimum, those items needed to complete the Intrasystem Transfer and Receiving Health Screening form (DRC5255) within 8 hours of arrival at the receiving institution. Consistent with Department Policy 67-MNH-02, Mental Health Screenings and Assessment Activities, and Department Policy 52-RCP-06, Reception Intake Medical Screening, the initial mental health screening will also be completed at this time.
6. Medical Needs During Transport
 - a. Correction officers shall not provide nurse-administered medications and medical treatments during transport of a patient.
 - b. The patient will be permitted to retain certain self-carried medications in his or her possession, such as Albuterul and nitro-glycerin tablets, in accordance with Department Policy 310-SEC-03, Inmate Transportation and Medical Protocol E-32, Preparation of Medication for Intra-system Transfers.
 - c. If the patient has a medical condition that requires a modification to the restraint procedures or any other special accommodations or precautions during transport, this information shall be forwarded to the chief security officer, with a copy to the Managing Officer.
 - d. The chief security officer or designee shall ensure all special precautions are followed, including any required use of masks, gloves, or other protective equipment. Such notification should also be made any time during a patient's incarceration when the treating physician diagnoses a medical condition requiring such accommodation.
7. General Medical Services
 - a. An ALP shall be on call 24-hours per day.
 - b. Patients who have complaints about medical issues shall follow the procedures outlined in Administrative Rule 5120-9-31, Inmate Grievance Procedure.
8. Sick Call Services
 - a. Offenders shall be able to place requests for health services on a daily basis. Such requests shall be reviewed daily by medical staff, as outlined in Medical Protocol A-2.35, Nursing Sick Call Access.

- b. A priority system shall be used to schedule clinical services, which shall be available to patients in a clinical setting at least five days a week, including nurses and physicians sick call.
 - c. Clinical services shall be available to all offenders in a clinical setting at least five days a week by an ALP or other qualified healthcare professional.
 - d. No member of the correctional staff shall disapprove an offender's request for attendance at sick call.
 - e. All health care encounters shall be conducted in a setting that respects patient privacy. Unless there is a known threat to the safety of healthcare staff, security staff shall maintain sound privacy by standing outside of the consultation area.
 - f. Licensed medical personnel are expected to practice within their respective scopes of practice at all times.
 - g. A medical resource library for staff use will be maintained by each medical services department.
9. Segregation
- a. Security staff shall immediately notify medical staff when an offender is transferred to a segregation unit. The institution medical staff must approve the transfer of an offender housed in the infirmary to a segregation unit.
 - b. Medical staff shall provide review and assessment of each offender housed in segregation and log it.
 - i. The Monthly Emergency Telephone Log (DRC5372) must be used, as outlined in A-2.36, Telephone Triage.
 - ii. In the incidence of an in-person review of the offender, a log of the institution's design must be utilized.
 - c. Unless medical attention is needed more frequently, each offender in segregation shall receive a daily visit from a nurse.
 - i. The visit ensures that offenders have access to the health care system.
 - ii. The presence of the nurse in segregation shall be announced and recorded in the correction officer's log.
 - iii. Nursing rounds and nurses sick call shall be conducted in each segregation unit as outlined in Medical Protocol A-2.35, Nursing Sick Call Access.
 - d. Doctor's sick call shall be provided on a schedule that is determined by the HCA.

- e. Medical appointments, diagnostic tests or other medical procedures shall not be cancelled or rescheduled because of segregation admission without the approval of the Chief Medical Officer.

10. Infirmary Care

- a. All institutions shall provide access to infirmary care either on-site or via transport to another facility. Specific procedural guidelines for infirmary care are outlined in 68-MED-21, Infirmary Care.

11. Chronic Disease Management

- a. When offenders are diagnosed with a chronic illness, institution ALPs shall develop a treatment plan that addresses the monitoring of medications, laboratory testing, health record forms, the frequency of specialist consultations and other guidelines outlined in the appropriate chronic care clinic protocol.
- b. An offender who requires close medical supervision, including chronic disease and convalescent care, shall have an individualized treatment plan developed that includes directions to medical and other personnel regarding their roles in the care and supervision of the patient, and that is approved by the appropriate ALP.
- c. Chronic disease management strategies are outlined in Department Policy 68-MED-19, Chronic Disease Management, and in the chronic care clinic protocols.

12. Medical Emergency Services

- a. Each institution shall have a plan that assures that emergency medical, mental health, and dental services are available 24-hours per day.
- b. All correctional and healthcare personnel shall be trained to respond to health-related emergencies within a 4-minute response time. The training program is conducted on an annual basis and includes instruction on the following:
 - i. Recognition of signs and symptoms, and knowledge of action that is required in potential emergency situations;
 - ii. Administration of basic first aid;
 - iii. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
 - iv. Methods of obtaining assistance;
 - v. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication, and withdrawal;
 - vi. Procedures for patient transfers to appropriate medical facilities or health providers; and
 - vii. Suicide intervention.
- c. Specific procedural guidelines for provision of emergency services and emergency response training are outlined in Department Policy 68-MED-20, Emergency Services, Medical Protocol B-8, Guidelines for Assessment and Processing of

Medical Emergencies, and Medical Protocol B-32, CPR Standards for Health Care Staff.

