

 <p>State of Connecticut Department of Correction</p> <p>ADMINISTRATIVE DIRECTIVE</p>	Directive Number 8.1	Effective Date 3/16/2026	Page 1 of 7
	Supersedes Scope of Health Services Care, dated 11/02/2014		
Approved By  Commissioner Angel Quiros	Title Scope of Health Services Care		

1. **Policy.** The Department of Correction shall provide, either directly or through an agent, quality healthcare to inmates committed to the custody of the Commissioner of Correction.
2. **Authority and Reference.**
 - a. Regulations of Connecticut State Agencies, Sections 19-31-D8v(a) and 19-31-D8v(b).
3. **Definitions.** For the purposes stated herein, the following definitions apply:
 - a. **Community Standard.** The scope and quality of medical, dental and mental health services (including but not limited to diagnostic testing, preventive services and suitable after care, in terms of type, amount, frequency, level, setting and duration appropriate to the patient's diagnosis or condition) that is consistent with generally accepted practice parameters in the State of Connecticut as recognized by healthcare providers in the same or similar general specialty (as to typically treat or manage the diagnosis or condition, help restore or maintain the patient's health, prevent the deterioration or palliate the patient's condition, prevent the reasonably likely onset of a health problem, or detect an incipient problem).
 - b. **Constant Observation.** Continuous uninterrupted visual observation of an inmate at all times, which may include an open door. If the door cannot remain open, a clear and unobstructed view of the inmate must be maintained. One staff member may provide constant observation to one or more inmates in the same room.
 - c. **Facility.** A unit of the Department of Correction (DOC), including all correctional institutions, correctional centers and community contracted residential programs.
 - d. **Functional Unit.** A functional unit shall represent one or more health services unit(s) in a defined geographical area that share resources related to the provision of healthcare between facilities.
 - e. **Health Services Staff.** An individual employed by DOC, or the Department's provider for health services, on a part time, contractual, or full-time basis who has responsibilities providing health services to inmates remanded to the custody of the Commissioner of Correction. Any student intern or volunteer under the supervision and direction of health services staff shall also be considered health services staff.
 - f. **Inmate.** Any person, male or female, adult or minor, residing in a DOC facility or community contracted residential program. This term shall include any person serving a state or federal sentence, any person admitted to await trial in any jurisdiction, and any person admitted pursuant to any other provision of law.
 - g. **Medical Hold Status.** A situation in which the transfer of an inmate is deferred because of health related reasons.
 - h. **Sexual Abuse.** For purposes of this directive, sexual abuse shall be defined in accordance with Administrative Directive 6.12.
 - i. **Specialty Services.** The Connecticut Department of Correction Health Services Unit shall provide specialty services, as determined by the Chief Operating Officer or designee, and applicable Health Services policy(s).

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4. Scope of Services and Access to Care. The DOC shall provide all inmates access to healthcare services that meet community standards.
- a. Inmates shall be provided with information through the inmate tablet system, facility handbook, or facility postings on the procedures for obtaining healthcare services.
 - b. Classification of Levels of Care. The Health Services Unit shall assign to each inmate appropriate medical and mental health treatment needs scores in a manner consistent with Administrative Directive 9.2, Offender Classification.
 - c. Disease Management Guidelines. The Health Services Unit shall utilize disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases and will review these annually, or as warranted.
5. Health Care Services. The Health Services Unit shall provide the following services:
- a. Medical Services.
 - i. Sick Call. The Health Services Unit shall ensure a process for all inmates regardless of literacy, language barrier, security status, or disability to submit, on a daily basis, requests for healthcare. When possible sick call for inmates shall be conducted in a confidential setting in each DOC facility at a frequency that is appropriate to the medical needs of the facility. Any health assessment by a Registered Nurse, Advanced Practice Registered Nurse (APRN), Physician Assistant or Physician shall be documented in the inmate's health record.
 - b. Outpatient Services.
 - i. The Chief Operating Officer or designee shall approve treatment policies, procedures and protocols for routine and unscheduled sick call visits.
 - ii. Each facility shall develop health education programs consistent with the needs of the facility.
 - iii. It is the responsibility of all health care providers to ensure that each inmate is fully informed of any specific health problems that may affect that inmate. The inmate shall be oriented to the nature of the illness, the prognosis, and about the care of the illness, including medications and the need for periodic or follow-up care.
 - c. Intake Health Screening. The Health Services Unit shall provide intake health screening of all inmates who are newly admitted. Qualified health services staff shall conduct a comprehensive health screening of each newly admitted inmate, prior to placement of the inmate in general population. In the event of a referral from the admitting and processing staff member for an immediate screening and assessment, a qualified health services staff member shall promptly conduct an intake or transfer health screening and assessment. Each health screening, whether conducted in the medical unit or at another location, shall be conducted in private and shall be documented in the Electronic Health Record. The intake health screening shall include the following components:
 - i. Emergency healthcare, as indicated;
 - ii. Mental health screening as indicated by results of admission screening or by mutually agreed upon policy;
 - iii. Notice of sick call procedures upon admission.
 - iv. Disposition, as follows:
 1. Immediate medical emergency;
 2. Admit to infirmary;
 3. Medical score assigned which determines the appropriate facility and housing assignment
 - v. Each newly admitted or transferred inmate from another facility shall be assessed to make a determination of their risk of being sexually abused by other inmates or sexually abusive towards other inmates by

