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Convalescent and Infirmary Care	ACA Standards: 2-CO-4E-01, 5-ACI-6A-07, 5-ACI-6A-09, 5-ACI-6E-02, 5-ACI-6E-03, 5-ACI-6E-04		
Steven Harpe, Director Oklahoma Department of Corrections		Signature on File	

Convalescent, Infirmary, Observation, and Specialized Medical Units/Beds

Convalescent, observation, infirmary and specialized medical care units/beds provide medical care to inmates under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC). (2-CO-4E-01, 5-ACI-6A-09) Inmates will be admitted to the infirmary only under medical provider orders. All staff providing care will maintain current licenses in accordance with [OP-140134](#) entitled "Credentialing Process." (5-ACI-6A-09 b#6) The Oklahoma Department of Corrections (ODOC) maintains infirmaries at designated facilities.

I. Definitions

A. Intra-System Transfer/In-Transit Inmates

The transfer of any inmate within the ODOC system and contract facilities. This also includes parole violators placed at facilities under the terms of an "Imposition of Intermediate Sanctions" ([OP-161001](#), [Attachment J](#)) agreement and in-transit inmates. In-transit inmates may include returned

escapees, interstate agreement inmates, special supervision program failures, etc.

B. Inter-Facility Transfers

Inter-facility transfers are inmates transferred from one unit to another within the same facility. Inter-facility transfers do not require a medical transfer request, medical packet, or approval by the Chief Medical Officer (CMO) or designee.

C. Infirmary (5-ACI-6A-09)

1. An infirmary is a specific, yet separate, area that provides medical care for a period of 24 hours or more. The infirmary will be operated for the purpose of providing skilled nursing care, custodial nursing care, special housing of inmates, and those who do not require hospitalization as determined by the medical authority. (5-ACI-6A-09 b#1)
2. The need for such care will be determined by the medical authority at the facility and approved by the Chief Medical Officer/designee if intra-facility medical transfer is required. The responsibility of an infirmary will be assigned to one designated physician. Inmates will be admitted to the infirmary only under medical provider orders. The ODOC maintains infirmaries at the following designated facilities:
 - a. Oklahoma State Penitentiary

Male inmate unit for maximum, medium and minimum-security inmates.
 - b. R. B. Dick Conner Correctional Center

Male inmate unit for medium, minimum and community security inmates.
 - c. Mabel Bassett Correctional Center

Female inmate unit for all security levels.
 - d. Lexington Correctional Center

Male inmate unit for all security levels.

II. Procedures for Infirmaries

A. Procedures for Infirmaries Will Include, But Not be limited to:

1. Completion of admission and discharge summaries;

2. Availability of a manual of nursing care procedures; (5-ACI-6A-09 b#5) and
3. Review of infirmary rules, standards for conduct and information for accessing inmate services will be conducted with the inmate upon their admission.

B. Minimum Standards for Infirmary Care (5-ACI-6E-02)

1. A provider will be on-call 24 hours per day; (5-ACI-6A-09 b#2)
2. Health care personnel with access to a medical provider or a registered nurse are on duty 24 hours per day when inmates are present; (5-ACI-6A-09 b#3)
3. Inmates will be within sight or sound of a staff person; (5-ACI-6A-09 b#4)
4. Frequency of charting for custodial and handicapped inmates will be designated by the medical authority, but will be at a minimum, monthly;
5. Inspections to ensure adequate health and safety will be in accordance with [OP-130107](#) entitled "Standards for Inspections" to ensure facilities meet the following: (5-ACI-6E-04)
 - a. Operable washbasins with hot and cold running water available 24 hours a day; (5-ACI-6E-03)
 - b. Sufficient bathing facilities to allow inmates to bathe daily to include those with physical impairments or who need assistance; (5-ACI-6E-02) and
 - c. Toilet facilities and hand-washing facilities are accessible 24 hours a day. Inmates are able to use toilet facilities without staff assistance when they are confined in the infirmary area.
6. Personal hygiene and appearance will be in accordance with [OP-030501](#) entitled "Personal Hygiene and Appearance Code."

C. Transfer to Infirmary for Observation, Convalescent and Infirmary Care

When an inmate requires short-term care for observation of a medical problem or recovery from an illness/injury, the medical authority will adhere to the following guidelines:

