

HS-18.01, "Specialized Health Services Programs," September 1, 2008

SCDC POLICY/PROCEDURE

Change 1 to HS-18.01: 6.3.2

Change 2 to HS-18.01: #1.3; #2.4; Section 7, Definitions, "High Risk Area"

NUMBER:HS-18.01

TITLE: SPECIALIZED HEALTH SERVICES PROGRAMS

ISSUE DATE: September 1, 2008

RESPONSIBLE AUTHORITY: DIRECTOR OF HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.01 (May 1, 2003) Change 1 (September 1, 2008)

RELEVANT SCDC FORMS/SUPPLIES: 16-4, 19-29A, 19-90, 27-17, 27-18, 27-27, M-32

South Carolina Department of Health and Environmental Control (DHEC) FORM: 1129

ACA/CAC STANDARDS: 4-ACRS-4C-08, 4-ACRS-4D-09, 4-ACRS-4D-10, 4-ACRS-5A-10, 3-4330, 3-4343, 3-4345, 3-4355, 3-4363, 3-4365, 3-4370, 3-4371, 3-4380

STATE/FEDERAL STATUTES: Applicable State and Federal Statutes, Codes, Regulations, and Guidelines as used throughout this policy/procedure include, but are not limited to, the following: Department of Health and Human Services, Centers for Disease Control and Prevention, Prevention and Control of Tuberculosis in Correctional Facilities; Occupational Safety and Health Administration Regulations (OSHA); Americans with Disabilities Act (ADA); Workers' Compensation Act. Articles 5, 7, and 11 of Chapter 43 of Title 44 of South Carolina Code of Laws.

SCDC MEDICAL DIRECTIVES: 100.5, 100.7, 100.18

PURPOSE: To provide information regarding specialized health services programs, to include health education; medical furlough for inmates; management of infectious diseases; detoxification of inmates; and use of health services for employees, volunteers, and visitors.

POLICY STATEMENT: To promote the health and well-being of all SCDC inmates, the Agency will ensure that a health education program is provided at each institution. The Agency will ensure that Health Services staff screen inmates for communicable diseases, evaluate for chemical dependency and treat

inmates with the same as appropriate. To allow a terminally ill inmate the opportunity to spend time with his/her family, s/he may be approved for medical furlough if s/he has less than one (1) year to live and meets certain criteria. To promote fiscal responsibility, the use of Health Services resources for SCDC employees, volunteers, and visitors will be limited to those specified in this policy/procedure. All specialized Health Services programs will be conducted in strict compliance with applicable American Correctional Association Standards, state and federal statutes/regulations, and SCDC policies/procedures. (4-ACRS-4C-08, 4-ACRS-4D-09, 4-ACRS-4D-10, 3-4330, 3-4343, 3-4345, 3-4355, 3-4363, 3-4365, 3-4370, 3-4371)

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1. HEALTH EDUCATION FOR INMATES:

1.1 The Health Care Authority (HCA) or designee will be responsible for providing a health education program for his/her institution's inmate population.

1.2 At each clinic site the HCA will provide various health education materials to include information on medical services and immunizations, personal hygiene, organ donation information, dental hygiene, nutrition, venereal disease, and communicable diseases. During inmate encounters, each inmate will be instructed on how to care for himself/herself and will be provided with information that addresses his/her individual concerns. This will be documented in the AMR.

~~1.3 HIV/AIDS education will be provided biannually, as required by law. The HCA will maintain documentation of the HIV/AIDS program provided. The documentation must be maintained for three (3) years. The roster of participating inmates will be used to document the class. (4-ACRS-5A-10, 3-4363, 3-4365) (Amended by Change 2, dated October 21, 2013.)~~

2. MANAGEMENT OF SERIOUS AND INFECTIOUS DISEASES:

2.1 Upon admission to the SCDC, inquiry will be made regarding an inmate's health problems, to include communicable diseases. Diagnostic tests for identification of communicable diseases will be performed on each inmate upon admission and as clinically indicated during the course of an inmate's incarceration.

2.2 An inmate diagnosed by a physician as having a communicable disease will have an individualized treatment plan written in his/her medical record, and appropriate therapy will be initiated. If the treatment requires hospitalization or if isolation precautions are indicated, the inmate will be transported to an appropriate inpatient medical facility. (4-ACRS-4D-09, 3-4343, 3-4345, 3-4355)

2.3 The Infection Control Coordinator will report communicable diseases to the county health department as required by DHEC guidelines using DHEC Form 1129, "Disease Report."

