

 <p>ARIZONA DEPARTMENT OF CORRECTIONS</p> <p>DEPARTMENT ORDER MANUAL</p>	<p>CHAPTER: 1100</p> <p>INMATE HEALTH SERVICES</p>	<p>OPR:</p> <p>HS</p>
	<p>DEPARTMENT ORDER: 1101</p> <p><i>INMATE ACCESS TO HEALTH CARE</i></p>	<p>SUPERSEDES:</p> <p>DO 1101, 09/01/96</p>
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PURPOSE

This Department Order requires that inmates be provided opportunities for reasonable and appropriate access to medical and dental health care at reasonable fees. The Department Order also requires that appropriate and uninterrupted health care be provided to inmates with chronic health conditions. Security, program, transportation and health staff cooperate and coordinate their activities to provide scheduled health care and emergency health treatment. This Department Order also requires a system for obtaining DNA blood tests for inmates convicted of offenses listed in A.R.S. 13-4438, as well as inmates not previously tested.

RESPONSIBILITY

The Deputy Director for Inmate Health Services shall ensure that all inmates are provided access to scheduled and emergency (as needed) health care, and are not refused health care treatment due to financial reasons.

Health care shall be delivered through a joint effort of Inmate Health Services and security operations. Health care staff are subject to the same security regulations as other Department employees. Clinical decisions and actions regarding health care services provided to inmates are the sole responsibility of qualified health care professionals.

The Deputy Director for Inmate Health Services shall develop medical staff by-laws.

Wardens, Deputy Wardens and Administrators are responsible for ensuring security/transportation staff transport inmates for scheduled and emergency health care, and for ensuring appropriate security escort is provided when inmates are transported by ambulance.

The Business and Finance Bureau Administrator is responsible for providing a quarterly report relating to health care fees assessed to inmates to the Director and the Deputy Director for Inmate Health Services.

APPLICABILITY - This Department Order applies to medical and dental health care services provided for inmates. For additional information concerning inmate health care functions, programs and controls, refer to the following Department Orders:

- #108, Americans with Disabilities Act (ADA) Compliance, Section 108.09, Transfer from Non-Accessible to Accessible Institution.
- #1102, Inmate Health Services - Communicable Disease Prevention/Treatment.
- #1103, Inmate Mental Health Treatment and Programs.
- #1104, Inmate Health Records.
- #917, Substance Abuse Services.

PROCEDURES

1101.01 GUIDELINES

- 1.1 The Deputy Director for Inmate Health Services shall ensure that providers have the resources to provide a community standard of health care and appropriate referrals for inmates who appear for treatment.
 - 1.1.1 Medications or restricted medical diets are available when medically necessary.
 - 1.1.2 Interviews and treatment of inmates occur in private to the maximum extent possible to preserve confidentiality of the inmate-provider relationship.

1.1.3 When an inmate's behavior poses a danger to self or others, security staff shall monitor visits by health personnel with continuous, unimpaired, visual observations.

1.2 Condemned inmates shall not be transported off institutional grounds for routine medical appointments without written authorization of the Deputy Director for Health Services or designee, in accordance with Department Order #705, Inmate Transportation.

1101.02 CHARGING

1.1 The Facility Health Administrator shall ensure that Health Services staff forward the original Health Services Appointment List(s) to the institution's business office each day.

1.2 The Institution's Business Manager shall:

1.2.1 Deduct the health care fee from each inmate's account and deposit the monies in the State's General Fund within 30 calendar days.

1.2.1.1 If the inmate does not have sufficient funds in his/her account to pay the health care fee, the Business Manager shall place a "hold" on the inmate's account, for future debiting when funds become available.

1.2.2 Deduct, from all deposits into an inmate's account, including wages and mail money, any amounts on hold for health care fees.

1.2.3 Ensure, when an inmate returns to custody after being released, but before his/her sentence has expired, that any pre-existing obligations are posted to the inmate's account.

1.3 Health Services staff shall keep a record of the following statistics related to charging inmates for health care, and report the information by the 10th workday of the following month to the Facility Health Administrator:

1.3.1 Number of scheduled appointments.

1.3.2 Number of encounters (charged and exempt).

1.3.3 Number of no-shows, refused appointments, and refused treatment.

1.3.4 Number of Health Needs Requests (HNR).

1.3.5 Time spent on charging inmates for health care.

1.4 The Facility Health Administrator shall compile the information and submit a report by the 12th workday to the Deputy Director for Health Services.

1.5 The Chief Financial Officer shall collect monthly statistics relating to health care fees assessed to inmates (including fees collected and fees debited) and prepare a quarterly report to the Director and the Deputy Director for Health Services, due by the 10th workday following the end of the quarter.

1.6 The Deputy Director for Health Services shall submit a report to the Director, due by the 15th workday of the month of January (six month report) and the 15th workday of the month of July (Fiscal Year-end report), of the time Health Services staff spent on charging inmates for health care.

1101.03 APPOINTMENTS

- 1.1 Inmates (including parole violators and releasees returned to custody) may access health care services of a **NON-EMERGENCY** nature by making an appointment, for which there may be a charge. To make an appointment, inmates shall:
 - 1.1.1 Complete the HNR (Non-emergency).
 - 1.1.2 Deposit the HNR in the appropriately labeled drop box.
- 1.2 Health Services staff shall:
 - 1.2.1 Collect HNRs from drop boxes by midnight, as designated by the Facility Health Administrator. Such a schedule shall include the requirement for a daily pick-up and shall not interfere with, or delay, the scheduling of inmate appointments.
 - 1.2.2 Review HNRs and prepare a Health Services Appointment List(s), Form 1101-13P, and a Health Services Appointment List Delivery/Receipt Log, Form 1101-14P, for each workday.
 - 1.2.2.1 HNRs requesting non-emergency mental health services shall be referred to the relevant Mental Health staff in the appropriate unit within 24 hours of receipt of the HNR.
 - 1.2.2.2 In the event that an HNR indicates a serious mental health emergency, nursing staff shall contact available Mental Health staff, including on-call Mental Health staff if after-hours, weekends and holidays.
 - 1.2.3 Provide, at least 18 hours prior to the scheduled appointment, a copy of the Health Services Appointment List(s) and the Health Services Appointment List Delivery/ Receipt Log to the unit's shift supervisor.
 - 1.2.4 Retain the original Health Services Appointment List(s) for reference by Health Services staff.
- 1.3 Mental Health staff shall:
 - 1.3.1 Review HNRs requesting mental health services upon receipt of such HNRs.
 - 1.3.2 Review HNRs received during weekends and/or holidays no later than the next working day.
 - 1.3.3 Respond to HNRs requesting non-emergency mental health services with a specific Plan of Action (HNR Section IV) within five working days.
 - 1.3.4 Respond within 24 hours of receipt of HNRs indicating serious mental health symptoms or complaints by conducting a face-to-face evaluation.
 - 1.3.4.1 During weekends and/or holidays a health care professional may conduct the face-to-face evaluation and consult with the on-call Mental Health staff.
 - 1.3.4.2 Suicide attempts, threats or verbalizations shall be handled according to Department Order #1103, Inmate Mental Health Care.

