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Access to Health Care	ACA Standards: 2-CO-4E-01, 5-ACI-4A-01M, 5-ACI-5E-10, 5-ACI-6A-01M, 5-ACI-6A-02, 5-ACI-6A-03, 5-ACI-6A-04, 5-ACI-6C-10, 4-ACRS-4C-01M, 4-ACRS-4C-15, 4-ACRS-4C-17		
Steven Harpe, Director Oklahoma Department of Corrections		Signature on File	

Access to Health Care

The Oklahoma Department of Corrections (ODOC) ensures that every inmate has unimpeded access to health care. (2-CO-4E-01, 4-ACRS-4C-01M) Continuity of care is provided from admission to transfer or discharge from the facility, including referral to community-based providers when indicated. (5-ACI-6A-04) Health related services will be provided in a timely manner.

I. Definitions

A. Health Care Provider

Health care providers are defined as any person licensed in the delivery of health care. For the purpose of establishing defined duties, the following language will be used:

1. Health Care Provider

Includes physicians, dentists, physicians' assistants, advanced practice nurses, and others who, by virtue of their education, training, credentials, and experience, are permitted by law within the scope of their professional practice statutes to provide medical care for inmates.

2. Qualified Health Care Professional (QHCP)

Includes all health care providers as well as registered nurses (RN), licensed practical nurses (LPN), certified medication aides (CMA) and others who, by virtue of their education, training, credentials and experience, are permitted by law within the scope of their professional practice statutes to perform clinical duties for inmates.

B. Health Care Staff

Includes all QHCPs as well as medical administrative and support staff.

C. Qualified Mental Health Professional (QMHP)

Includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, training, credentials, and experience are permitted by law within the scope of their professional practice statutes to evaluate and provide mental health care for inmates.

D. Inmate/Staff Health Care Encounter

Contact between an inmate and a QHCP or QMHP who has primary responsibility for assessing and treating the inmate for a given contact.

II. Inmate Orientation (5-ACI-6A-01M, 4-ACRS-4C-01M)

A. Participation

1. Upon arrival at ODOC and/or assignment to a facility, the following information is communicated to all inmates, both orally and in writing, and in a language clearly understood by the inmate: (5-ACI-6A-01M)

a. How to access health services; (5-ACI-6A-01M)

- b. How to access the grievance system in accordance with [OP-090124](#) entitled “Inmate/Offender Grievance Process”; and (5-ACI-6A-01M, 4-ACRS-4C-01M)
 - c. Sexual abuse/assault including:
 - (1) Prevention/intervention;
 - (2) Self-protection;
 - (3) Reporting sexual abuse/assault; and
 - (4) Treatment and counseling.
 2. Information regarding the medication administration system and copayments will be provided during orientation. (5-ACI-6A-02 b#1)
 3. An in-depth medical orientation session will be provided during the initial reception process and when an inmate is transferred to another facility in accordance with [OP-060201](#) entitled “Initial Reception of Inmates.”

B. Format

All orientation sessions will be presented in an oral format by health care staff and will include: (5-ACI-6A-01M)

1. A written instructional brochure/handout entitled “Medical Orientation” ([Attachment B](#) or [Attachment B-1](#) (Spanish), both attached) will be provided to each inmate. The brochure will include information on the Prison Rape Elimination Act (PREA), sick call process, clinic hours etc. The information will be reviewed annually and updated as needed. (5-ACI-6A-01M)
2. An explanation of the effect of the HIPAA (Health Insurance Portability and Accountability Act of 1996) law, regarding the release of protected health information contained in an inmate’s health record.
3. Appropriate assistance will be provided to inmates who are unable to comprehend the material presented because of language barriers, illiteracy, hearing impairments, developmental disabilities, or mental illness. (5-ACI-6A-01M)

III. Medical Access Program Components

A. Emergency Care

Emergency care will be provided in accordance with [OP-140118](#) entitled

“Medical Emergency Response.”

