



U.S. Department of Justice
Federal Bureau of Prison
Metropolitan Correctional Center
New York, New York

Institution Supplement

NUMBER: NYM – 6031.03C
DATE: May 29, 2013
SUBJECT: Patient care, Sick Call,
Urgent care for Medical, Dental,
and Psychiatric Services
OPI: Health Services

PURPOSE AND SCOPE:

To establish procedures for providing patient care, urgent medical, psychiatric and dental services. This institution supplement must be read in conjunction with Program Statement 6031.01 for a clear understanding of policy.

In accordance with BOP policy, each inmate will be evaluated on an individual basis to afford privacy. The only exceptions to this policy are: (1) unless there is a life threatening emergency, another inmate will be used as a translator. (2) In cases when the provider requires the presence of a chaperone.

All inmates have access to Bureau health care services. The Bureau will charge \$2 a copayment (co-pay) fee for inmate requested visits to health care providers (sick call). Inmates will not be denied access to necessary health care because of an inmate's inability to pay the co-pay fee.

DIRECTIVES AFFECTED:

Directives Rescinded:

Institution Supplement 6031.01B, Sick Call, Medical Appointments and Emergency Procedures, dated April 26, 2008.

Directives Referenced:

Program Statement 6031.01, Patient Care, dated August 23, 2013
15,2005; 6031.02, Inmate Copayment Program, dated October 3,2005;
6400.02, Dental Services, dated January 15,2005; P1330.16, Administrative Remedy Program,
dated 12/31/07; P4500.07, Trust Fund/Warehouse/Laundry Manual dated May 6,2010; P5290.14,
Admission and Orientation Program, dated April 3, 2003.

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STANDARDS REFERENCED:

American Correctional Association 4th Edition Standards for Adult Correctional Institutions: 4-4344(M), 4-4346, 4-4347, 4-4348, 4-4349, 4-4351(M), 4-4380(M), 4-4381(M), 4-4382(M), 4-4392, 4-4393, 4-4394, 4-4408, 4-4409, 4-4412, 4-4422, 4-4423, 4-4424, 4-4426, and 4-4427.

OBJECTIVES:

- a. Prevention of disease
- b. Inmate health education
- c. Medical intervention to promptly minimize disease
- d. Treatment and therapy of treatable medical, dental and psychiatric conditions according to the Health Services Manual and other Bureau of Prisons Policy.

STRUCTURE:

The Health Services Unit (HSU) is located on the second floor of the institution. The HSU is designed to provide a continuum of care for inmates from the time of admission to discharge in an ambulatory outpatient clinic setting, to include medical, psychiatric and dental care. A contracted community hospital serves as an extension of the HSU, providing for admission for inpatient care, emergencies, and specialty care. Outside contractors are also utilized within the institution.

RESPONSIBILITY:

The Clinical Director is the final clinical decision maker, and provides clinical supervision for the Chief Dental Officer, Staff Physicians, Chief Pharmacist, Physician Assistants and Registered Nurses.

PROCEDURES:

INTAKE SCREENING: Health Services clinical staff conducts an initial assessment of each newly committed inmate upon arrival at institution. This screening is to determine urgent medical, dental, or mental health care needs to include:

1. Signs of acute drug or alcohol intoxication or symptoms of withdrawal; Inmates showing signs of drug or alcohol intoxication or withdrawal symptoms will be managed in accordance with the institution's local procedure for detoxification of chemically dependent inmates. Staff will obtain a detailed history of substance use and conduct an examination. Health Services staff will inform the institution Clinical Director immediately for any inmate showing evidence of substance dependence/abuse.

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2. Restrictions on temporary work assignments;
3. Freedom from contagious infectious disease, noting, TB screening must be initiated within two working days of incarceration; and Inmates with perceived immediate medical/dental/mental health needs will be referred to the appropriate health care staff for evaluation.

Physical Examinations: Health Services clinical staff will perform a physical examination within 14 days of an inmate's arrival at the institution. Dental screening will be completed within 30 days of inmate's arrival at MCC New York. The only exception to this is if the inmate has transferred from another BOP institution and has already had a complete physical examination for this period of confinement. The physical examination includes, but is not limited to, the following components:

- I. **Complete Medical and Mental Health Evaluation and Examination.**
- II. **Ordering of appropriate laboratory and diagnostic tests,** if clinically indicated. Examples include hepatitis screening, eye exam, sickle cell screening (hemoglobin electrophoresis is recommended over Sickledex), sexually transmitted disease (STD) testing, chest X-ray, EKG. (Refer to Program Statement on Infectious Disease Management for HIV testing.) The physical examination is considered complete when the above two steps are completed. The CD or staff physician will review and sign the completed physical examination form.