- 1.4 The shift supervisor shall:
 - 1.4.1 Sign, upon receipt of the copied Health Services Appointment List(s) and the Health Services Appointment List Delivery/Receipt Log, the Health Services Appointment List Delivery/Receipt Log to verify receipt of the list, and return it to the Health Services Unit.
 - 1.4.2 Require security staff to notify the inmate of the date and time of the appointment.
 - 1.4.3 Be the only person who may request an unscheduled medical examination, consisting of an emergency examination/mental health assessment or a non-emergency "security-need-to-know" examination, for which the inmate shall not be charged.
 - 1.4.3.1 If, after the unscheduled medical examination, a treatment plan is prepared with the inmate's consent, Inmate Health Services staff **shall** fill out an emergency HNR and charge a health care fee.
 - 1.4.3.2 If, after the unscheduled medical examination, a treatment plan is prepared, but the inmate does not consent to it, Inmate Health Services staff shall counsel the inmate and ensure that information (regarding the treatment plan, the inmate's refusal to consent to treatment, the counseling provided to the inmate, and instructions about appropriate housing relative to the health findings) is placed in the medical record, but **shall not** fill out an emergency HNR and shall not charge a health care fee.
 - 1.4.4 Ensure that inmates who refuse to consent to a treatment plan are returned to the appropriate housing area in accordance with instructions provided by Inmate Health Services staff.
- 1.5 Health Services staff shall:
 - 1.5.1 Retain the Health Services Appointment List Delivery/Receipt Log in the Health Unit after it is signed and returned by the shift supervisor.
 - 1.5.2 Have each inmate who appears for an appointment sign the Health Services Appointment List.
 - 1.5.3 Retain a copy of the original Health Services Appointment List after it has been signed by each inmate.
 - 1.5.4 Forward the original Health Services Appointment Lists to the institution's Business Office daily.
- 1.6 Inmate Health Services staff shall notify the shift supervisor within four hours about inmates who do not appear for their scheduled appointments. Upon being notified, the shift supervisor shall:
 - 1.6.1 Investigate and determine why the inmate failed to appear for the appointment and notify the Health Unit.

- 1.6.2 If the inmate refuses to keep the appointment and refuses treatment, ask the inmate to sign the Refusal to Submit to Treatment, Form 1101-4P (Negativa A Someterse A Tratamiento, Form 1101-4PS).
 - 1.6.2.1 If the inmate refuses to sign the form, Prison Operations staff shall have two independent witnesses attest to the refusal by signing the form.
- 1.6.3 Prepare documentation for processing appropriate disciplinary action if the inmate refuses to appear for the appointment.
- 1.7 The Health Unit shall reschedule the appointment if treatment is still needed. Inmate Health Services staff shall:
 - 1.7.1 When the inmate arrives at the Health Unit for the rescheduled appointment, interview the inmate and record in the medical record the inmate's responses about the missed appointment.
 - 1.7.2 Proceed with the health care, time permitting, if the inmate accepts the appointment, or appropriately reschedule the appointment.
 - 1.7.3 If the inmate refuses the health care at that point, have the inmate sign a Refusal to Submit to Treatment (Negativa A Someterse A Tratamiento), and insert the signed form in the medical record. If the inmate refuses to sign the form, Inmate Health Services staff shall have two independent witnesses attest to the refusal by signing the form.
- 1.8 Inmate Health Services staff shall submit to the appropriate Deputy Warden or Administrator each workday an Information Report, Form 4000029, listing missed appointments for which the Health Unit has received no explanation or that otherwise remain unresolved.
- 1.9 The Deputy Warden or Administrator shall investigate the circumstances of each unresolved missed appointment, and take appropriate action, ensuring that the information regarding the missed appointment is transmitted to the Facility Health Administrator for inclusion in the medical record within seven workdays.
- 1.10 Health Services staff shall reschedule the appointment if treatment is still needed.

1101.04 DETENTION

- 1.1 The shift supervisor shall:
 - 1.1.1 Notify Health Unit staff within one hour after an inmate is placed in detention as outlined in Department Order #804, Inmate Behavior Control.
 - 1.1.2 Notify Health Unit staff immediately if an inmate placed in detention is injured or appears to be ill, and follow up by submitting the Detention Assignment Checklist, Form 804-1P.
 - 1.1.3 Allow inmates assigned to detention to submit an HNR in accordance with the institution's post orders.

1.2 The Facility Health Administrator shall:

- 1.2.1 Require nursing staff, upon notification, to immediately review the inmate's medical record to determine if any health issue exists that would be impacted by the detention status; document their findings in the medical record; add their signature, date and time on the medical record; and respond appropriately.
- 1.2.2 Require nursing staff, when the notification includes information that the inmate is injured or appears to be ill, to conduct an immediate hands-on assessment (for which there is no health care fee).
- 1.2.3 Require Health Unit staff to visit an inmate placed in detention within 24 hours of notification by the shift supervisor and daily thereafter (for which there is no health care fee).
 - 1.2.3.1 Health Care Staff shall visit inmates in detention three times a week.
 - 1.2.3.2 Should circumstances, e.g., an extreme shortage of Health Care Staff or a disturbance, preclude health care staff from making a required visit, security staff shall provide the escort and supervision necessary to ensure access to health care.
- 1.2.4 Require Mental Health staff to visit an acutely Seriously Mentally Ill inmate placed in isolation or a lock-down cell within 24 hours of notification to Health Unit staff by the Shift Commander, and daily thereafter, except on weekends and holidays when the inmate shall be seen by a licensed nurse within 24 hours, in consultation with a mental health professional.
- 1.2.5 Require Mental Health staff to follow-up with a face-to-face visit with a Seriously Mentally Ill inmate on the first working day following the inmate's placement in isolation, and ensure timely and appropriate follow-up mental health treatment upon the inmate's release from isolation.
- 1.2.6 Require Health Services staff, when an inmate's housing, custody status or severity of illness precludes reporting to the Health Unit, to make daily visits to observe the inmate's health status and provide or coordinate any treatment required (for which there is no health care fee).

1101.05 EMERGENCIES

1.1 Health Services staff shall:

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- 1.1.1 Add the inmate's name on the Health Services Appointment List for that day.

- 1.1.2 Provide appropriate health care (for which there may be a charge), immediately, when necessary, or during the appointment.
- 1.1.3 Obtain verbal authorization from the Deputy Director for Inmate Health Services or designee prior to the off-site transportation of a condemned inmate.
- 1.2 When any circumstance occurs that may delay emergency health treatment for an inmate by one of the Department's health care providers, the Facility Health Administrator shall:
 - 1.2.1 Review the case.
 - 1.2.2 Discuss the matter with the provider, and appropriately arrange for the necessary health treatment or, if the emergency no longer exists and follow up is required, reschedule the appointment.
 - 1.2.3 Inform the shift supervisor of the emergency treatment that is needed, or the rescheduled appointment.
 - 1.2.3.1 If off-site transport is required, make arrangements for the appropriate transportation to the outside facility for emergency treatment, as the condition warrants.
- 1.3 Wardens, Deputy Wardens and Administrators shall ensure that:
 - 1.3.1 Security and/or transportation staff exert every reasonable effort to transport inmates for emergency and scheduled health treatment.
 - 1.3.2 Appropriate security escort is provided if an inmate is in need of emergency treatment and is transported by an ambulance.