B. Sick Call

1. Availability

Sick calls will be available to all inmates to initiate requests for health services on a daily basis. Requests will be triaged daily by a RN or LPN. A priority system will be used to schedule clinic appointments. Clinical services will be available to inmates daily and will be performed by a health care provider, RN, LPN or QMHP. (5-ACI-6A-03)

2. Requests

- a. All sick call requests will be submitted to the facility’s health services unit or medical host facility, using the “Request for Health Services” ([DOC 140117A](#) or [DOC 140117A-1](#) (Spanish), attached).
- b. A “Request for Health Services” ([DOC 140117A](#) or [DOC 140117A-1](#) (Spanish), attached) is not required when an inmate returns to a clinic to receive medical, dental, or optometric follow-up treatment that was previously recommended by a health care provider.
- c. Sick call request forms will be readily available and accessible to all inmates at designated locations within facilities.
- d. Each facility’s health services unit will designate a process for collecting/receiving sick call request forms. This process may require inmates to submit the request forms in person to the health services unit at designated times, via a secure collection box or electronic transmission.
- e. Health care staff will record the date of receipt and will affix their initials to all sick call request forms received.
- f. Upon receipt of “Request for Health Services” ([DOC 140117A](#) or [DOC 140117A-1](#) (Spanish), attached) forms, a RN or LPN, will review and prioritize (triage) and schedule clinic appointments. If during the triage process an emergent need is identified, a health care assessment will be conducted immediately.
- g. Inmates initiating a sick call request may cancel an appointment prior to the date/time of the scheduled appointment.

3. Log

- a. Each health services unit will maintain a "Sick Call Log" ([DOC 140117B](#), attached). All "Request for Health Services," ([DOC 140117A](#) or [DOC 140117A-1](#) (Spanish), attached), forms received will be documented on the "Sick Call Log," ([DOC 140117B](#), attached).
- b. The sick call log will be secured and maintained by the facility's correctional health services administrator (CHSA) or designee. Monthly statistics will be compiled from the sick call log.

C. Medication Refills

All medication refill requests will be submitted in accordance with [OP-140130](#) entitled "Pharmacy Operations."

D. Cost of Health Care (5-ACI-6A-01M, 5-ACI-6A-02)

1. All inmates will be notified in writing, at the time of admission, of the guidelines of the co-payment system. (5-ACI-6A-02 b#1)
2. Inmates will not be refused health care because of their financial status. However, inmates will be charged a \$4.00 co-payment fee for each inmate-initiated request for medical, dental or optometric service, and \$4.00 for each medication issued during an inmate-initiated clinic visit. (5-ACI-6A-02 b#2)
3. Any medication renewal will be charged the \$4.00 co-payment fee for each medication. Medications that are listed on the exempted medication list ([Attachment A](#), attached) will not be assessed the co-payment fee.
4. A co-pay of \$25.00 per emergency room visit will be assessed for any inmate assigned to work release, if the emergency room visit does not result in a hospital admission.
5. Inmates will not be charged a \$4.00 copayment fee for the following: (5-ACI-6A-02 b#3)
 - a. Physical examinations and health assessments;
 - b. Health care provider- initiated health care services, including any medical, dental, and optometric follow-up treatment, that may be recommended by a health care provider, and can be scheduled on a subsequent clinic visit; (5-ACI-6A-02 b#3)
 - c. Laboratory services;

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- d. Radiological services;
- e. Immunizations, tuberculosis screening, vaccinations, and any other treatment prescribed for public health concerns;
- f. Mental health services;
- g. Initial health assessments conducted during the reception process at the assessment and reception center;
- h. EKG's, dressing changes, and other treatments prescribed by a healthcare provider;
- i. Prenatal, perinatal, and clinically indicated postpartum care;
- j. Health care provider initiated medical referrals to outside public or private health care facilities;
- k. Initial acute care treatment rendered for an on-the-job injury;
- l. Prescription medications prescribed for asthma, coronary artery disease, chronic obstructive pulmonary disease, diabetes mellitus, Hepatitis C, HIV, hypertension, seizures, or other persistent/long-lasting conditions or diseases as designated by the CMO.
- m. Emergency or trauma care (i.e., life threatening medical conditions).

E. Waiver

A waiver is the intentional and voluntary giving up of something; the act of choosing not to use or require something that you are allowed to have or that is usually required; an official document indicating that someone has given up or waived a right or requirement.