2.4 For more information regarding HIV/AIDS health care, see SCDC Medical Directives regarding medical care for inmates diagnosed with HIV/AIDS. (4-ACRS-4D-10, 3-4365) (Amended by Change 2, dated October 21, 2013.)

3. MANAGEMENT OF INMATES WHO REQUIRE DETOXIFICATION (DETOX):

3.1 Upon initial reception, medical staff will assess each inmate for a history of chemical use, abuse and/or dependency, and/or co-dependency.

3.2 Inmates who are suspected by the medical staff to be intoxicated or in need of detoxification will be examined by a staff physician. Upon the physician's diagnosis, s/he will recommend pharmacological and/or non-pharmacological detoxification as follows:

3.2.1 If non-pharmacological detoxification is indicated, a written individualized treatment plan will be documented on the medical record by the treating physician and implemented by the medical staff.

3.2.2 If pharmacological detoxification is indicated, the inmate will be transferred to an appropriate inpatient facility.

3.3 Detoxification will be under appropriate medical supervision, with special attention given to inmates who pose special risk (e.g., seizure-prone inmates, psychotic inmates, pregnant inmates, and geriatric inmates). (3-4370)

3.4 Those inmates who have a history of chemical dependency but have already been detoxified will be referred to the Division of Substance Abuse Services for further counseling, group sessions, and/or referral to community resources or SCDC's Addictions Treatment Unit (ATU) when appropriate. See SCDC Policy/Procedure PS-10.02, "Inmate Substance Abuse Programs," for more information. (3-4355, 3-4371, 3-4380)

4. MEDICAL FURLOUGHS FOR TERMINALLY ILL INMATES:

Note: An inmate has no right to a medical furlough, but only to be considered for such a program if s/he meets all criteria.

4.1 If an inmate is diagnosed with a terminal illness, and an SCDC or community physician determines that the inmate has less than one (1) year to live, that physician will discuss the inmate's condition and prognosis with the inmate. The SCDC physician will document this in the inmate's medical record.

4.2 The physician who determined the prognosis will write a statement indicating the inmate's illness and that the inmate has one (1) year or less to live. The physician must provide supporting information, including diagnosis and prognosis. This statement will be sent to a Medical Furlough Coordinator (MFC) who will discuss the case with the Medical Director before proceeding.

4.3 The MFC will discuss the medical furlough process with the inmate to allow the inmate to state his/her desires. This will be documented in the inmate's medical record.

4.4 If the inmate wishes to pursue a medical furlough, the MFC will notify the family member designated by the inmate and explain the inmate's eligibility to apply for a medical furlough.

4.5 If the family member agrees to sponsor the inmate, the MFC will discuss the medical furlough process with the sponsor and will explain necessary documents to be completed. The sponsor will:

4.5.1 provide a notarized statement indicating that s/he will provide a residence and assume complete financial responsibility for all living expenses and medical care for the inmate; and

4.5.2 obtain a signed statement from a community physician agreeing that s/he will provide medical care for the furloughed inmate and that the SCDC will not be held liable for any costs.

4.6 When the MFC receives the completed documents from the sponsor, s/he will complete SCDC Form 27-17, "Medical Furlough Application," obtain the inmate's signature, and forward the form to the appropriate Warden for his/her recommendation/signature.

4.7 The Warden will return the completed "Medical Furlough Application" to the MFC.

4.8 The SCDC Form 27-17, "Medical Furlough Application," the physician's statement, and completed sponsor documents will be submitted to the Medical Director or designee who will prepare a letter of disposition.

4.9 The completed package will be forwarded to State Classification. The completed package will contain:

- "Medical Furlough Application" signed by the inmate and the Warden;
- SCDC or contract physician's statement;
- community physician's statement (if applicable);
- sponsor forms; and
- Medical Director's letter of disposition.

4.10 State Classification staff will:

4.10.1 Initiate an investigation to ascertain community reaction to the proposed medical furlough, to include appropriate law enforcement contacts; (See SCDC Policy/Procedure OP-21.04, "Inmate Classification Plan," for additional information.) and

4.10.2 Submit the entire package through the Division Director of Classification and Inmate Records and the Director of Program Services, to the Agency Director for approval/disapproval. The package will consist of:

- SCDC Form 27-17, "Medical Furlough Application";
- SCDC or contract physician's statement;
- community physician's statement;
- sponsor forms;
- Medical Director's letter of disposition; and
- recommendation for approval/disapproval from State Classification.

4.11 The Agency Director or designee will return the furlough package to State Classification indicating his/her approval/disapproval. State Classification staff will be responsible for forwarding a copy to the MFC.

