

POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER F-02	TOTAL PAGES 4
	RELATED NCCHC / ACA STANDARDS: NCCHC: P-F-02 (essential), J-F-02 (essential) ACA: 5-ACI-6A-09, 4-ALDF-4C-09	
CHAPTER: 11 BUREAU OF HEALTHCARE, SUBSTANCE ABUSE, AND MENTAL HEALTH SERVICES	SUBJECT: Infirmary-Level Care	
APPROVED BY THE BUREAU CHIEF: Deputy Chief, Michael Records (signature on file with BHSAMH)		
APPROVED BY THE COMMISSIONER AND EFFECTIVE THIS DATE Commissioner Monroe Hudson July 19, 2021 (signature on file with BHSAMH)		
APPROVED FOR PUBLIC RELEASE		

- I. **AUTHORITY:** 11 *Del. C.* §6536 Medical Care
- II. **PURPOSE:** To ensure that patients whose medical conditions warrant a level of care or medical monitoring that is beyond what can be provided in the general prison population (but who do not require hospitalization in an acute care hospital) receive needed care in an infirmary setting.
- III. **APPLICABILITY:** All Delaware Department of Correction (DDOC) employees and Contract Provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. **DEFINITIONS:** See Glossary
- V. **SUMMARY OF CHANGES:** This policy has not been changed.
- VI. **POLICY:**
 - A. It is the policy of the DDOC that when infirmary-level care is provided that it is appropriate to meet the healthcare needs of patients. This is accomplished in the following manner:
 - 1. The types of infirmary-level care that are available to offenders includes, but is not limited to the following:
 - a. Acute medical care for self-limiting, short-term illness or injury, or behavioral health observation (e.g., psychiatric close observation – PCO).
 - b. Monitoring of an acute medical condition/ symptoms or behavioral health conditions (e.g., anxiety, depression, pain, nausea), or the monitoring of physical findings such as vital signs, breath sounds or spirometry associated with asthma, drug, or alcohol parameters, etc.
 - c. Monitoring prior to or upon return from an outside healthcare facility (refer to BHSAMH policy *D-08 Hospital and Specialty Care*).
 - d. Housing of inmates with conditions that require medical isolation precautions either for protection of their own health (such as

- neutropenic cancer patients) or to protect others from infections they harbor (such as patients with easily communicable infectious diseases).
- e. Observation and pre-procedure preparations prior to admission to an outside acute care hospital or outpatient surgical facility for medical, surgical, or diagnostic procedure.
 - f. Observation after discharge from an outside acute care hospital or outpatient surgical facility as outlined in BHSAMH policy *D-08 Hospital and Specialty Care*.
 - g. Long-term care for chronic medical conditions that require skilled nursing care, or hospice/palliative care.
2. Offenders who need infirmary-level care are within sight or hearing of a facility staff member, and a qualified healthcare professional who can respond in a timely manner.
 3. The number of qualified healthcare professionals providing infirmary-level care is based on the number of patients, the severity of their illness, and the level of care needed.
 4. A physician is on call or available 24 hours a day, 7 days a week.
 5. Registered Nurses (RN) is on duty 24 hours a day when patients are present/housed in the infirmary.
 - a. The infirmary is under the supervision of the Director of Nursing or their RN designee 24 hours a day, seven (7) days a week.
 6. At least daily, a supervising RN ensures that care is being provided as ordered.
 7. Initiation and discontinuation of infirmary-level care is by provider order.
 8. The frequency of provider and nursing rounds for patients who need infirmary-level care is specified based on clinical acuity and the categories of care provided.
 - a. A nurse shall conduct rounds at a minimum of twice per shift, or more often as clinically indicated.
 - b. A licensed medical provider (MD/DO/PA/NP) shall conduct rounds a minimum of 5 days per week on offenders admitted for medical reasons.
 - i. The facility medical director must arrange coverage for weekend rounds through the medical contract provider when the condition of an offender would require the offender to be visited by a provider on weekend days.
 - ii. The on-call medical provider shall make weekend rounds on any offender with an unstable medical condition identified by the medical director, the infirmary charge nurse, or if the offender is admitted on nights, weekends or holidays and is medically unstable.
 - c. A licensed medical provider shall conduct rounds a minimum of once per week for offenders admitted only for behavioral health reasons (e.g., PCO) providing there is no underlying acute medical condition, otherwise the offender will be seen at least five (5) times per week.
 - d. A mental health provider (i.e., psychiatrist, psychologist, or psychiatric nurse practitioner) shall conduct rounds three (3) times per week for offenders admitted for behavioral health reasons.

- e. Anytime a provider, nurse, or behavioral health staff member conducts rounds in an infirmary-care location, documentation for each of these rounds must be entered in the electronic health record (EHR).
9. Health records for Offenders who need infirmary-level care must include an initial clinical note that documents the reason for infirmary-level care, an outline of the treatment and monitoring plan, and documentation of the care and treatment given.
- a. Admissions to the infirmary for medical or behavioral health reasons shall be accomplished through a provider admission order.
 - i. An admission order, or progress note must be entered in the EHR at the time of admission to the infirmary.
 - ii. The order must include a treatment and monitoring plan for each admitted offender.
 - iii. Admissions to the infirmary for housing reasons shall be accomplished by order of the warden, or designee.
 - iv. Healthcare providers may admit an offender to the infirmary for healthcare reasons only and may not admit an offender for housing purposes only.
 - b. Offenders admitted for medical or behavioral health reasons shall have a nursing assessment, with documentation entered in the EHR as follows:
 - i. At least once (1) per shift if housed in the infirmary for a medical or behavioral health reason.
 - ii. At least once (1) daily if housed in the infirmary without a medical or behavioral health reason such as based upon the Warden's order.
 - c. Discharge from infirmary-level care shall be through a physician order documented in the EHR.
 - i. If the offender was admitted for behavioral health reasons, a discharge order may only be completed after consultation and agreement of a licensed mental health professional.
 - ii. A discharge summary shall be documented in the EHR by the discharging physician for those offenders admitted for medical reasons.
 - iii. A discharge summary shall be documented in the EHR by the discharging professional for those admitted for behavioral health reasons in accordance with Bureau of Healthcare, Substance Abuse, and Mental Health Services (BHSAMH) Policy *B-05 Suicide Prevention and Intervention*.
10. Each facility maintains an infirmary care manual that includes nursing care procedures.
- B. The facility medical director has overall responsibility for the care of offenders admitted to infirmary-level care for medical reasons.
 - C. The facility mental health director has overall responsibility for the care of offenders admitted to infirmary-level care for behavioral health reasons.
 - D. On occasion, certain offenders who require infirmary-level care may be housed in other locations due to limited capacity of the infirmary or to prevent the spread of disease. All healthcare services outlined in this policy shall be provided to offenders housed in

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these areas. Only the facility medical director can waive this requirement if s/he deems that the offender who is housed elsewhere is stable enough to reduce frequency of assessments. Such offenders include but are not limited to:

1. Influenza patients who are isolated in their cells in the general population
 2. Hunger strike patients
- E. Offenders receiving infirmary-level care shall be reported and discussed at weekly Multidisciplinary Team (MDT) meetings in accordance with BHSAMH Policy *B-07 Communication on Patients Health Needs*.
- F. The Contracted Healthcare Provider(s) shall develop within 30 days of the effective date of this policy, a facility-specific procedure for each Level 4 and Level 5 facility implementing this policy and coordinating the procedure with the BHSAMH.