13. Sexual Assault

- a. When an offender reports or is suspected of being the victim of a sexual assault, he/she shall be referred, under appropriate security provisions, to a community facility for treatment and gathering of evidence
- b. Specific guidelines for the management of a suspected sexual assault are outlined in Department Policy 79-ISA-01, Prison Rape Elimination, and Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse.

14. Pre-Release Guidelines

- a. The records office shall notify the medical department, in writing, of an offender's expiration of sentence or pending placement for the following month. Immediate notification shall be given on those occasions when an offender is ordered released on a same day basis.
- b. Prior to release, the offender's medical record shall be reviewed, and a licensed nurse will complete a Release Medical Summary (DRC5179) for all offenders who are released.
- c. The appropriate ALP shall order a 14-day supply of prescribed medical and mental health medication(s) that shall be issued to the offender, excluding Seriously Mentally Ill (SMI) offenders, upon release from a DRC institution as outlined in Medical Protocol E-25, Dispensing Medication for Inmate Transfers. If the patient is prescribed insulin or other injectable medication, the appropriate number of needles and syringes shall be issued to the patient as well.
- d. Offenders having been identified by Mental Health Services as being SMI shall be prescribed a 30 day supply of mental health and medical medications, excluding Over-The-Counter (OTC) and PRN medications, and two refills for a maximum of 90 days of medication, as outlined in Medical Protocol E-25, Dispensing Medication for Inmate Transfers.
 - a. Each institution health services department shall develop an institution specific procedure that promotes continuity of care after release. A list of referral sources, available on the DRC Internet, shall be given to patients who require medical follow-up after release.

C. Health Care Services And Support

1. Specialty Health Services

- a. The Chief Medical Officer shall determine if an offender needs specialized healthcare services not available within the institution.
- b. Offenders, who need specialized health care beyond the resources available in the institution, as determined by the responsible physician, shall be transported under appropriate security provisions to a facility where such care is scheduled, on call or available 24-hours per day.
- c. Each institution shall develop a written list of referral sources, to include emergency and routine care. This list shall be reviewed and updated annually by the HCA.
- d. If the Chief Medical Officer determines that medical services are needed that are beyond the scope provided by the medical department of the parent institution, he/she shall make the appropriate referral, as outlined in Department Policy 68-MED-13, Medical Classification.
- e. Hospital inpatient and specialty health services are provided by community providers, as outlined in Department Policy 68-MED-14, Specialty Health Services.

2. Ancillary Services

- a. Laboratory services: The DRC-contracted lab provides full service, high complexity laboratory testing for all institutions.
- b. x-ray services are available either on-site, at the Franklin Medical Center, in community facilities contracted by DRC, or at institutions with privatized medical services.
- c. Dental services are available to every offender, as outlined in Department Policy 68-MED-12, Dental Services.
- d. Pharmacy services are provided for each institution as outlined in Department Policy 68-MED-11, Pharmacy Services.
- e. Exercise areas shall be available in each institution to meet the exercise and physical therapy requirements of individual offender treatment plans.
- f. Medical and/or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) shall be provided when medically necessary, as determined by the responsible health care practitioner and through the collegial review process, as outlined in Medical Protocol B-1, Consultation Referrals.

3. Medical Transportation

- a. The safe and timely transportation of offenders for emergency and routine medical, mental health, and specialty clinic appointments, both inside and outside the institution is the joint responsibility of the Managing Officer or designee and the HCA.
- b. Each institution shall provide for transportation that assures access to medical services that are only available outside of the institution in accordance with Department Policy 310-SEC-03, Inmate Transportation Procedures, and Department Policy 68-MED-20, Emergency Services. Decisions concerning transportation will incorporate the following requirements:
 - i. Prioritization of medical need: Referrals to specialty consults shall be designated as routine or to be scheduled within a specific timeframe on a Consultation Request (DRC5244) and processed in accordance with Department Policy 68-MED-14, Specialty Health Care Services and Medical Protocol B-1, Consultation Referrals.
 - ii. The urgency of the medical need for ambulance versus standard transport as designated by the institutional physician or other health care designee.
 - iii. Medical escort will be used to accompany security staff if necessary. If medical escort is required, ambulance transport must be used. Institutional medical staff will not act as the medical escort.
 - iv. The transfer of medical information will be followed as outlined in Medical Protocol B-8, Guidelines for Assessment and Processing of Medical Emergencies, and Department Policy 68-MED-14, Specialty Health Services.

D. Health Promotion and Disease Prevention

1. Each institution shall offer an ongoing program of health education and wellness information to all offenders.
2. Each institution shall also offer an inmate health fair annually, which may include informational booths, seminars, and access to free health screenings for cholesterol, diabetes, and blood pressure monitoring. Participation of other disciplines is strongly encouraged, including but not limited to mental health and recovery services.
3. Periodic Examinations
 - a. Every institution shall make periodic physical examinations available to all offenders as outlined in Medical Protocol B-5, Health Examination Guidelines for Inmates.
 - b. A refusal form must be signed and filed in the medical record if the applicable periodic physical exam is declined. The Physical Examination Authorization form (DRC5150) will be used for this purpose.