Urgent Care Notification: The Health Services Department functions as an ambulatory care clinic. Emergency care is available to the inmate population 24 hours a day, 7 days a week.

1. During regular working hours an inmate with an urgent medical condition will notify his/her immediate supervisor or staff member who will personally contact the medical provider on duty. In the event of a life threatening situation, the staff will contact the Duty Mid-Level Practitioner/Registered Nurse (MLP /RN) via radio, and if instructed by medical staff, he/she will proceed to transport the inmate to the Health Services Unit. If the inmate cannot be moved, the medical provider will respond to the site of emergency.

- Emergency response time of four minutes or less is mandatory. Team responders will consist of the following: one medical practitioner, if available a Lieutenant or his/her designee, and available staff that can be designated to assist.

2. After normal working hours, weekends, and holidays, the inmate must make his/her needs known to a staff member.

- a) The staff member will then contact the provider on duty, or the Operations Lieutenant if it is after normal medical coverage from 6:00 am - 10:00 pm. Determination and arrangements for the need of immediate care will then take place. If the emergency warrants, the Operations Lieutenant will call the Medical Officer of the Day (MOD) (P.S.

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6010.02, section 17), for assistance. It is the responsibility of the MOD to initiate transport of the inmate to the local emergency room hospital, if needed.

- b) If emergency treatment is needed in the absence of 24 hour on-site medical coverage, the Lieutenant on duty will notify the MOD of any urgent medical needs of an inmate. The MOD will then make a determination to report to the institution to provide medical assistance, call the MLP on duty to report to the institution or give the order to transport the inmate to a local emergency facility if he/she cannot manage the inmate's medical care in the institution. Team responders will consist of at least the following: a Lieutenant or his/her designee, and any available staff that can be designated to assist.
- c) The Lieutenant has the discretion of initiating the transport of the inmate with a life threatening condition to the community hospital without waiting for medical staff to physically assess the medical emergency.
- d) If there is need for an emergency vehicle, a medical staff or the Operations Lieutenant member will notify Control Center by dialing 6300 or 6313 or via radio and give the following information:
My name is....., please contact 911 Ambulance Services for immediate response.
Describe the exact location, nature of the emergency, and request paramedics if indicated.

On - Site First Aid:

(1) All health care practitioners, including The HSA and AHSA, and Lieutenants, will maintain Cardiopulmonary Resuscitation and Automatic External Defibrillation (AED) certification. The AEDs are located in the Urgent Care Room, Second Floor, Third Floor, and Twelfth Floor Sally Ports, the Special Housing Unit (SHU),

(2) All emergency first aid rendered by staff will be communicated to the duty MLP.

(3) The MLP will examine and evaluate the patient. In the event the patient's medical condition warrants transfer to the local hospital emergency room, this will be done immediately.

(4) An inmate injury assessment will be documented in BEMR.

Use of one or more HSU urgent treatment rooms or facilities:

(1) An Urgent Care Room is available at the Health Services Unit on the second floor.

(2) Treatment rooms in Health Services can be used and converted to temporary Urgent Care rooms if there is an increased amount of urgent care patients.

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Use of HSU emergency medical vehicle:

MCC New York is a high rise; accordingly an emergency medical vehicle is not appropriate for the physical environment.

Transfer of inmates from the institution to a community Hospital:

(1) After hours, if time permits, the MOD will be notified by the Operational Lieutenant prior to transfer of an inmate to the community medical facility. If not notified before regarding the medical urgency of the patient, appropriate notification will be made immediately after the transfer.

(2) During normal business hours of the Health Services Department, the MLP/RN on duty will examine the patient and notify the MOD prior to transfer to a local hospital.

The inmate will be transported to the following community hospitals according to the patient's condition:

- For Emergency medical conditions (life threatening), inmates will be taken to New York Down Town Hospital.
- For Urgent but non- life threatening conditions, that can be transported with a government vehicle, inmates will be taken to Brooklyn Hospital.

Health Emergencies:

In consultation with Psychology Department, mental health emergencies will be addressed in the same manner as medical emergencies. All mental health issues will be addressed in accordance with Psychology Services Manual, 5310.12 and Suicide Prevention Program, 5324.08. In all cases, the MOD will be notified of all mental health emergencies.

Sick Call:

(1) Inmates can obtain a sick call request from the unit officer. The inmate fills out the form and places it in the locked box located on the unit. The sick call forms are retrieved daily Monday through Friday, with the exception of holidays, by the day watch (MLP)/RN who conducted the pill line. The forms are triaged daily by the MLP/RN, based on the sick call triage guidelines. Inmates are either seen on the same day or scheduled for a later date. All scheduled inmates will be placed on call-out for their appointment.

