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	INSTITUTIONAL SERVICES DIVISION	SUBJECT:	Adopted: 06-01-95 Revised: 03-10-99	
		Infirmary Care	Reformatted: 02-2001	

## 01.00.00. POLICY OF THE DEPARTMENT

It is the policy of the Idaho Board of Correction that the Department of Correction ensure proper medical, dental, psychiatric and psychological services and treatment be provided to inmates incarcerated under its jurisdiction, including those state-sentenced offenders held in non-IDOC facilities.

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## 03.00.00. REFERENCES

Standards for Adult Correctional Institutions, Third Edition, Standards 3-4354.

Standards for Health Services in Prisons, P-24, P-44, P-52.

#### 04.00.00. DEFINITIONS

Facility Health Authority: The on-site Health Authority or senior health staff assigned.

Infirmary: An area within a confinement facility set up to take care of two or more inmates for a period of 24 hours or more.

Medical Authority: Idaho Department of Correction Health Services Chief.

Medical Director: A physician (M.D.) either employed by the Idaho Department of Correction or the physician in charge if medical services are privatized.

Mid-Level Provider: Physician Assistant or Nurse Practitioner.

Qualified Health Professional: Physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional and others who by virtue of their education, credentials, and experience are permitted by law within the scope of their professional practice are to evaluate and care for patients.

Regional Health Manager: The individual assigned as the primary manager who is administratively responsible for the delivery of medical services if health services are privatized.

## PROCEDURE

Inmates in the infirmary shall be within sight or hearing of a health care professional at all times.

Admission to and discharge from the infirmary(s) are on the order of a physician or midlevel provider unless the facility health authority and/or the facility head requests a special medical need for admission of an inmate. Such an admission should be a collaborative effort between the warden or his/her designee and the facility health authority or his/her designee.

An infirmary shall be defined as an area within the institution accommodating two or more inmates for a period of 24 hours or more, and expressly designated and operated for the sole purpose of caring for inpatients who are not in need of hospitalization or a licensed nursing facility.

The determination of sufficient and appropriate health care personnel shall be based on the number of patients, the severity of their illnesses and the level of care required for each. These factors should be addressed in the staffing plan.

Call lights, buzzers, or similar devices will be used to ensure that health care staff are readily accessible and that the inmate in the infirmary can readily gain the on-duty person's attention.

To ensure quality care of infirmary patients, there should be assignment of overall responsibility to one physician. Depending upon the size of the institution, the physician may be employed on a part-time basis or under contract on a full-time basis.

The inpatient record shall be the patient's regularly maintained medical chart and kept within the confines of the medical/infirmary area.

Admitting notes and a discharge summary shall be accomplished in the medical chart of each infirmary patient.

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Based on need and the size of a facility, a decision may be made on the need for a "sheltered medical housing" area. Conditions of need for sheltered housing and identification protocols should be developed to ensure that patients who need a higher level of care are not housed inappropriately.

Infirmaries will not be used as inmate management or disciplinary holding areas.

Administrator, Institutional Services Division

Date

## AUDIT CHECKLIST

# INSTITUTIONAL SERVICES DIVISION DIRECTIVE 401.06.03.052

Subject:	Infirmary Care
Facility:	
Audit Completed by:	

Audit Date: \_\_\_\_\_ Directive Adopted Date: 6-1-95

Revision Date: \_\_\_\_\_

\*Code: C = COMPLIANCE, PC = PARTIAL COMPLIANCE, NC = NONCOMPLIANCE

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Audit Checklist Items		*PC	*NC	Comments
The staff member for this directive is indicated.				
The directive is the correct revision number.				
Are inmates in the infirmary care within sight and/or hearing of medical staff at all times?				
Does admission require the authorization of a physician or clinical specialist or facility head?				
Does the facility have an infirmary?				
Are the medical files contained within the infirmary and secured?				
Does the file contain admitting notes and a discharge summary?				