1101.06 CHRONIC ILLNESSES

- 1.1 Physicians, Physician's Assistants, Nurse Practitioners and Correctional Registered Nurses shall:
 - 1.1.1 Ensure that the Chief of Security and the shift commander are given brief written instructions about the appropriate intervention for each medical emergency that may arise from a chronic condition existing in the institution.
 - 1.1.2 Ensure that allergic substances, including medications, are recorded - in red ink - within the medical record file, i.e., on the problem list, medical history form, the outside front cover of the medical record jacket and the chronic condition card.
 - 1.1.3 Complete the appropriate Chronic Condition Follow-Up Sheet, which serves as a "tickler-system," at each chronic-condition appointment. (Although there is a specific Chronic Condition Follow-Up Sheet for each chronic condition, the Chronic Condition Follow-Up Sheet, Clinic: Hypertension/Cardiac, Form 1101-12P, is attached as an example.)
 - 1.1.4 Re-order medications and treatments for inmates with chronic conditions in a timely manner so that the inmates receive the necessary treatment for their chronic conditions without interruption or unnecessary delay.
 - 1.1.5 Notify the Facility Health Administrator when a movement is required in order to provide a special assignment or special housing to accommodate an inmate's chronic condition.

- 1.2 The Facility Health Administrator shall:
 - 1.2.1 When notified of a movement requirement:
 - 1.2.1.1 Arrange for an intra-facility movement, when appropriate.
 - 1.2.1.2 Notify the Deputy Director for Inmate Health Services or the Nursing Program Manager if an inter-facility movement is required. When notified of the movement requirement, the Deputy Director for Inmate Health Services or the Nursing Program Manager shall contact the Offender Services Bureau to initiate the movement.
 - 1.2.1.3 Notify the Deputy Warden or Administrator.
 - 1.2.2 Ensure that special arrangements are made for treatment or delivery of medications immediately after being notified of such a need by the Key Contact Physician or Nursing Supervisor.
 - 1.2.3 Ensure Seriously Mentally Ill inmates are examined by mental health staff, in consultation with a Psychiatrist, at least once a month.
 - 1.2.3.1 Key Contact Psychologists shall ensure that Seriously Mentally Ill inmates are examined at least once every 60 days by a Psychiatrist (if the inmate is on medication), or by a Licensed Psychologist in consultation with the Psychiatrist (if the inmate is not on medication).
 - 1.2.4 Ensure a quarterly inventory of chronic conditions is completed, using a Quarterly Chronic Condition Inventory, Form 1101-8P.
 - 1.2.5 Forward the completed Quarterly Chronic Condition Inventory forms to the Deputy Director for Inmate Health Services within 10 workdays after the end of each quarter.
 - 1.2.6 Ensure a copy of each completed Quarterly Chronic Condition Inventory is filed in the Facility Health Administrator's office.
- 1.3 Medical Records Librarians shall ensure that the appropriate colored label, as described in the Medical Records Technical Manual, is placed in the medical record file pertaining to each inmate with a chronic condition.
- 1.4 For further information regarding movement of chronically ill inmates, see Department Order #108, Americans with Disabilities Act (ADA) Compliance, Section 108.09, Transfer from Non-Accessible to Accessible Institution.

1101.07 EXTRAORDINARY LIFE SUPPORT MEASURES

- 1.1 During reception orientation, health services staff shall ensure (via signature as witness) that:
 - 1.1.1 Inmates read, or have read to them, the "Right to Request Limitation of Extraordinary Life-Support Measures," Form 1101-2P.
 - 1.1.2 Inmates sign acknowledgment of their "Right to Request Limitation of Extraordinary Life-Support Measures," Form 1101-2P.

- 1.2 Inmates are advised that they may, at any time:
 - 1.2.1 Implement a declaration by:
 - 1.2.1.1 Submitting an inmate letter to their Correctional Officer III or the Facility Health Administrator, advising that they wish to make such a declaration.
 - 1.2.1.2 Meeting with a physician to review the Declaration of Intent to Limit Extraordinary Life-Support Procedures, Form 1101-9P.
 - 1.2.1.3 If deemed necessary by the physician, meeting with a psychiatrist who shall determine if the inmate is mentally competent to sign such a declaration.
 - 1.2.1.4 Signing the Declaration of Intent to Limit Extraordinary Life-Support Procedures.
 - 1.2.2 Revoke a declaration by:
 - 1.2.2.1 Verbally notifying their attending physician.
 - 1.2.2.2 Submitting written notification to the Facility Health Administrator.
 - 1.2.3 Implement a revised declaration, which shall supersede any previous declaration, if they wish to do so, particularly when a hospital providing contract services requires that a new form be signed.
- 1.3 The Facility Health Administrator shall:
 - 1.3.1 Meet with the inmate and explain the procedure for completing the declaration.
 - 1.3.2 Arrange for a physician to determine if the inmate is alert and oriented to three spheres prior to signing the declaration.
 - 1.3.2.1 The physician shall review the declaration with the inmate and sign the declaration as one of the two required witnesses to the inmate signature.
 - 1.3.2.2 If the inmate is not deemed alert and oriented to three spheres, arrange for a psychiatrist evaluation. The psychiatrist who examines the inmate shall, if he or she determines the inmate is mentally competent, sign the declaration as one of the two required witnesses to the inmate's signature.
 - 1.3.3 Sign as the second required witness after the physician or psychiatrist signs the declaration.
 - 1.3.4 Ensure that the declaration is placed in the inmate's medical record and that copies are provided for the institutional record, master record and the inmate.

- 1.4 The Deputy Director for Inmate Health Services shall ensure that hospitals providing services to the Department are required by the contract to provide the Department with copies of their "Do Not Resuscitate" policy and procedures at the time the contract is approved and when inmates who have signed a declaration are hospitalized.
 - 1.5 Inmates on a "Do not Resuscitate" (DNR) status while in a community hospital shall have this right extended after hospital discharge.
 - 1.5.1 Inmates shall be afforded the opportunity to complete a Pre-Hospital Medical Care Directive, Form 1101-83P. The form shall be:
 - 1.5.1.1 Completed upon return from a community hospital.
 - 1.5.1.2 Completed subsequent to admission to an In-Patient Component Unit or medical unit.
 - 1.5.1.3 Witnessed and have the inmates picture attached.
 - 1.5.1.4 Displayed in a prominent place in the unit nursing station.
 - 1.5.1.5 Copied and placed in the inmate's medical record.
 - 1.5.2 If the inmate, who has a Pre-Hospital Medical Care Directive on file which indicates DNR, begins to suffer from cardiac or respiratory arrest, Inmate Health Services Staff shall:
 - 1.5.2.1 Initiate IMS in accordance with Department Order 706, Incident Management System, unless an IMS is already in progress.
 - 1.5.2.2 Ensure that all efforts are taken to maintain the inmate's life.
 - 1.5.3 When Emergency Medical Staff (EMT/Paramedic) arrive the inmate shall be transported to the appropriate community emergency hospital. Inmate Health Services staff shall provide the Pre-Hospital Medical Care Directive to the EMT/Paramedic.
 - 1.5.4 A decision shall be made by the monitoring emergency room staff and EMT/Paramedic relating to the implementation of the Inmate Pre-Hospital Medical Care Directive, in accordance with their procedures.
 - 1.5.5 An inmate may revoke a DNR declaration by:
 - 1.5.5.1 Verbally notifying their attending physician.
 - 1.5.5.2 Submitting written notification to the Facility Health Administrator
- 1101.08** **TERMINAL ILLNESSES** - The Deputy Director for Inmate Health Services shall arrange with the contracted community hospitals for the management of terminally ill inmates by:
- 1.1 Requesting copies of the "Do Not Resuscitate" procedures used at the hospital providing patient services for the terminally ill inmate.