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use of an objective screening instrument in accordance with Administrative Directive 6.12.

- d. Each newly admitted inmate shall receive a Tuberculin Skin Test (TST) on the day of admission, when clinically appropriate, to be read within 48-72 hours. For inmates from other DOC facilities, the EHR shall be reviewed for evidence of a TST within the past year.
 - e. A newly admitted inmate requiring imminent medical, dental or mental health intervention, shall be placed on Medical Hold Status until the physician has determined that the inmate's immediate health needs have been met. An inmate shall not be transferred from the intake facility to another DOC facility until the inmate has been cleared by qualified health services staff for transfer.
 - f. Upon the admission of a minor inmate to the Department of Correction, health services staff shall send a copy of, Consent for Treatment of Minor to the inmate's parents or guardian for authorization to provide routine medical and dental care. Failure to obtain parental response shall not prevent the initiation of routine intake procedures or provision of emergency care when necessary.
 - g. Each newly admitted inmate shall be screened by HSU for drug use/abuse. At the time of the intake screening, or any point during incarceration, an inmate who appears to be intoxicated or who exhibits acute signs and symptoms of alcohol or substance withdrawal, shall immediately be referred to the appropriate HSU staff for further evaluation, monitoring and treatment.
 - i. Inmates who are detoxing from alcohol or benzodiazepines, and meet the requirements for constant observation status, shall be placed on such status, and a Close Observation Checklist shall be initiated.
6. Diagnostic Services. Laboratory, x-ray and other diagnostic tests shall be available to inmates for the purpose of providing primary, secondary and tertiary care. Diagnostic procedures include but are not limited to:
- a. Blood test;
 - b. Urinalysis;
 - c. Pathology;
 - d. X-rays;
 - e. Computed Tomography (CAT);
 - f. Magnetic Resonance Imaging (MRI);
 - g. Electroencephalography (EEG);
 - h. Electrocardiography (EKG);
 - i. Mammography; and,
 - j. Ultrasound.
7. Infection Control. The Health Services Unit shall maintain an Infection Control Program that:
- a. promotes a safe and healthy environment;
 - b. effectively monitors the incidence of infectious and communicable disease among inmates;
 - c. reduces the incidence and spread of these diseases;
 - d. ensures that inmates infected with these diseases receive prompt care and treatment; and,
 - e. provides for the completion and filing of all reports consistent with local, state and federal laws and regulations.
8. Infectious Disease. The Health Services Unit shall ensure that monthly infectious disease clinics, by board certified Infectious Disease Specialists, are available for HIV positive inmates and inmates with Acquired Immune Deficiency Syndrome (AIDS) committed to DOC facilities. In addition, Health Services will provide other infectious disease related services (e.g., HVC, TB). The Health Services Unit shall provide 24-hour on-call availability of an Infectious Disease Specialist.