- c. The nature of the physical exam will be determined by the Chief Medical Officer of each institution but must conform to standards set forth by the *U.S. Preventive Services Task Force* and as outlined in Medical Protocol B-5, Health Examination Guidelines for Inmates. Height, weight, and blood pressure shall be recorded on all offenders.
- d. Appropriate patient education regarding health maintenance and disease prevention shall be made available to offenders during the physical examination.

E. Personnel and Training

1. Institution Medical Staffing

- a. A staffing plan for each institution shall be developed through BOMS from a staffing analysis that defines the scope of services to be provided and determines the essential positions needed to perform the medical services mission. The HCA shall review this staffing plan annually to determine if the number and type of staff is adequate.
- b. Adequate health care personnel shall be available within the institution for health assessments, medication administration, triaging of complaints and problems, chronic care, management of emergencies, and follow-up services.
- c. Written job descriptions shall be prepared for each employee category and approved by the HCA. These job descriptions are reviewed with each employee upon hire and annually at the time of the employee's performance evaluation.
- d. The specific duties and responsibilities of health care staff shall be clearly defined and delineated.
- e. Work assignments shall be developed in compliance with the licensee's scope of practice.
- f. Nursing students, medical students, and interns delivering medical care in the institution shall work, commensurate with their level of training, under the direct supervision of a clinical instructor who is responsible to the HCA.
 - i. There shall be a written agreement between the institution and the training or educational facility that covers the scope of work, length of the agreement, and any legal or liability issues.
 - ii. Students or interns shall agree in writing to abide by all facility policies including those relating to the security and confidentiality of information.
- g. Inmate workers are restricted to defined job duties within the health care area and will work under the supervision of the custody staff. Inmates shall not be used for the following:
 - i. Performing direct patient care services;

- ii. Any duties that allow direct or indirect access to confidential medical information;
 - iii. Scheduling health care appointments;
 - iv. Any activity that determines access of other inmates to health care services;
 - v. Handling or having access to surgical instruments, syringes, needles, medications or health care records; or
 - vi. Operating diagnostic or therapeutic equipment.
- h. Upon receiving appropriate training, inmate workers may perform the following duties:
- i. Peer support and education;
 - ii. Hospice activities, including service as a companion, letter writing, and reading;
 - iii. Assist impaired inmates on a one-to-one basis with activities of daily living;
 - iv. Optometric assistance; or
 - v. Denture fabrication.
2. Continuing Education and Staff Development
- a. The HCA shall work with the institution training department and the chief of security to ensure that all health care personnel are trained in the implementation of the institution's medical emergency plans.
 - b. Health care personnel must participate in annual training drills of the medical services delivery aspects of the critical incident management plan.
 - c. Medical staff is encouraged to take advantage of the various medical in-service training classes offered by the department. Staff development classes are regularly offered at the Corrections Training Academy (CTA). A schedule of these classes is available in the CTA catalog of class offerings.
 - d. Medical staff shall review and be tested on current medical-related policy and protocol

F. Special Medical Considerations

- 1. Security of Medical and Dental Equipment
 - a. Security of all medical and dental equipment and instruments is of paramount importance. Medical and dental staff shall conform to the procedures outlined in Department Policy 310-SEC-36, Tool Control, and to each institution's specific tool control procedures.
 - b. All medical and dental staff shall adhere to the procedures outlined in Medical Protocol E-2, Pharmacy Administrative Operations.

2. Second Opinions/Private Pay

- a. Offenders do not have the option to receive a second opinion in medical matters. Likewise, a "private physician" is not permitted to examine or treat an offender while incarcerated.
- b. Offenders generally do not have the option to purchase or receive prescription medication or medically related items from outside sources. Certain medically indicated devices may be authorized on a case-by-case basis. Such exceptions may include, but are not limited to:
 - i. Back or knee braces;
 - ii. CPAP machines;
 - iii. Nebulizer compressors;
 - iv. Eyeglasses (note: DRC does not provide contact lenses to offenders unless medically indicated);
 - v. Specialized wheelchairs; and
 - vi. Other medically necessary equipment that meets security requirements, if authorized by the institution's chief of security, the HCA and Chief Medical Officer.
- c. Health care insurance programs in place prior to the offender's incarceration may be accessed for medical services while the offender is incarcerated by the Ohio Department of Rehabilitation and Correction. Decisions about seeking reimbursement from third party payers shall rest with BOMS and shall be considered on a case-by-case basis.

Related Department Forms:

Physical Examination Authorization	DRC5150
Release Medical Summary	DRC5179
Consultation Request	DRC5244
Intrasystem Transfer and Receiving Health Screening	DRC5255
Monthly Emergency Telephone Log	DRC5372