1.2 Providing written notification to the hospital that the Department shall not object to a "Do Not Resuscitate" order if:

1.2.1 The order is written as a medical order by the physician.

1.2.2 The hospital has a written procedure for such an order.

1.2.3 The hospital procedures are the same for all patients.

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1.4 Developing a liaison with the hospital and monitoring the condition of inmates who are hospitalized in critical condition.

1.5 Providing a copy of the inmate's declaration upon admission to a hospital.

1101.09 DENTAL SERVICES

1.1 Initial Treatment

1.1.1 Within 7 days of entering the system, all inmates shall have the following performed:

1.1.1.1 A Panorex x-ray or two bite wing x-rays.

1.1.1.2 A dental exam consisting of either the screening of the x-rays or visual examination by the dentist or hygienist.

1.1.1.3 Oral hygiene instruction and a soft tissue exam on those patients seen by a dentist/dental hygienist.

1.1.2 Dentists shall classify all patients according to dental treatment need via the visual exams or screening of the Panorex x-ray, as follows:

1.1.2.1 Class I - No further treatment.

1.1.2.2 Class II - Routine treatment needed. (Second priority.)

1.1.2.3 Class III - Immediate need. (First priority.)

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- 1.1.3 All Class III patients who have had only a screening of the x-rays shall be seen by a dentist within thirty days from the date of screening for oral hygiene instruction and soft tissue exam supporting x-ray, and necessary treatment at the receiving facility.
 - 1.1.3.1 The examination notice shall advise the patient that a "no show" shall be treated as a refusal of treatment unless he/she advises the dentist/hygienist of some other reason for the "no show."
 - 1.1.3.2 A Class III patient who fails to show for an appointment and further fails to contact the dentist shall institute a new request for treatment.
 - 1.1.3.3 Minor inmates shall have the right to refuse treatment. Such refusals shall be referred to the minor inmate's caseworker.
- 1.1.4 All patients classified as I or II and who request treatment at the receiving facility shall be seen by the dentist within three months from date of screening. The dentist shall:
 - 1.1.4.1 Chart all treatment that is required in the dental chart when first contact is made with the patient. The treatment plan shall not be completed until clinical examination has occurred.
 - 1.1.4.2 Outline the treatment plan in sequential order of the treatment phase.
 - 1.1.4.3 Determine the extent of treatment, including extractions, restorations, periodontal treatment, prosthesis and consultation with referral to a recognized specialist in dentistry (e.g., an oral surgeon or orthodontist).
 - 1.1.4.4 Take and record a dental/medical history on the dental chart when the patient is first seen.
 - 1.1.4.5 Record a complete charting of all existing restoration and missing teeth on the dental chart upon initial contact with the patient.
 - 1.1.4.6 Place a color label on the upper left corner of the dental folder to indicate class status, as indicated below. This determination may initially be made via screening of the Panorex x-ray or initial visual exam by either the dentist or hygienist.
 - 1.1.4.6.1 Class I - Green.
 - 1.1.4.6.2 Class II - Yellow.
 - 1.1.4.6.3 Class III - Red.
 - 1.1.4.7 Place a color label of blue next to the classification label of red or yellow to indicate that the patient has refused treatment, and indicate the refusal date. The inmate shall then have to initiate request for any further treatment.
 - 1.1.4.8 Alter all classification in the dental chart and color label accordingly as work progresses to indicate new classification.

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- 1.1.4.9 Record all treatment rendered in the dental chart. Included shall be the date, facility, tooth number, treatment rendered, anesthesia (amount and type) and signature of dentist/hygienist providing treatment. The name stamp shall be used next to the provider's signature.
- 1.1.4.10 Enter any medication prescribed in the medical record in the appropriate area.
- 1.2 Pre-Existing Orthodontic Treatment - The Department shall ensure that inmates entering an institution upon commitment that are currently undergoing orthodontic treatment shall not have that treatment interrupted or changed without the written approval of the orthodontist or dentist of record.
 - 1.2.1 A complete history shall be obtained, including dentist of record, date treatment started and course of treatment to date.
 - 1.2.2 The history information shall be provided to the Deputy Director for Inmate Health Services and/or the Dental Program Manager immediately upon compilation.
 - 1.2.3 No treatment shall be performed, other than in an emergency situation, unless authorized by the Dental Program Manager and/or the Deputy Director for Inmate Health Services.
 - 1.2.4 If authorized, the dentist or orthodontist of record shall be contacted by the dentist and/or dental hygienist, and any necessary arrangements shall be made for follow-up treatment.
- 1.3 Prosthesis - Each dental unit shall maintain a Dental Prosthetic List, Form 1101-15P, containing names of inmates requesting full or partial dentures, or who are found to be in need of them.
 - 1.3.1 Prostheses shall be assigned according to the following priorities:
 - 1.3.1.1 First Priority - Given to inmates requiring full dentures in order to be able to chew.
 - 1.3.1.2 Second Priority - Given to inmates requiring partial dentures due to not being able to properly chew because of a large number of missing teeth or non-occluding teeth (inmates with less than six posterior occluding natural teeth).
 - 1.3.1.2.1 Department dentists shall exercise their best professional judgement in determining the actual need for removal, repair or replacement of dentures, and shall not simply respond to a demand for such services.
 - 1.3.2 Inmates requesting replacement of existing prostheses supplied at State expense shall be examined by a dentist, who shall determine if a remake is needed.
 - 1.3.2.1 If the dentist determines that an inmate has damaged a prosthesis in an attempt to obtain a replacement, the dentist shall take disciplinary action against the inmate for damage of State property.

- 1.3.2.2 Replacement of inmate-damaged protheses shall require the approval of the Dental Program Manager.
- 1.3.3 Full or partial protheses provided by the State shall not be replaced routinely until five years have elapsed since the insertion of the prosthesis, and then only if the examining dentist deems it necessary.
- 1.3.4 State-purchased lost or broken protheses shall not be replaced routinely until the waiting list for a prosthesis is exhausted, or approval is obtained from the Dental Program Manager.
- 1.3.5 A partial prosthesis made at State expense remains State property until the inmate leaves the jurisdiction of the Department.
- 1.3.6 Partial dentures and anterior flippers shall not be provided for cosmetic or aesthetic reasons.
- 1.3.7 Replacement or repair of gold crowns, porcelain crowns, fixed bridges or gold inlays shall not be provided.
- 1.4 Emergency Dental Care - The Key Contact Dentist at each institution shall prepare an on-call schedule for each month, in accordance with Department Order #512, Employee Assignments, Work Hours, Compensation and Leave.
 - 1.4.1 Should a dental emergency arise outside of regular client hours, a member of the on-duty health staff shall notify the on-call dentist to arrange for the provision of necessary treatment.
 - 1.4.2 The on-call dentist shall keep the institution informed as to where he/she can be reached for emergency calls.
 - 1.4.3 For institutions that utilize contract dental services, the contract dentist shall be available for emergency calls.
 - 1.4.4 The Dental Program Manager shall be available for consultation at any time.
- 1.5 Fracture of Facial Bones - Inmates examined for facial injury shall be referred to the on-duty or on-call dentist/hygienist for examination and any necessary treatment for fractures of facial bones.
 - 1.5.1 Depending on the circumstances of the case and the presence or absence of non-facial conditions, the dentist/hygienist shall evaluate the case and advise on treatment/ disposition accordingly.
 - 1.5.2 For institutions that utilize contract dental services, the contract dentist shall be called to evaluate the case and advise on treatment/disposition accordingly.
 - 1.5.3 If an oral surgeon is required to render treatment, the oral surgeon on contract shall be utilized.
- 1.6 Outside Dental Treatment - All outside dental treatment or specific laboratory work, except for emergencies, shall receive prior approval from the Dental Program Manager.