4.12 Upon approval by the Agency Director or designee:

4.12.1 State Classification will contact the Pre-Release Center in closest proximity to the furlough residence to establish accountability and responsibility. State Classification staff will coordinate furlough/transfer arrangements with all affected personnel and will notify the MFC of the approval. Medical furlough orientation will be conducted by the supervising Pre-Release Center staff member as appropriate. (3-4330)

4.12.2 A program for the proposed furlough will include:

- specific plans for security accountability;
- specific geographical limitations of travel;
- procedures for notification of Warden upon death of inmate; and
- plans for the return of inmate to the SCDC if requested by the inmate or the sponsor, or if mandated by the Agency.

4.12.3 The MFC will pick up the furlough package and, if requested by State Classification, coordinate with institutional personnel to facilitate the inmate's departure from the institution on furlough. All appropriate forms must be completed, to include:

- SCDC Form 27-18, "Inmate and Sponsor Agreement for Medical Furlough";
- SCDC Form 27-27, "Inmate Furlough"; and
- all other applicable release forms pursuant to SCDC policy/procedures regarding inmate records. (NOTE: All normal release procedures will apply in these cases. See SCDC Policy/Procedure OP-21.09, "Inmate Records Plan," for additional information.)

4.13 The MFC/institutional medical staff will provide any instructions to the sponsor for care, treatment, and medication at the time of release.

4.14 All employees in the screening process will be responsible for ensuring that they consider both the medical condition of the inmate and the public safety concerns of the community. (3-4330)

5. ORGAN DONOR PROGRAM:

5.1 An organ and tissue donor program will be established in the South Carolina Department of Corrections that will include the education of inmates about organ/tissue donor programs.

5.1.1 This program will include information on how to be an organ /tissue donor and how to make an Anatomical gift of organs after death. Any donations of tissue or organs while still alive would be subject to approval from the Division Director of Operations/Designee and the Division Director of Health Services/Designee.

5.2 During the intake process at Kirkland Correctional Institution R&E, the inmate will be given a Donor Information Sheet (see attachment A) and will be allowed to complete a Uniform Donor Form (Attachment B). The Completed Donor Form will be kept in the inmate's medical record.

5.3 Information will be posted in the housing units concerning the Organ Donation Program. If an inmate wishes to participate in this at a later time, he/she will submit a SCDC Form 19-11, "Request to Staff" to Medical to talk to the nurse about this. No sick call fee will be assessed for this visit. If the inmate decides this is what he/she wants to do, the Uniform Donor Form will be completed. The inmate's signature will be notarized at no cost to the inmate. The Donor Form will then become a permanent part of the inmate's medical record. If at any time the inmate decides s/he no longer wants to be a donor, an Inmate Request will be sent to the Health Care Authority and the Uniform Donor Form will be destroyed.

5.4 The SCDC will not be responsible for any costs associated with tests or other procedures required to make an organ or tissue donation, including costs associated with recovery following surgery, follow up doctor appointments or complications arising from the donation.

5.5 All donations will be voluntary and no compensation will be paid to the inmate, the inmate's family, or anyone representing the inmate's family.

5.6 All information will be in compliance with the Uniform Anatomical Gift Act and Articles 5, 7, and 11 of Chapter 43 of Title 44 of South Carolina Code.

5.7 Bone marrow information shall be obtained by requesting information from the Medical University of South Carolina.

6. USE OF HEALTH SERVICES RESOURCES FOR SCDC EMPLOYEES/ VOLUNTEERS/VISITORS:

6.1 Employees, volunteers, or visitors who are injured or become acutely ill in the Agency work environment will be afforded emergency medical treatment by Agency or contract medical personnel. (Refer also to Medical Directives dealing with screening and treatment of occupational injuries and illness.)

6.2 SCDC Health Services resources will be used to comply with current OSHA mandates and state law in regard to employee and volunteer health. (See the SCDC Policy/Procedure ADM-16.03, "Occupational Safety and Health," for more information.) Employees will be afforded the following services:

- Hepatitis B immunization;
- annual TB screening: skin testing and interpretation or verbal interview (for employees with previously positive skin tests);

- reading TB skin tests after the employment physical at specified facilities;
- upon special request by Human Resources, the Medical Director may be asked to evaluate an employee prior to approval for the use of the Sick Leave Pool;
- evaluation of injury prior to a Worker's Compensation Referral, (See Medical Directives for guidelines for screening and first aid treatment of occupational injuries and illness.), or post-exposure to bloodborne pathogens. (Refer to SCDC Policy/Procedure ADM-16.09, "Exposure Control Plan [Bloodborne Pathogens]," Agency Policy/Procedure ADM-16.15, "Workers Compensation Policy," and Medical Directives dealing with the management of occupational exposure to bloodborne diseases or potentially infectious material; and
- other situations as determined by the Director of Health Services.
- Note: If resources allow, flu vaccine may be provided for employees.