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1. An “Infirmary Log” ([DOC 140119A](#)) will be utilized to document all inmates who are admitted into the infirmary for admission, observation or convalescent care.
2. An “Infirmary Checklist” ([Attachment A](#)) will be available for all qualified health care professionals (QHCP), as a resource to assist with quality of care.
 - a. The intra-facility transfer of an inmate to a facility that provides infirmary care will be approved and coordinated through the Chief Medical Officer/designee in conjunction with the administrative Nurse Manager/designee, both facility nurse managers and the inmate’s healthcare provider. Inmate patients who require complex management will necessitate a medical provider and/or nurse communication prior to transfer to or from an infirmary facility. Examples of such patients would include, but not be limited to chemotherapy, complex insulin regimens, IV therapies, treatment with uncommon or complex medications, complex wound management, and inmate patients recently discharged from the hospital.
 - b. Upon infirmary discharge, if medically appropriate, the inmate will be returned to the sending facility unless arrangements have been made through the Chief Medical Officer/designee to be transferred to another facility.
 - c. The sending facility CHSA/Nurse Manager/designee will provide a verbal inmate status report to the nursing staff at the receiving facility and ensure that all necessary paperwork, documents and supplies are transferred with the inmate.
 - d. The Chief Medical Officer/designee will advise the Population Office and the sending facility of the approval to transfer the inmate. Should the Population Office be closed, they will be notified the following business day by the sending facility or designee.
 - e. The medical record will be transferred in accordance with [OP-140106](#) entitled “Healthcare Record System.”

D. Infirmary

1. Medical Provider

Infirmary admission orders will be written within one working day to include:

- a. Diagnosis;

- b. List of Medication(s), located under “Medications” in the Electronic Health Record (EHR);
 - c. Diet;
 - d. Activity restrictions;
 - e. Vital sign frequency;
 - f. An “Infirmary/Convalescent H & P Admission Assessment” note ([DOC 140119D](#)) and treatment plan will be completed by the medical provider within one working day of admission to the infirmary; (5-ACI-6A-07)
 - g. A “Provider Assessment Note” (located in the EHR) will address the inmate’s current health status as indicated by the medical provider;
 - h. Frequency of charting for custodial and handicapped inmates will be designated by the facility medical authority, but will not be less than monthly; and will be appropriate for the medical conditions being treated.
 - i. An order to discharge will be written when the medical provider determines that infirmary care is no longer required.
2. An “Infirmary Discharge Summary” ([DOC 140119C](#)) will be completed by the medical provider within three working days of the inmate’s discharge. The discharge summary will include:
- a. Admission diagnosis;
 - b. Discharge diagnosis;
 - c. Brief history including chief complaint, relevant clinical course while in the infirmary, and any essential physical findings relevant for continued care.
 - d. All diagnostic tests performed during the infirmary stay.
 - e. List of medications prescribed (located under “Medications” in the EHR);
 - f. Brief summary of care provided, the inmate’s response to treatment, medical complications encountered, and any outside health care referrals that may have interrupted the infirmary period; and
 - g. Follow-up care plan and next appointments.

3. Nursing Documentation

- a. A “RN Admission Assessment and Healthcare Plan” (located in the EHR) will be completed within one working day. RNs and LPNs will ensure continuity of care by implementing the care plan as written. The RN will update the care plan on an as-needed basis by utilizing the “Infirmiry Health Care Plan” ([DOC 140119B](#)).
- b. “RN Daily Shift Assessments” (located in the EHR) will be conducted and completed on each infirmiry patient by an RN every 24 hours.
- c. An RN/LPN shift note will be completed on the remaining shifts by the nurse on duty.
- d. Vital signs will be obtained and documented as ordered by the medical provider.

E. Special Visits While Assigned for Infirmiry Care

Exceptions to the facility’s inmate visitation procedure may be granted at the discretion of the facility head and the facility medical authority.

F. Convalescent Care

Convalescent care provides custodial care like bathing, dressing and eating, as well as skilled nursing care for inmates who are chronically ill, terminally ill or disabled. When an inmate requires convalescent care, the medical authority will adhere to the following guidelines:

1. An order for convalescent care status will be completed within one working day.
2. An “Infirmiry/Convalescent H & P Admission Assessment” ([DOC 140119D](#)) note and treatment plan will be completed within one working day. (5-ACI-6A-07)
 - a. An order to discharge upon release from convalescent status.
 - b. Documentation of a daily convalescent care status note by a QHCP.
 - c. All documentation will be maintained in the EHR.

G. Observation Status

1. Observation status may be used in cases that do not require 24-hour nursing care. Observation status may include, but not be limited to, inmates recovering from a surgical procedure, being treated for noncritical illnesses, receiving intravenous infusions, or to ensure that an inmate is prepared properly for a medical/dental procedure. It may also be used to assist the medical provider in determining whether admission to the infirmary or transfer to an outside hospital is necessary when initial care needs are not clear.
 - a. Observation services will be provided within the system for inmates determined not to require admission to the infirmary or hospital for up to 72 hours.
 - b. Observation status may exceed 72 hours under extenuating circumstances for which medical and safety issues prohibit release of the inmate. Should an inmate require more than 72 hours of observation status, the facility medical provider will complete the "Infirmary-Observation Status Daily Note" (located in the EHR) and co-sign to the CMO for review and approval to extend the observational status, be admitted to the infirmary or transfer to a hospital.