- 1.6.1 Prior to arranging treatment by outside dental providers or specific dental laboratory work, the staff or dentist shall submit a request for such contract work to the Dental Program Manager.
 - 1.6.1.1 The request shall contain sufficient information to allow for proper evaluation of the request.
- 1.6.2 Upon receipt, the Dental Program Manager shall evaluate the request and approve or disapprove it.
 - 1.6.2.1 The Dental Program Manager shall thereupon immediately notify the dentist making the request of the disposition.
- 1.6.3 All outside dental treatment plans in excess of fifty dollars total cost shall have the prior approval of the Dental Program Manager.
 - 1.6.3.1 A Dental Chart, Form 1101-1P, shall be completed and sent to the Dental Program Manager for review of the request.
 - 1.6.3.2 Disposition of the request shall be noted on the form, which shall then be forwarded to the provider.
- 1.6.4 Upon completion of the outlined treatment, the form shall be returned to the Dental Program Manager, indicating date(s) of completion of treatment.

1101.10 VETERANS ADMINISTRATION

- 1.1 All inmates who report serving in the United States Armed Forces shall complete a Veterans Administration (VA) Benefits Information form, available through the inmate's Health Unit or Correctional Officer III.
- 1.2 All medical records of inmates who have served in the Armed Forces shall be marked with the VA stamp on the external face of the record jacket.
- 1.3 When any Physician or Physician's Assistant elects to refer an inmate to a regional VA Medical Center for medical care which is not available within the Department, the Facility Health Administrator or designee shall be notified.
- 1.4 The Facility Health Administrator, with the approval of the Deputy Director for Inmate Health Services, shall:
 - 1.4.1 Substantiate that all of the VA eligibility criteria are met in consultation with the Warden.
 - 1.4.2 Immediately forward completed consultation forms to the person responsible for scheduling appointments.
 - 1.4.3 Refer inmates eligible for medical furlough to the VA Medical Center with a consultation form completed by the Physician or Physician's Assistant.
 - 1.4.3.1 For further information on medical furloughs, see Department Order #1001, Inmate Release System.

1101.11 DNA TESTING

- 1.1 Reception Center Testing - A Records Supervisor or designee at the reception center, after screening the documents for each new commitment, shall:
 - 1.1.1 Determine which of the new commitments are offenders to undergo Deoxyribonucleic Acid (DNA) analysis.
 - 1.1.2 If necessary, contact the Scientific Analysis Division of the Arizona Department of Public Safety (DPS) to confirm whether a DNA analysis has been completed for an offender to be tested. (If so, the offender shall be considered to have already been tested.)
 - 1.1.3 Provide the name and Arizona Department of Corrections (ADC) number of newly committed offenders to be tested and for whom DNA tests have not been previously completed to the Facility Health Administrator.
- 1.2 Obtaining Samples - The Facility Health Administrator shall ensure a DNA test is completed in the presence of a staff witness (security staff), using the collection kit provided by DPS, prior to the offender's transfer from the reception center.
 - 1.2.1 If an offender does not cooperate, it shall first be verified that the offender has not been previously tested. If it is determined that the offender has already been tested, no further action shall be required and the offender shall not be subjected to another DNA test.
 - 1.2.1.1 If the offender has not been previously tested, security staff witnessing the DNA test shall **attempt to gain the offender's voluntary compliance by explaining that the test is mandatory and shall be performed.**
 - 1.2.1.2 If the offender does not voluntarily comply, security staff shall then use reasonable and necessary force to restrain the offender in order for the test to be completed.
- 1.3 Processing Samples - The Facility Health Administrator shall ensure that:
 - 1.3.1 The health care provider establishes the beginning of the **chain of custody** of the DNA blood sample by initiating the Request for Scientific Analysis form, which is also provided by DPS with the collection kits.
 - 1.3.2 Items are available to keep DNA blood samples chilled (but not frozen) and to be used in transportation of the blood samples to the DPS laboratory, e.g., a refrigerator dedicated to biological hazards, inexpensive polystyrene plastic ice chests, and reusable ice substitutes.
 - 1.3.3 The health care provider stores the DNA blood samples in the refrigerator to be chilled (but not frozen) until they are to be transmitted to DPS.
 - 1.3.4 Staff designated by the Warden or Deputy Warden transmit the DNA blood samples and fingerprints to DPS within 48 hours, and that the DNA blood samples are transported in polystyrene plastic ice chests that are kept cool with reusable ice substitutes, as follows:

- 1.3.4.1 Staff designated by the Arizona State Prison Complex (ASPC)-Florence, ASPC-Eyman, ASPC-Winslow, ASPC-Douglas, ASPC-Safford, ASPC-Yuma, ASPC-Phoenix (Globe) and ASP-Ft. Grant Warden or Deputy Warden shall transmit to the nearest DPS office, for their delivery to the DPS Scientific Analysis Division crime laboratory in Phoenix or Tucson.
- 1.3.4.2 Staff designated by the ASPC-Perryville and ASPC-Phoenix (other than Globe) Warden or Deputy Warden shall transmit directly to the DPS Scientific Analysis Division crime laboratory in Phoenix.
- 1.3.4.3 Staff designated by the ASPC-Tucson Warden or Deputy Warden shall transmit directly to the DPS Scientific Analysis Division crime laboratory in Tucson.
- 1.3.5 Staff maintain the chain of custody of the DNA blood samples.
- 1.3.6 Health staff forward the Department's copy of the Request for Scientific Analysis to the Central Office Offender Information Unit to be filed in accordance with Department Order #901, Inmate Records Information/Court Action.
- 1.3.7 On the 25th day of each month, the name and ADC number of each offender to be tested and for whom DNA tests have been completed is forwarded to the Health Services Nursing Program Manager or designee.
- 1.3.8 The Health Services Nursing Program Manager or designee enters, on the Adult Information Management System (AIMS) DT-06 Personal History Screen, the date that each DNA test was completed.
 - 1.3.8.1 The Shift Commander shall ensure that security staff assist health services staff by escorting the offender to be tested to the test and witnessing the test, and by providing other security services, as described in 1101.11, 1.2.1 through 1.2.1.2, if an offender refuses to cooperate with the test.
- 1.4 Post-Reception Center Testing
 - 1.4.1 The Nursing Program Manager or designee shall:
 - 1.4.1.1 Secure quarterly on the 11th calendar day (or on the next workday if the eleventh calendar day falls on a holiday or weekend) the Batch Reports of the pending release of offenders.
 - 1.4.1.2 Verify on AIMS the inmate's facility location and that the current commitment is for a sexual offense as defined by ARS 13-4438.
 - 1.4.1.3 Contact (if necessary) the DPS Scientific Analysis Division to confirm whether a DNA analysis has been completed for each offender to be tested. If so, an offender shall be considered to have been tested.
 - 1.4.1.4 Provide to each Facility Health Administrator a list of all offenders to receive a DNA test who have not previously received it.

