

HOSPITAL AND SPECIALIZED AMBULATORY CARE

STANDARD NO(S):

NYSSA # 134

DATE:

March 5, 2010

REFER TO:

REVISED: 01/14/2011

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I. OBJECTIVE:

To establish the Seneca County Correctional Facility's policy for in-hospital care for medical and psychiatric illnesses of inmates in the custody of the Seneca County Sheriff.

II. POLICY:

To establish policy and procedure for the provisions of off-site health services including hospitalization, emergency service and special ambulatory care when inmate health care needs cannot be met in the facility.

III. DETAILS:

- A.** The Correctional Facility Medical Unit will maintain an updated list of hospitals, emergency rooms and specialty physicians with whom working relationships have been established. Inmates will be referred to these providers.
- B.** Referrals for these off-site services will be approved by the Facility Physician or their designee prior to hospital admission or outpatient procedure, except in an emergency situation.
- C.** Inmates will not receive advance notice of any, scheduled, non-emergency, off-site appointment.
- D.** Off-site providers will be provided with a Seneca County Correctional Facility medical "Consult Form" defining the requested treatment and evaluation.
 - 1.** The Correctional Facility Medical Unit will retain a copy of the original "Consult Form" in the inmate's medical record.
- E.** Off-site providers will perform only the requested treatment authorized by the Facility Physician or their designee.
- F.** The off-site provider is required to submit a summary of services provided.

IV. EMERGENCY SERVICES:

- A.** A facility staff member will be contacted to approve the transfer of an inmate to an emergency room.
 - 1.** Contact will be made prior to the transfer, if possible.
- B.** Returning Transport Officers will deliver all appropriate paperwork to the Facility Medical Staff.
- C.** The Chief Administrative Officer, Sheriff, Undersheriff and Chief Deputy will be notified immediately of any medical transfer thought to be a life threatening condition.
- D.** Facility Medical Staff will contact hospital staff daily for an inmate status report for those inmates requiring out of facility hospitalization.
- E.** Facility medical staff will review and assess all completed procedures and evaluations for appropriateness.

V. HOSPITAL AND SPECIALIZED AMBULATORY CARE:

- A.** The Facility Medical Unit staff will document all requests for consults in the inmate medical record.
- B.** A copy of the “Consult Form” will be maintained in the inmate’s medical record.
- C.** All inmate appointments will be made with providers with whom the Correctional Facility has a working relationship for services.
- D.** Correctional Transport Officers will be given, if applicable, a sealed envelope containing needed medical information for the provider.
- E.** If an inmate refuses to attend a scheduled off-site medical visit:
 - 1.** The inmate will be counseled as to the need for treatment compliance.
 - 2.** If the inmate continues to refuse, the inmate will be required to sign a release of responsibility form.
 - 3.** The off-site provider will be notified of the inmate’s refusal to attend such scheduled visit.