H. Observation Status Requirements

1. When an inmate requires observation status, the medical provider will adhere to the following guidelines:
 - a. An order for observation status will be completed within one working day. The ordering medical provider will enter a clinical note stating the indication for observation, relevant history and exam findings supporting the decision and a management plan while the patient remains under observation.
 - b. Minimum documentation for observation status will include an "Infirmary/Medical Observation Status Daily Note" by a QHCP and daily vital signs.
 - c. If additional medical monitoring is required, an order will be placed in the EHR by the medical provider. The note will include the frequency of monitoring to be completed. The additional monitoring will be documented in the EHR using the "Wellness Check" nursing protocol.
 - d. An order to discharge upon release from observation status.
 - e. All documentation will be maintained in the EHR.
 - f. If an inmate is to be monitored by security in a non-medical cell, monitoring will be documented by security staff in

accordance with [OP-040204](#) “Special Management Units” ,
[OP-040203](#) and “Restrictive/Extended Restrictive Housing.”

III. Specialized Medical Units/Beds

Requirements for specialized medical units/beds vary based on the facility's capabilities as outlined in “Specialized Medical Units/Beds” ([OP-140113, Attachment C](#)). Inmates will be able to care for themselves physically and/or require minimal assistance with daily tasks. Specialized medical units/beds are generally limited to medically fragile, disabled or cognitively impaired inmates who do not require complex daily skilled nursing care.

IV. Sheltered Housing

Sheltered housing may be used when an inmate's health needs require a more protective environment than general population, not requiring 24-hour nursing care (e.g. hospice level, step down, or transitional mental health care).

A. Sheltered Housing Placement

1. Inmates assigned to sheltered housing may be placed outside of an infirmary (e.g. special management/restrictive housing, observation cells). Inmates will be observed in accordance with [OP-040204](#) entitled “Special Management Units” and [OP-040203](#) entitled “Restrictive/Extended Restrictive Housing” or as determined by a qualified medical provider.
2. Criteria for placing inmates in sheltered housing may include:
 - a. Use of C-Pap machine, oxygen tank or concentrator until adequate accommodations are provided;
 - b. Nothing by mouth (NPO);
 - c. Post-surgery observation;
 - d. Need for assistance in collecting certain timed bodily fluid specimens for specific laboratory testing orders.
 - d. Any altered mental status or possible drug OD need to be observed or monitored in an infirmary setting.
 - e. Educational purposes for newly diagnosed conditions: and/or
 - f. Any other health need that warrants a more protective environment.
3. Sheltered housing is a temporary placement, used to transition inmates back into appropriate housing.

B. Sheltered Housing Requirements

When an inmate requires sheltered housing, the health care provider will adhere to the following guidelines:

1. An order for sheltered housing will be completed within one working day. The reason for ordering sheltered housing will be clearly documented in a note entered into the EHR.
2. To release an inmate from sheltered housing a discharge order will be written.
3. All documentation will be maintained in the EHR.
4. Inmates in sheltered housing will be checked daily by nursing staff in accordance with the "Wellness Check". ([MSRM 140117.01.15.7](#)) will be utilized to document the inmate's health status.

V. Outside Hospitalization

A. Outside Hospitalization Procedures

1. If an inmate is transferred to an outside hospital, the "Notification of Admission to Local/OUNC/LMH Hospital" ([DOC 140121F](#)) will be completed within one working day in the EHR.
2. When an inmate returns to the facility from an outside hospital, the "Post Hospitalization/ER/Procedure Assessment" form ([MSRM 140117.01.15.6](#)) will be completed within one working day.

VI. References

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

OP-030501 entitled "Personal Hygiene and Appearance Code"

OP-040203 entitled "Restrictive/Extended Restrictive Housing"

OP-040204 entitled "Special Management Units"

OP-130107 entitled "Standards for Inspections"

OP-140106 entitled "Healthcare Record System"

OP-140113 entitled "Health Assessment for Inmate Transfers"

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

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OP-140134 entitled "Credentialing Process"

OP-161001 entitled "Specialized Programs Case Management"

VII. Action

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

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

This procedure is effective as indicated.

Replaced: OP-140119 entitled "Convalescent and Infirmary Care of Inmates" dated April 29, 2024

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140119A	"Infirmery Log"	Attached
DOC 140119B	"Infirmery Health Care Plan"	Attached
DOC 140119C	"Infirmery Discharge Summary"	Attached
DOC 140119D	"Infirmery/Convalescent H & P Admission Assessment"	Attached
DOC 140121F	"Notification of Admission to Local/OUMC/LMH Hospital"	OP-140121
MSRM 140117.01.15.6	"Post Hospitalization/ER/Procedure Assessment"	MSRM 140117.01 TOC
MSRM 140117.01.15.7	"Wellness Check"	MSRM 140117.01 TOC
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"Infirmery Checklist"	Attached
Attachment C	"Specialized Medical Units/Beds"	OP-140113
Attachment J	"Imposition of Intermediate Sanctions"	OP-161001