- 1.4.1.5 Enter the date the DNA test was completed on the AIMS DT-06 Personal History screen.
- 1.4.2 The Facility Health Administrator shall:
 - 1.4.2.1 Ensure that a DNA test is completed and transmitted to DPS, and that the Department's copy of the Request for Scientific Analysis is filed in accordance with Department Order 901, Inmate Records Information/ Court Action.
 - 1.4.2.2 Forward to the Inmate Health Service Nursing Program Manager, on the 25th day of each month, the name and ADC number of each offender for whom DNA tests have been completed.
- 1.4.3 The Medical Records Program Manager shall ensure that staff who receive the Scientific Analysis Reports of DNA tests from DPS forward the report to the Central Office Offender Information Unit, and that a copy is filed in accordance with Department Order 901, Inmate Records Information/ Court Action.

1101.12 REFUSAL OF TREATMENT

- 1.1 Non-Life-Threatening - When an inmate with a medical condition that is not life-threatening refuses medical treatment, medical staff shall:
 - 1.1.1 Explain to the inmate the consequences of not receiving treatment.
 - 1.1.2 Complete a Refusal to Submit to Treatment, Form 1101-4P, in the inmate's presence, and file it in the Unit Health Record.
 - 1.1.3 Ask two staff members, if the inmate refuses to sign the form, to witness the inmate's refusal and sign the form, indicating the inmate's refusal.
 - 1.1.4 Honor the inmate's preference, if the inmate continues to refuse medical treatment.
 - 1.1.5 Notify the Warden, Deputy Warden or Administrator that the inmate has refused medical treatment for a condition that is not life-threatening.
 - 1.1.6 Provide staff with instructions on how to respond to future medical situations involving the inmate who refused treatment.
 - 1.1.7 Thoroughly document the situation for future reference and litigation that may occur, and be prepared to testify if subpoenaed to do so.

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1.2 Life-Threatening

- 1.2.1 When an inmate with a medical condition that is life-threatening refuses medical treatment, medical staff shall:
 - 1.2.1.1 Immediately notify the Facility Health Administrator.
 - 1.2.1.2 Explain to the inmate the consequences of not receiving treatment.
 - 1.2.1.2.1 If the inmate is mentally incompetent, medical staff shall request that the inmate be admitted to a tertiary provider or transferred to ASPC-Phoenix, Alhambra B Ward, whichever best serves the inmate's emergent need, in accordance with Department Order #1103, Inmate Mental Health Care.
 - 1.2.1.3 Complete a Refusal to Submit to Treatment, Form 1101-4P, in the inmate's presence, if the inmate continues to refuse treatment.
 - 1.2.1.3.1 The form shall be placed in the Unit Health Record.
 - 1.2.1.4 Thoroughly document the situation for future reference and litigation that may occur, and be prepared to testify if subpoenaed to do so.
 - 1.2.1.5 Provide medical treatment if a court orders treatment to be provided.
 - 1.2.1.6 If the court does not order treatment, and the inmate continues to refuse treatment, honor the inmate's preference.
- 1.2.2 The Facility Health Administrator shall:
 - 1.2.2.1 Immediately advise the Deputy Director for Inmate Health Services that the inmate has refused medical treatment for a condition that is life-threatening.
 - 1.2.2.2 Immediately advise the Warden, Deputy Warden or Administrator that the inmate has refused medical treatment for a condition that is life-threatening, and provide instructions on how to respond to future medical situations involving the inmate who refused treatment.
 - 1.2.2.3 Ensure that a Significant Incident Report is completed in accordance with Department Order #105, Information Reporting, and that a copy of the report is forwarded to the Warden, Deputy Warden or Administrator.
- 1.2.3 The Deputy Director for Inmate Health Services shall immediately contact the Attorney General Liaison to obtain a court order to provide necessary treatment.
 - 1.2.3.1 The Attorney General Liaison shall contact the Office of the Attorney General to request a petition of the court for an order mandating the Department to provide necessary treatment to the inmate.

- 1101.13 INMATE HUNGER STRIKES** - The Department recognizes that an inmate may refuse nutrition as a hunger strike to achieve a personal objective. The Department shall attempt to resolve any issues which may lead an inmate to attempt a hunger strike; however, the Department shall not violate or overturn any Department written instructions, guidelines or procedures to stop the hunger strike.
- 1.1 Department staff shall monitor the health and welfare of an inmate engaged in a hunger strike and shall ensure that legal and medical procedures are pursued to preserve the inmate's life.
 - 1.2 An inmate shall be considered to be on a hunger strike when:
 - 1.2.1 The inmate communicates that fact to staff and is observed by staff to be refraining from eating for a period of time, ordinarily in excess of 72 hours.
 - 1.2.2 Staff observe the inmate to be refraining from eating for a period in excess of 72 hours. When staff consider it prudent to do so, a referral for medical evaluation may be made without waiting 72 hours.
 - 1.3 The appropriate staff member shall report the hunger strike using a significant incident report in accordance with Department Order #105, Information Reporting. Inmate Health Services staff shall report the hunger strike through their chain-of-command.
 - 1.4 In consultation with the appropriate management staff, Wardens may attempt to address any issues raised by the inmate; however no Department written instructions, procedures or guidelines shall be violated in addressing the issue(s).
 - 1.4.1 The Warden or designee shall contact the Senior Chaplain of the institution and arrange for a Chaplain to visit the inmate.
 - 1.4.1.1 The Chaplain shall attempt to determine if any religious issues are involved, or if the inmates wishes to be visited by a qualified religious leader of the inmate's chosen religion.
 - 1.4.1.2 The Chaplain shall advise the Warden and the Pastoral Activities Administrator of any religious issues associated with the hunger strike and arrange the pastoral visit if the inmate requests one.
 - 1.5 When notified that an inmate is engaged in a hunger strike, the appropriate Inmate Health Services staff shall examine the inmate and conduct an initial evaluation.
 - 1.5.1 Medical staff shall establish the inmate's base line weight and vital signs, conduct a standard automated chemistry panel, a routine urinalysis and a chronic disease history.
 - 1.5.2 A licensed psychiatrist or psychologist shall administer a mental health assessment as to the inmate's competency.
 - 1.5.2.1 If, as a result of the mental health assessment, the inmate is found to be mentally incompetent, legal proceedings shall be initiated by the Legal Services/Discovery Unit to obtain a court order for forced care.
 - 1.5.2.2 If an inmate, initially found to be mentally competent, is later determined to be mentally incompetent, the Legal Services/Discovery Unit shall initiate appropriate legal proceedings to obtain a court order for forced care.
 - 1.6 If the inmate is determined to be mentally competent his/her medical status shall be monitored as follows:
 - 1.6.1 The inmate shall be moved to a single occupant cell and shall be provided with three meals per day and an adequate supply of drinking water.