1. A "Waiver of Treatment/Evaluation" ([DOC 140117D](#), attached) does not need to be signed for:
 - a. Vital sign refusal (BP, pulse, respirations, temperature, FSBS, weight, height, etc.);
 - b. No show for a self-initiated sick call (most illnesses are self-limiting);
 - c. No-show for pill line – Refer to [OP-140143](#) entitled "Nursing Staff" for monitoring adherence; or

- d. For every time a patient refuses a dose of medication - Refer to [OP-140143](#) entitled "Nursing Staff" for monitoring adherence.

2. Procedure for Obtaining a Waiver

- a. When an inmate refuses treatment or procedure prescribed by a health care provider, a RN or LPN will interview the inmate to determine the reason(s) for refusal. Based upon the results of the interview, the interviewer will either:
 - (1) Provide appropriate counseling, support and/or education;
 - (2) Refer the inmate to the prescribing medical provider for further explanation and education; or
 - (3) Refer the inmate to a QMHP for further assessment and counseling.
- b. If the inmate refuses to report for the interview appointment, health care staff will notify the facility head or designee to request that the inmate be escorted and/or laid in from work assignment to complete the interview/counseling.
- c. If at any time during this process, any health care staff has reason to believe that due to mental illness or defect, the inmate lacks the capacity to make a reasonable decision about consent or refusal of treatment, then they will be referred to a QMHP for an evaluation of competency. If the inmate is found to be incompetent to waive treatment and is in need of further mental health evaluation and/or intensive treatment, then they will be transferred to an appropriate mental health unit until such time that they regain competency.
- d. If after all the above efforts have been exhausted and the inmate continues to refuse or waive treatment a RN, LPN, or QMHP will complete the "Waiver of Treatment" ([DOC 140117D](#), attached) or the "Fecal Occult Blood Testing Education/Acceptance/Waiver" ([DOC 140117C](#), attached) and obtain the required signatures. If the inmate refuses to sign the waiver, it will be so noted in writing by the primary witness (health care staff) and will be cosigned by a secondary witness (any correctional staff).
- e. Court Intervention

When a facility's health care provider determines that a life-threatening situation exists, as a result of an inmate initiating a waiver of treatment, the facility's CHSA, the chief Medical Officer (CMO), and facility head will be notified immediately. The CMO or designee, in conjunction with the general counsel, will determine the necessity of seeking a court order allowing ODOC to initiate life-saving measures.

F. Assessment of Outside Provider No Show Fees

When an inmate has previously agreed to go to an outside specialty care provider appointment upon a referral from the ODOC provider, then refuses to go to the appointment without allowing cancellation within 24 hours of signing the "Agreement to Attend Outside Appointment" ([DOC 140117E](#), attached), the inmate may be assessed the full cost of any "No Show Fee" submitted by the outside specialty provider to ODOC. This assessment may be deferred upon legitimate extenuating circumstances not under the inmate's control contributing to the late waiver of the appointment as determined by the ODOC provider or CHSA.

G. Nursing Practice Protocols (4-ACRS-4C-17)

1. A RN or LPN will use ODOC nursing practice protocols in accordance with [MSRM 140117-01](#) entitled "Nursing Practice Protocols," when conducting inmate assessments. Protocols will be readily available to all ODOC and private prison nursing staff.
2. The CMO will review and approve all nursing protocols, prior to implementation.

H. Healthcare Provider Appointments

1. A RN or LPN will conduct the initial assessment to determine if there is a medical necessity for the inmate to be referred to a medical provider. Nursing practice protocols may be utilized when appropriate.
2. An advanced practice nurse or physician assistant will refer an inmate to a physician, if the inmate requires care or treatment that is beyond their scope of practice.
3. An inmate will be referred to an ODOC or private prison physician for further evaluation if the inmate has been examined by an advanced practice nurse or physician assistant twice for the same complaint and has not demonstrated clinical improvement.