(2) Inmates housed in segregation or special housing will have access to sick call seven days a week. The MLP/RN will offer sick call during daily rounds, and schedule him/her according to sick call triage guidelines in Bureau Electronic Medical Record (BEMR).

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(3) Sick call will begin at 8:30 a.m. and is conducted in the medical exam rooms located in the Health Service Department (HSD) or in the medical exam rooms in SHU, WITSEC Unit, Female Unit 2, and Monday through Friday.

(4) All inmates are escorted to HSD by the Internal Officer.

Forms:

Medical /Dental Triage Form (See attached)

5) Dental sick call sheet will be turned into the Dental Department for proper scheduling in BEMR according to dental sick call triage guidelines.

Pill Line and Medication Refills.

- 1) Pill line medication will be offered daily, Monday-Friday, to inmates prior to their departure to court by MLP/RN.
- 2) All inmates seen in sick call/Chronic Care Clinic with a prescription will receive their medication on the same day or on the next day during evening pill line.
- 3) Since there are some medications that must be given in unit dose due to their potential for abuse (narcotics, tranquilizers), institution security reasons (insulin injections) or to enforce compliance, a unit dose pill line will be conducted twice a day: morning and evening. Insulin is administered prior to scheduled meal times to maximize treatment efficacy.
- 4) Inmates can request medication refills by filling the sick call/triage forms at least three days before they run out of medicine.

Special Housing Unit and Segregation:

Medical and Dental Sick Call in Special Housing Unit, Suicide Watch, health services staff will be immediately notified via Group-Wise and/or Phone. During the hours of in-house coverage, the clinician on duty will be notified. Such notification will be documented on form BP-A292, electronically. Daily SHU rounds will be conducted between 6:00 AM and 1:00 PM, seven (7) days a week, by the Duty MLP/RN. The electronic 292s for SHU inmates must be completed and electronically signed by the MLP/RN before 2:00 PM daily. Dental Care provided to inmates in SHU will be limited to urgent care as defined in Program Statement 6400.02 Dental Care. Emergency/Urgent Treatment will be initiated by the Duty MLP/RN conducting sick call.

DENTAL SICK-CALL AND SERVICES:

Inmates may request dental services by submitting a cop-out to the dental department or by dropping a dental sick call request form in the medical mail box located in each housing unit. The requests are triaged by the Dentist, and scheduled according to triage guidelines. All dental care is performed in the dental clinic Monday through Friday. Dental screening is completed in the dental clinic or in the examination room in SHU or in the examination room in the "Receiving and Discharging" department. The Duty MLP/RN will respond to dental emergencies after normal business hours, weekends, and holidays.

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(1) Pill line provider Monday-Friday morning will collect dental Sick Call requests. Dental forms will be given directly to the Dentist for triage. If the dentist feels the dental complaint is urgent, the inmate will be brought down, evaluated and treated on the same day. If the complaint is not urgent the dentist will schedule inmate according to dental triage guidelines.

(2) After the normal working hours, the inmate should report his/her dental emergency to the Unit Officer or work supervisor should then contact the on duty MLP/RN.

(3) Routine dental care (permanent filling, root canal therapy, and dentures) is only provided to work cadre inmates commensurate with the inmate's ability to maintain good oral health. An inmate may request this care by submitting a cop-out or inmate request to staff member to the dental department.

(3) Inmates housed in segregation or special housing for less than a twelve month period will have access to dental sick call and emergency care only. The MLP or Nurse assigned to this area will triage the inmate request and notify the dentist of emergency cases requiring evaluation. At the end of this twelve month period, the inmate will be eligible to receive routine care.

(4) Emergency care includes treatment for relief of severe dental pain, traumatic injuries, acute infections, sedative fillings, extraction of non-restorable teeth, and gross debridement of the symptomatic areas. Emergency dental care will be available to all inmates on a 24-hour basis.

- If an emergency occurs during work hours daily from 0600 am- 10:00 pm, the inmate will notify a staff member and referred to the Dentist or the MLP/RN on duty.
- If an emergency occurs after duty hours, the inmate will notify a staff member that in turn will notify the MOD or on-duty Dental Officer. A dentist may be called back to the institution to provide emergency care if deemed appropriate.

Emergencies:

- 1) An emergency is an injury, illness, or condition that requires prompt medical, mental or dental attention.
- 2) An inmate with such a condition (injury, illness, etc.) should notify his/her immediate supervisor or unit officer who will personally contact member of the medical staff. In most cases, the medical staff will advise the supervisor to escort the inmate to the Medical Department for examination and/or treatment. If it is judged by the MLP/RN/MD that the inmate should not be moved until he/she is given first aid and/or examined, a medical staff member will report to the site immediately.
- 3) If there is a need for an emergency transfer to local hospital due to immediate life threatening condition, the staff member shall notify the control room officer and following the previously stated procedures.