- 1.6.2 Security staff shall confiscate store purchased food or other private food supplies from the inmate. Confiscated items shall be held for the duration of the hunger strike. The inmate shall not be allowed to purchase any food items from the inmate store while under hunger strike management.
- 1.6.3 Inmate Health Services staff shall take and record the inmate's weight and vital signs at least once every 24 hours. Other medical procedures, including mental health assessments, shall be repeated as medically indicated.
- 1.6.4 The inmate shall be monitored in accordance with the Medical Technical manual. At the discretion of the inmate's treating physician, the inmate shall undergo additional medical and lab testing.
 - 1.6.4.1 An interdisciplinary clinical staffing panel as outlined in the Inmate Health Service's Administrative Technical manual shall determine any potential issues and attempt to resolve them. The inmate shall be informed of the medical consequences of the hunger strike and shall be asked to sign a Refusal to Submit to Treatment form acknowledging understanding the consequences.
- 1.7 When the appropriate medical personnel consider it medically mandatory, the Deputy Director for Inmate Health Services or his designee shall ensure that the inmate is admitted to an acute care facility for observation and/or treatment.
- 1.8 The Deputy Director for Inmate Health Services, through the Legal Services/Discovery Unit, shall notify the Attorney General's office advising of the need to begin preparing a court order for involuntary forced feeding, if necessary, at least 72 hours prior to hospitalization.
 - 1.8.1 If the appropriate Court orders forced feeding, the inmate shall remain in an acute care facility for appropriate forced treatment.
 - 1.8.2 Any needed forced treatment shall be terminated if/when the inmate ends the hunger strike, or voluntarily consumes sufficient nutrition to sustain life and prevent serious harm as determined by a physician.
 - 1.8.3 If the Court orders that the Department honor the wishes of the inmate, the inmate shall remain in an acute care facility for observation and/or treatment. The Department shall follow the order of the court.
- 1.9 A declared hunger strike shall be documented as terminated upon the inmate's ingestion of food, excluding water and medication, for a sufficient period of time as determined by a physician.
 - 1.9.1 When the physician has determined that supervision is no longer necessary, the decision shall be documented and supervision shall end.

1101.14 PRESCRIPTIONS

- 1.1 Providers shall:
 - 1.1.1 Prescribe medications for inmates as needed.

- 1.1.2 Provide injections to inmates with a prescription that requires periodic intramuscular injections.
 - 1.1.2.1 The syringes and medication shall not be issued to the inmate.
- 1.2 Pharmacists shall dispense medication in accordance and compliance with all State and Federal laws governing the practice of pharmacy.
- 1.3 Dispensing Medication
 - 1.3.1 Inmates may possess no more than a thirty-day supply of medications, not to include psychotropic medications or controlled substances.
 - 1.3.1.1 All psychotropic medications and controlled substances shall be delivered in no more than a one day supply.
 - 1.3.2 Upon receipt of medications from a Department pharmacy, a Correctional Registered Nurse shall document such receipt and make the medications available to inmates.
 - 1.3.3 Non-medical Department staff may deliver prescriptions to the inmate, provided all medications are signed for by the inmate and accountability is ensured.
 - 1.3.4 Prescriptions obtained by inmates from outside pharmacies shall be referred to the servicing Department pharmacy for re-labeling and authorization.
 - 1.3.4.1 The Department pharmacy shall certify that the prescription order is not contra-indicated with current medical orders before reissuing the medication.

{Original Signature on File}

Terry L. Stewart
Director

FORMS LIST

804-1P, Detention Assignment Checklist
1004-4P, Transfer Summary/Continuity Of Care
1101-1P, Dental Chart (3 pages)
1101-2P, Right to Request Limitation of Extraordinary Life-Support Procedures
1101-4P, Refusal To Submit To Treatment
1101-4PS, Negativa A Someterse A Tratamiento
1101-8P, Quarterly Chronic Condition Inventory
1101-9P, Declaration of Intent to Limit Life-Support Procedures
1101-10P, Health Needs Request (Non-Emergency)
1101-10PS, Peticion de Necesidades Medicas (Solo Para Uso de Peticiones Comunes)
1101-11P, Health Needs Request (Emergency)
1101-11PS, Peticion de Necesidades Medicas (Solo Para Uso de Peticiones de Emergencia)
1101-12P, Chronic Condition Follow-Up Sheet
1101-13P, Health Services Appointment List
1101-14P, Health Services Appointment List Delivery/Receipt Log
1101-15P, Dental Prosthetic List
1101-83P, Pre-Hospital Medical Care Directive

IMPLEMENTATION

Within 90 days of the effective date of this Order, the Deputy Director for Inmate Health Services shall develop and implement the following Technical Manuals that address, at a minimum:

- Dental Services
 - Routine and Emergency Care
 - Orthodontics
 - Protheses
 - Fractures of Facial Bones
 - Outside Services
- Nursing Operations and Seasonal Nursing Pools
- Pharmacy Services

Within 90 days of the effective date of this Order, Wardens and Administrators shall develop and implement the following Post Orders:

- #022 - Health Unit Security Officer
- #023 - Hospital Security Officer

DEFINITIONS

ANTERIOR FLIPPER - A plastic partial replacing one or more missing anterior teeth.

BRIDGE - A partial denture anchored to adjacent teeth that fills a gap.

CHRONIC CONDITION - One of the following health conditions, which are coded as shown the medical record file:

- ADA Qualified Inmates Requiring Regular Examinations and/or Treatment (Universal Handicapped Sticker) - An inmate who has a disability, as defined by 42 U.S.C. ' 12102(2) of the Americans with Disabilities Act, for which regular examinations and/or treatment are related to a qualifying disability under the Act. Arizona Department of Corrections health care providers shall determine whether such examinations and/or treatment are related to the qualifying disability.
- Allergies (Red) - An abnormal response to any substance.
- Cancer (Yellow) - A current or past malignancy.
- Developmentally Disabled (Brown with White stripe) - An inmate whose mental retardation, cerebral palsy, epilepsy, or autism results in substantial functional limitations in the areas of self-care, ability to communicate, and mobility, making necessary the ongoing provision of special health services.
- Diabetes (Dark Blue) - Diabetes mellitus.
- Heart Disease (Light Blue) - Current or past disease that requires on-going treatment and/or supervision.
- Hypertension (Dark Green) - High blood pressure that requires treatment and/or dietary intervention.
- Mental Illness (Brown) - Serious mental illness, as defined in Department Order #1103, Inmate Mental Health Care.
- Mentally Impaired (Brown With White Dot) - An intelligence quotient (IQ) of less than 70.
- Positive Purified Protein Derivative Skin Test (PPD) (Black with White dot) - A positive tuberculosis skin test.
- Respiratory Disease (Orange) - An asthmatic condition, emphysema, chronic bronchitis and/or chronic obstructive pulmonary disease.
- Seizure Disorder (Purple) - A generalized tonic-clonic seizure (grand mal), a partial seizure (psychomotor) or an absence seizure (petit mal).
- Seriously Mentally Ill (Brown) - Emotional or behavioral functioning in adults that meets criteria established by the Arizona Department of Health Services, Division of Behavioral Health Services checklist.
- Tuberculosis (Black) - Active and/or inactive tuberculosis.

CHRONIC CONDITIONS REQUIRING REGULAR EXAMINATIONS AND/OR TREATMENT - Cancer, diabetes, hypertension, seizure disorder, heart disease, respiratory disease, tuberculosis, HIV/AIDs, serious mental illness (and other mental illnesses of inpatients at the Alhambra Special Psychiatric Hospital and the Flamenco Mental Health Center,) or any condition requiring regular examinations and/or treatment that are directly related to a qualifying disability, as defined by 42 U.S.C. ' 12102(2) of the Americans with Disabilities Act. Arizona Department of Corrections health care providers shall determine whether regular examinations and/or treatment are directly related to a qualifying disability. There is no health care fee for these conditions.

CROWN - Artificial substitute for portion of tooth external to the gum.

DECLARATION - A "Declaration of Intent to Limit Extraordinary Life-Support Procedures," Form 1101-9P, signed by an inmate and two witnesses. A completed declaration establishes the inmate's intent to limit extraordinary life support procedures intended only to prolong the dying process that would otherwise be administered for an incurable and terminal medical condition.