6.3 Emergency Medical Assistance for Employees, Volunteers, or Visitors:

6.3.1 If the injury or illness is life-threatening, SCDC staff will call EMS, and provide immediate first aid until the EMS personnel arrive.

6.3.2 All medical emergencies involving employees, volunteers, or visitors regardless of the extent of injury/illness and regardless of the role played by SCDC staff, will be documented thoroughly on SCDC Form 19-29A, "Incident Report" and SCDC Form 19-90, "Visitor's Injury Report," by the Shift Supervisor (Amended by Change Memo #1 dated October 1, 2009). Both forms should be sent to the institutional Environmental Health Safety Officer.

7. DEFINITIONS:

Applicable State and Federal Statutes, Codes, Regulations, and Guidelines as used throughout this policy/procedure include, but are not limited to, the following:

- Department of Health and Human Services, Centers for Disease Control and Prevention, Prevention and Control of Tuberculosis in Correctional Facilities;
- Occupational Safety and Health Administration Regulations (OSHA);
- Americans with Disabilities Act (ADA);
- Workers' Compensation Act.

Chemical Dependency refers to dependency on alcohol, opiates, hypnotics, other stimulants, or other drugs that require detoxification.

Employee, unless otherwise specified, refers to any individual employed by the SCDC in either a full-time, part-time, contract, or intern capacity.

High Risk Area includes, but is not limited to, any intake center (reception and evaluation), infirmary, x-ray area, therapeutic community, or transportation unit within the South Carolina Department of Corrections. (Amended by Change 2, dated October 21, 2013.)

High Risk Employee refers to any health care, security, administrative, or management employee assigned to any job duty or area which is determined to be "high risk."

Medical Furlough Coordinators (MFCs) refers to the Health Services Central Office employees responsible for coordinating the medical furlough process between the inmate, the inmate's family, and SCDC employees. The MFCs ensure that proper procedures are followed and that appropriate paperwork is completed and forwarded appropriately.

SIGNATURE ON FILE

—
s/Jon E. Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED BY THE DIVISION OF POLICY DEVELOPMENT.

ATTACHMENT A
ANEXO A

You Have the Power to Donate Life - Be an Organ Donor
¡Usted tiene el poder de donar vida! Sea un donante de Órgano

You have the power to save people's lives by being an organ donor.
¡Usted tiene el poder de salvar vidas siendo un donante de órgano!

Organ transplants offer patients a new chance at healthy, productive and normal lives and return them to their families, friends and communities.

El trasplante de órganos ofrece a los recipientes una segunda oportunidad para vivir una vida normal y productiva con sus familiares, amigos y en sus comunidades.

Transplantation is one of the most remarkable success stories in the history of medicine. It provides hope to thousands of people with organ failure. But organ transplantation requires the commitment of donors. Unfortunately, the need for donors is much greater than the number of people who actually donate.

Uno de los logros más exitosos en la historia de la medicina es la posibilidad de transplantar órganos. Ha permitido a los médicos salvar vidas, restaurar la salud y mejorar la calidad de vida por medio de la donación de órganos. Desafortunadamente, la necesidad de donantes es mucho mayor que el número de personas que actualmente donan.

As a donor, you can save as many as eight lives.
Usted puede salvar hasta ocho vidas mediante la donación de órganos.

Organs that can be donated include: Heart, Kidneys, Liver, Lungs, and Pancreas

Órganos que pueden ser donados incluye: Corazón, Riñones, Hígado, Pulmones, y Páncreas.

The Need of Donors

The need for donated organs continues to grow. In the United States, nearly 100,000 men, women and children currently await life-saving organ transplants. More than 700 of them are on the South Carolina waiting list. Sadly, on an average of 18 people die each day due to a lack of available organs.

Donantes Necesitados

La necesidad de donantes de órganos, continúa creciendo. En los Estados Unidos hay más de 100,000 hombres, mujeres y niños que esperan un trasplante. Entre ellos 700 están en lista de espera para trasplante en Carolina del Sur. Desafortunadamente, un promedio de 18 personas fallecen al día por la escasez de órganos.

The Need among African Americans is Greatest

Many African Americans have never thought about being an organ donor, even though there is a critical shortage of donors.

La Mayor Necesidad Existe entre los Africano Americanos

Un gran número de africano-americanos no han considerado ser un donante de órgano aún cuando hay una escasez de donantes.