I. Inmate/Medical Staff Health Care Encounter

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1. Inmate observations, vital signs, and other pertinent information obtained during an inmate/staff encounter will be documented in the inmate's electronic health record, in accordance with [OP-140106](#) entitled "Healthcare Record System."
2. Vital signs will be obtained during an inmate/medical staff encounter. However, vital signs may be excluded during encounters that involve scheduled blood pressure checks, breathing treatments, finger stick blood sugar checks, lab draws, mental health unit rounds, medication administration at pill line, segregated housing unit rounds, and during therapeutic interventions.
3. Inmate medical staff encounters, including medical and mental health interviews, examinations and procedures, will be conducted in a setting that respects the inmate's privacy, and will be consistent with necessary security requirements. (5-ACI-6C-10)

J. Outside Specialty Care (5-ACI-6A-04)

Inmates whose medical needs require health-related services not available at a correctional facility may be referred to an outside health care provider in accordance with [OP-140121](#) entitled "Outside Providers for Health Care Management."

K. Dental Care

The dentist on-duty, health care provider, RN or LPN will be responsible for assessing an inmate who presents with symptoms of a dental emergency, in accordance with [OP-140124](#) entitled "Dental Services."

L. Mental Health Care (4-ACRS-4C-15)

Inmates will have access to mental health services in accordance with [OP-140201](#) entitled "Mental Health Services Duties and Responsibilities."

M. Laboratory Services

Laboratory services will be provided in accordance with [OP-140132](#) entitled "Laboratory, Radiology and Optometric Services."

N. Pregnancy Services

The management of pregnancy will be accordance with [MSRM 140117.02](#) entitled "Management of Pregnancy." (5-ACI-5E-10)

O. Chronic Illness Management Clinics

Inmates identified with certain chronic illnesses will receive medical treatment in accordance with [OP-140137](#) entitled “Chronic Illness Management.”

P. Missed Clinic Appointments

1. Inmate-Initiated Request for Appointment

If an inmate misses a clinic appointment scheduled at their request (i.e., via sick call), the appointment will be documented as “No Show” (NS) indicating that they did not attend the scheduled clinic appointment. The inmate may submit a new “Request for Health Services” ([DOC 140117A](#) or [DOC 140117A-1](#) (Spanish), attached) to reschedule the appointment if desired.

Q. Provider-Initiated Request for Appointment

1. If an inmate misses any aspect of chronic care or physical examination, the inmate will be rescheduled one time. If the inmate misses the rescheduled appointment, the inmate will be required to report to medical for counseling of potential risks of foregoing therapy by the health care provider or RN/LPN. If the inmate does not report to medical when scheduled for counseling, this action may be handled as a disciplinary infraction. If the inmate refuses the chronic clinic or physical examination appointment, the inmate will complete the “Waiver of Treatment/Evaluation” ([DOC 140117D](#), attached) as stated in Section III. E. The health care provider or RN/LPN will document on the “Chronic Clinic and/or Routine Physical Examination” ([DOC 140137A](#)) that the inmate has waived or no showed the chronic clinic visit and assign the note to the health care provider for review and signature. If in the health care provider’s opinion the inmate’s condition will deteriorate without medical intervention, previously prescribed medications may be continued.
2. If the inmate misses a health care provider initiated follow-up appointment, the health care provider will be notified to determine if the inmate needs to report to the clinic. If the health care provider determines that the inmate does not need to report to the clinic, a “Waiver of Treatment/Evaluation” ([DOC 140117D](#), attached) will not be required. Health care provider notification for “No Show for Follow-up Appointment” will be documented in the inmates EHR by health care staff.

R. Segregation Status/Special Management/Restrictive/Extended Restrictive Housing (5-ACI-4A-01M)

1. Health care staff will be informed immediately when an inmate is transferred to special management/restrictive housing. A review and assessment of the inmate’s current health status will be conducted

by a RN or LPN within one working day. If the results of the screening by the RN or LPN indicate that the inmate is at imminent risk for serious self-harm, suffers from a serious mental illness, or requires emergency medical care, a health care provider, RN or LPN will provide assessment and treatment as required.