DNA BLOOD SAMPLE - Blood withdrawn from an offender, from which a DNA profile can be extracted for identification purposes.

DNA TEST - A mandatory process in which a DNA blood sample is withdrawn and fingerprints are taken from new commitments and offenders who have been convicted of an offense specified in A.R.S. 13-4438 and who are to be released on or after August 1, 1993. (The blood sample and the fingerprints are evidentiary items.)

EMERGENCY - An inmate's current health condition that receives immediate attention.

FIXED BRIDGE - Bridge cemented in place and non-removable.

HEALTH CARE FEE - A charge not to exceed \$5.00 (currently \$3.00) that is deducted from the account of an inmate, parole violator or other return-to-custody inmate, for each health care appointment and emergency treatment initiated or required by a Health Needs Request (**including, but not limited to, treatment of injuries incurred due to the inmate's misconduct and injuries sustained during the inmate's recreational/leisure activity or work assignment**). **No one shall waive the payment of health care fees, except in the following situations:**

- Inmates whose health visits are initiated by medical, dental or mental health care staff.
- Inmates whose visit to a health care provider is due to a referral from another provider.
- Inmates assigned to reception centers.
- Minor inmates.
- Pregnant inmates.
- Seriously mentally ill inmates.
- Developmentally disabled inmates who are assigned to the Special Programs Unit.
- Inmates who are assigned to Housing Unit 8 at ASPC-Florence, Central Unit.
- Inmates who are inpatients at the Alhambra Special Psychiatric Hospital at ASPC-Phoenix.
- Inmates who are inpatients at the Flamenco Mental Health Center at ASPC-Phoenix.
- Inmates who undergo follow-up health treatment specifically for their chronic conditions per provider request.
- Inmates undergoing administrative examinations that are required by Department Order, such as:
 - Physical examinations for assignment to statewide driver, fire-fighting crew, kitchen.
 - Physical examinations of inmates who are returned to custody.
 - Response to suicide prevention/watch or progressive/maximum behavior control.

HEALTH NEEDS REQUEST - A Health Needs Request (Non-emergency), Form 1101-10P, or a Petición de Necesidades Medicas (Solo Para Uso de Peticiones Comunes), Form 1101-10PS, used by inmates to make an appointment for non-emergency health care; a Health Needs Request (Emergency), Form 1101-11P, or a Petición de Necesidades Medicas (Solo Para Uso de Peticiones de Emergencia), Form 1101-11PS, used by inmates to request emergency health care.

HEALTH SERVICES APPOINTMENT LIST - A roster prepared daily by Inmate Health Services staff indicating all scheduled inmate appointments for medical, mental and/or dental health care.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) - A virus that infects and destroys certain white blood cells, thereby undermining a person's immune system that normally combats infections and disease. HIV may be symptomatic or asymptomatic.

KEY CONTACT PHYSICIAN - The Department's lead physician at a correctional institution.

LIFE SUPPORT SYSTEM - Devices or machines such as mechanical ventilators that provide necessary bodily functions for medical patients.

LIFE THREATENING - A medical condition that could, in a physician's opinion, lead to an inmate's death if not treated.

MEDICAL APPOINTMENT - A scheduled time for an inmate to see a medical provider, nurse or attend a one-on-one mental health appointment, mental health group, dental appointment or specialty clinic.

MEDICAL FURLOUGH - Any authorized absence of an inmate from an institution for medical reasons.

MEDICAL ORDER - A document signed by the attending physician that outlines the type of medical treatment to be given an inmate. The medical order becomes part of the patient's hospital record.

MEDICAL STAFF - Licensed correctional health providers, including physicians, physician's assistants, nurses and nurse practitioners.

NON-EMERGENCY - An inmate's current health condition that does not require immediate attention and for which a request is generated by an HNR. This includes review of the medical record.

OFFENDER TO BE TESTED - Pursuant to A.R.S. 13-4438, an inmate or offender under community supervision (except those supervised pursuant to interstate compact agreement), convicted of one or more of the following:

- Title 13, Chapter 14 (Sexual Offenses):
 - A.R.S. 13-1403, Public Sexual Indecency; Public Sexual Indecency to a Minor.
 - A.R.S. 13-1404, Sexual Abuse.
 - A.R.S. 13-1405, Sexual Conduct with a Minor.
 - A.R.S. 13-1406, Sexual Assault.
 - A.R.S. 13-1410, Molestation of Child.
 - A.R.S. 13-1411, Crime Against Nature.
 - A.R.S. 13-1412, Lewd and Lascivious Acts.
- Title 13, Chapter 36 (Family Offenses): A.R.S. 13-3608, Incest.

PRESCRIPTION - A provider's order, issued under general direction from the Deputy Director for Inmate Health Services, to dispense medication to inmates/releasees.

PROSTHESIS - Full or partial dentures (false teeth).

PROVIDER - Health care professional approved by the Deputy Director for Inmate Health Services to examine an inmate and administer/order health treatment. Included are Physicians, Psychiatrists, Psychologists, Dentists, Physician Assistants, Nurse Practitioners, Psychologist Associates, Mental Health Assistants, and Correctional Licensed Nurses.

RECEPTION CENTER - One of the following facilities that is used to receive new commitments:

- ASPC-Phoenix, Alhambra Reception and Treatment Center: Adult male inmates.
- ASPC-Florence, Cell Block 6: Adult male inmates sentenced to death.
- ASPC-Perryville, Santa Maria: Adult female inmates, adult female inmates sentenced to death, and minor female inmates sentenced as adults.
- ASPC-Tucson, Rincon: Minor male inmates sentenced as adults.

RELEASE - The following types of release, in accordance with Department Order #1001, Inmate Release System:

- Compassionate Leave.
- Discretionary Release.
- Emergency Parole.
- Earned Release Credit Date Release.
- Home Arrest.
- Mandatory Release.
- Provisional Release.
- Parole.
- Temporary Release.
- Work Furlough.

SERIOUSLY MENTALLY ILL - Emotional or behavioral functioning in adults that meets criteria established by the Arizona Department of Health Services, Division of Behavioral Health Services checklist.

VETERANS ADMINISTRATION ELIGIBLE - An inmate who served in the U.S. Armed Forces and/or has a service-connected disability as qualified by the Veterans Administration.

AUTHORITY

A.R.S. 9-499.02, Standards for Curb Ramps.

A.R.S. 13-4438, Deoxyribonucleic Acid Testing; Exception.

A.R.S. 31-201.01, Duties of the Director; Tort Actions; Medical Treatment Costs.

A.R.S. 31-224, Transfer of Prisoner.

A.R.S. 31-281, Deoxyribonucleic Acid Identification.

A.R.S. 32-1968, Dispensing Prescription-Only Drugs; Prescription Orders; Renewals; Labels; Misbranding.

A.R.S. 36-2523, Records of Registrants.

A.R.S. 36-2525, Prescription Orders.

A.R.S. 41-1492 et seq, Arizonans with Disabilities Act of 1992.

A.R.S. 41-2418, Arizona Deoxyribonucleic Acid Identification.

Americans with Disabilities Act of 1990, Titles I-V

28 C.F.R. Part 35.130 et. seq., Nondiscrimination on the Basis of Disability by State and Local Government Services.

U.S. Civil Rights Act of 1964

Architectural Barriers Act of 1968

Rehabilitation Act of 1973