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INMATE IDLE AND CONVALESCENCE STATUS:

Medical Idle Status:

Inmates placed on medical idle status will remain in their assigned unit at all times except for visits, call-outs, medical appointments and regularly scheduled religious services. Other specific limitations may be written as necessary for each individual case. Medical idle status is assigned for minor medical and physical problems. The inmate will be evaluated as medically necessary.

Convalescence Status:

An inmate assigned to convalescence status will be required to remain inside his/her unit during regular work hours from 7:30 a.m. through 4:00 p.m., Monday through Friday, unless special instructions on the medical duty status (MDS). Inmates will have regular institution privileges at other times, but are prohibited from participating in athletics or strenuous physical activities. He or She may leave the unit for visits, call-outs, and medical appointments. Work cadre inmates may leave the unit for regular scheduled religious services. The inmate will be evaluated as medically necessary.

Medically Unassigned Status:

In the event of a serious medical problem or a medical disability that would require a protracted period of convalescence, the inmate will be removed from the work detail duty roster and placed on medically unassigned status.

Inmates on medically unassigned status will be required to remain inside their unit during regular working hours 7:30 a.m. through 4:00 p.m., Monday through Friday, unless otherwise instructed by medical staff on the MDS. Inmates will not participate in sports or other strenuous physical activities, except those authorized by medical staff. They may leave their assigned unit for visits, regularly scheduled religious services, call-outs and medical appointments. Inmates on medically unassigned status will be re-evaluated by the Medical Department every 90 days or accordingly.

CONSULTATION WITH SPECIALIST:

In the event that a health care provider refers an inmate to a Specialist or Consultant, a consult will be initiated and reviewed by the Health Services Utilization Review Committee for a decision. If approved, an appointment will be scheduled accordingly. A decision letter will be scanned into the inmate's BEMR and then mailed to inmate.

INMATE COPAYMENT PROGRAM:

Health Care Visits with a Fee:

A. Inmates will pay a fee of \$2.00 for sick call evaluation and treatment. These will be charged to the Inmate's Commissary Account through Trulinc system. If he/she received health care services in connection with a health care visit, except for services described in Section B, below.

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These requested appointments include Sick Call and after-hours requests to see a health care provider. If an inmate asks a non-medical staff member to contact medical staff to request a medical evaluation on his/her behalf for a health services not listed in Section B, he/she will be charged a \$2.00 co-pay fee for that visit.

B. Health Care Visits with no Fee:

- A. Health care services based on health care staff referrals
- B. Health care staff-approved follow-up treatment for a chronic condition
- C. Preventive health care services
- D. Emergency services
- E. Prenatal care
- F. Diagnosis or treatment of chronic infectious diseases
- G. Mental health care
- H. Substance abuse treatment
- I. If a health care provider orders or approved any of the following:
 - Blood pressure monitoring
 - Glucose monitoring
 - Insulin injections
 - Chronic care clinics
 - TB testing
 - Vaccinations
 - Wound Care
 - Patient education

The health care provider will determine if the type of appointment scheduled is subject to a co-pay fee.

(1)Indigence: An indigent inmate is an inmate who has not had a trust fund account balance of \$6.00 or more for the past 30 days. If the inmate is considered indigent, he/she will not have the co-pay fee deducted from the Inmate Commissary Account. If the inmate is not indigent, but does not have sufficient funds to make the co-pay fee on the date of the appointment, a debt will be established by TRUFACS, and the amount will be deducted as funds are deposited into the Inmate Commissary Account.

(2)Complaints: The inmates may seek review of issues related to health service fees through the Bureau's Administrative Remedy Program (see 28 CFR part 542).

DISEASE PREVENTION:

Disease prevention includes annual physical examinations for inmates over the age of 50... These physical examinations can be scheduled by submitting an Inmate Request to Staff form. Food handler examinations will be conducted initially upon entering the institution during the

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intake screening process and then again if an inmate has a change in their medical status. Immunizations for Influenza, pneumonia, tetanus, and MMR (for designated women of childbearing age) will follow the recommendations of the BOP Medical Director or Center for Disease Control guidelines.

MANAGEMENT OF THE PREGNANT FEMALE:

Program Statement 6070.05, Birth Control, Pregnancy, Child Placement and Abortion, addresses concerns unique to pregnant female inmates.

_____, Warden

Date

CC:
Executive Staff,
Department Heads,
AFGE
File