2. Upon entering a special management/restrictive/extended restrictive housing unit, the presence of a QHCP will be announced and recorded in the segregation/restrictive unit's security logbook.
3. The facility's health authority will determine the frequency of health care providers' visits to special management/restrictive/extended housing units.
4. Inmates participating in a Keep-On-Person (KOP) medication program will be required to relinquish all KOP medications when they are transferred to a special management/restrictive/extended restrictive housing unit. Relinquished medications will be returned to the appropriate health services clinic.
5. A QHCP will document all medications that are administered to an inmate residing in a special management/restrictive/extended restrictive housing unit, in accordance with [OP-140106](#) entitled "Healthcare Record System."
6. A QHCP will make daily rounds on special management/restrictive/extended restrictive housing units, unless medical attention is needed more frequently, to solicit health care requests, administer medications, and to identify any changes in the inmate's health status. All identified health status changes will be documented in the inmate's health record in accordance with [OP-140106](#) entitled "Healthcare Record System." Certified medication aides will document and report any inmate's health change to a RN, LPN or the health care provider. The QHCP who conducts rounds will document the date and time of each visit on the special management/restrictive unit's "Individual Special Management/Restrictive/Extended Restrictive Housing Log" ([OP-040204](#), [Attachment A](#)) or "Individual Inmate Transit Detention Log" ([OP-040206](#), [Attachment C](#)) and in accordance with [OP-040204](#) entitled "Special Management Units", [OP-040203](#) entitled "Restrictive/Extended Restrictive Housing" or [OP-040206](#) entitled "Transit Detention Units."

S. Transit Detention Units (TDU)

1. A QHCP will make daily rounds on transit detention units (TDU) unless medical attention is needed more frequently. Documentation of daily visits including date and time will be on the transit detention

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unit's "Individual Inmate Transit Detention Log" ([OP-040206, Attachment C](#)).

2. All inmate medications will be relinquished to facility staff upon transfer.
3. Non-medical facility staff will continue to issue medications to the inmates in TDU in accordance with [OP-140143](#) entitled "Nursing Staff."
4. Medication issued in TDU will be documented on the "Community Corrections Supervised Medication/Syringe Count Log or Supervised TDU Medication Log" ([DOC 140130J](#))

IV. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-040203 entitled "Restrictive/Extended Restrictive Housing"

OP-040204 entitled "Special Management Units"

OP-040206 entitled "Transit Detention Units"

OP-060201 entitled "Initial Reception of Inmates"

OP-090124 entitled "Inmate/Offender Grievance Process"

OP-140106 entitled "Healthcare Record System"

OP-140118 entitled "Medical Emergency Response"

OP-140121 entitled "Outside Providers for Health Care Management"

OP-140124 entitled "Dental Services"

OP-140130 entitled "Pharmacy Operations"

OP-140132 entitled "Laboratory, Radiology and Optometric Services"

OP-140137 entitled "Chronic Illness Management"

OP-140143 entitled "Nursing Staff"

OP-140201 entitled "Mental Health Services Duties and Responsibilities"

Medical Services Resource Manual 140117.01 entitled "Nursing Practice Protocols"

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Medical Services Resource Manual 140117.02 entitled “Management of Pregnancy”

57 O.S. § 623.

V. Action

The chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140117 entitled “Access to Health Care” dated December 21, 2021

Distribution: Policy and Operations Manual
Agency Website

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<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140117A	"Request for Health Services"	Attached
DOC 140117A-1	"Request for Health Services" (Spanish)	Attached
DOC 140117B	"Sick Call Log"	Attached
DOC 140117C	"Fecal Occult Blood Testing Education/Acceptance/Waiver"	Attached
DOC 140117D	"Waiver of Treatment"	Attached
DOC 140117E	"Agreement to Attend Outside Specialty Appointment"	Attached
DOC 140130J	"Community Corrections Supervised Medication/Syringe Count Log or Supervised TDU Medication Log"	OP-140130
DOC 140137A	"Chronic Clinic and/or Routine Physical Examination"	OP 140137
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment B	"Medical Orientation"	Attached
Attachment B-1	"Medical Orientation" (Spanish)	Attached
Attachment A	"Individual Special Management/Restrictive/Extended Restrictive Housing Log"	OP-040204
Attachment C	"Individual Inmate Transit Detention Log"	OP-040206