More than one third of all patients in the U.S. waiting for kidney transplant are African Americans. The majority of patients waiting on the South Carolina list are African American and most of them are awaiting kidney transplant. This is due in part to African Americans risk for many illnesses like high blood pressure, diabetes and heart disease that can lead to the need for an organ transplant.

Más de una tercera parte de los pacientes en los Estados Unidos que están en listas de espera para trasplante de riñones son africano-americanos. La mayoría de pacientes en listas de esperas para trasplante en Carolina del Sur son africano-americanos con la mayoría de ellos esperando trasplante de riñones. Esto es dado en parte a que los africano-americanos corren más riesgos con enfermedades como la alta presión, diabetes y enfermedades del corazón que pueden llevar a la necesidad por un trasplante de órgano.

How the Donation Process Works

Your commitment to donation will not interfere with your medical care. Organ donation becomes an option only after all life-saving efforts have been made and death has been declared. After consent for donation is confirmed, your family is asked to participate in the process by providing your medical history.

El Proceso de Donación

Su compromiso como donante no interferirá con su atención médica o tratamiento. La donación de órganos será una opción solamente, después que todos los esfuerzos para salvar la vida de la persona hayan sido efectuados y después de que lo hayan declarado muerto. Es importante entender que la donación no ocurrirá hasta que se confirme el consentimiento del donador y un profesional discuta el proceso de donación con su familia y el historial médico del donante.

Surgical procedures are used to recover donated organs. The body is always treated with great care, respect and dignity.

La recuperación de los órganos se realiza a base de cirugía y bajo la supervisión de cirujanos especializados, quienes tratan el cuerpo con mucho cuidado, respeto y dignidad.

More Facts about Organ Donation

Más Datos sobre la Donación

People of all ages, races, and medical histories should consider themselves potential donors.

Personas de todas las edades, razas, e historial médico deben de considerar ser un posible donador.

Your medical condition at the time of death will determine what organs and tissues can be donated.

Cuando el donante fallezca, los profesionales médicos apropiados determinarán si sus órganos y tejidos puedan ser donados.

All major religions support organ donation and see it as a final act of love and generosity toward others.

Las principales religiones del mundo apoyan la donación de órganos y tejidos y lo ven como el último acto de amor y generosidad al prójimo.

Donation should not delay or change funeral arrangements. An open casket funeral is possible.

La recuperación de los órganos y tejidos no retrasa o cambia los servicio fúnebres. Es posible tener el ataúd abierto.

There is no cost to the donor's family or estate for donation. The donor family pays only for medical expenses before death and for costs associated with funeral arrangements.

La donación de órganos y tejidos no tiene costo ni para el donante ni para la familia. La familia del donante paga solamente por los gastos médicos antes de la muerte y por el costo del funeral.

In the United States, it is illegal to buy or sell organs for transplantation.

La compra y venta de órganos y tejidos para trasplantes es ilegal en los Estados Unidos.

Organs are distributed based upon medical information like blood type and body size. It is illegal to distribute organs based on such non-medical information as wealth, citizenship or celebrity status.

La distribución de órganos son basado en la información médica que incluye tipo de sangre y otras condiciones vitales. La distribución de órganos no basado en factores médico como riqueza, nacionalidad o condición de celebridad es ilegal.

How to Become a Donor?
¿Cómo puedo ser un Donante?

Complete an organ donation form, which will be placed on file in your SCDC medical record.

Inscríbese llenando el registro de donador de órgano y tejido, donde permanecerá en el expediente médico del recluso del Departamento de Corrección de Carolina de Sur.

ATTACHMENT B
ANEXO B

MY COMMITMENT TO DONATE LIFE UNIFORM DONOR CARD
REGISTRO DE COMPROMISO COMO DONANTE DE ÓRGANOS/TEJIDOS

I, _____, have spoken to my family about
Yo, (su nombre y apellido) (use letra de molde), he comunicado a mi familia sobre la

Organ and tissue donation. I wish to donate the following:
donación de órgano y tejido. Doy mi consentimiento a donar:

any needed organs and tissue
todo órganos y tejidos necesitado only the following organs and tissue:

solamente los siguiente órganos y tejidos

The following people have witnessed my commitment to be a donor.
Las siguientes personas son testigos de mi compromiso de ser un donante.

Donor

Signature _____ **Date** _____

Firma de donante

Fecha

Signature Witness 1 _____

Firma del testigo 1

Signature Witness 2 _____

Firma del testigo 2

The donor and witnesses must be 18 of age or older. El donante y testigos deben tener 18 años de edad o mayor