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9. OB/GYN Services. The Health Services Unit shall provide prenatal and postpartum services for inmates in DOC facilities. The Health Services Unit shall arrange for delivery at an outside hospital. Pregnant inmates shall receive comprehensive prenatal healthcare including appropriate diet, vitamins, routine obstetrical clinic visits and counseling. All female inmates shall be offered gynecologic examination and PAP smear on admission and consistent with community standards of care.
10. Medical Orthotics, Prosthetics, and Other Accommodations for Disabilities. The DOC shall provide aids for disabilities including but not limited to; eyeglasses, dentures, hearing aids, orthotic braces, crutches, artificial limbs and wheelchairs to inmates in DOC facilities when the health or activities of daily living of the inmate would otherwise be adversely affected, as determined by the responsible physician or dentist.
11. Optometry Services. The Health Services Unit shall ensure that all inmates have access to optometry services as part of their standard healthcare. Newly admitted inmates who wear eyeglasses shall be referred to an optometrist for evaluation to confirm the adequacy of their current prescription, address any vision related concerns, and to have a pair of state sanctioned eyeglasses ordered.
12. Physician/ Prescriber Chronic Care. The Health Services Unit shall provide chronic care clinics for inmates with chronic illness. Prescribers shall oversee the operation of care and determine each individual inmate's schedule for follow up visits. Chronic care shall include but not be limited to diabetes, hypertension, and pulmonary.
13. Preventive Care and Immunizations. The Health Services Unit shall provide preventive care and immunizations to inmates. Immunizations shall be provided according to medical necessity and subject to mutually agreed on policy. Immunizations shall include but not be limited to Diphtheria Tetanus, Covid 19, Pneumococcal, Influenza and Hepatitis A and B vaccines.
14. Sex Treatment Services. The DOC shall ensure that all sentenced inmates with sex treatment classification scores of 2 or greater have access to sex offender programming consistent with Administrative Directive 8.13, Problem Sexual Behavior Programs.
15. Health Assessments and Periodic Health Examinations.
- a. The Chief Medical Officer, Mental Health Superintendent, Dental Director or designees shall approve policies, procedures and protocol for medical, dental and mental health exams.
 - b. As indicated, a comprehensive Health History/Physical Assessment, which includes an evaluation of medical, mental and dental health, shall be performed by a Physician, Physician's Assistant, Advanced Practice Registered Nurse or a Registered Nurse.
 - c. Each female inmate sentenced to more than two (2) years shall receive a health assessment performed by qualified health services staff and documented within forty-eight (48) hours of admission to a DOC facility. A Comprehensive Health History/Physical Examination which includes an evaluation of medical, mental and dental health, shall be performed by a Physician, Physician's Assistant, Advanced Practice Registered Nurse or a Registered Nurse within 14 days of admission to the Department.
 - d. Each newly admitted inmate who claims to have or is believed to have HIV infection, shall receive a comprehensive health history examination which shall be documented on, Comprehensive Health History/Physical Examination. The comprehensive health history examination shall be performed by a

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Physician, Physician's Assistant or an Advanced Practice Registered Nurse within 96 hours of admission. In those DOC facilities in which this staff is present two (2) or fewer times each week or during holiday weeks, the above examination shall be completed within seven (7) days of admission.

- i. A routine dental examination shall be provided to each HIV infected inmate within 10 weeks of admission and/or diagnosis of HIV infection and shall include a dental examination for abnormalities indicative of HIV infection. An HIV infected inmate referred with a dental condition that is severe and painful shall have a dental examination by a dentist within 72 hours of referral. An HIV infected inmate referred with a dental condition that is severe but not painful shall have a dental examination within seven (7) days of referral. The dental examination shall include a treatment plan.
 - ii. Each HIV infected inmate shall be made aware of the availability of mental health services and upon request shall be referred to a mental health staff member for further assessment. When a referral for mental health assessment is clinically indicated, a referral shall be initiated and a mental health assessment shall be conducted by a qualified mental health professional within five (5) working days.
 - e. Each inmate shall receive a periodic health assessment as determined by the responsible physician.
 - f. Inmates who self-report previous sexual victimization during the intake or transfer assessment shall be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the assessment screening.
 - g. Inmates whose intake or transfer screening assessment indicates that he/she previously perpetrated sexual abuse shall be offered a follow up meeting with a mental health practitioner within 14 days of such screening assessment.
 - i. Inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility shall be offered any medical and/or mental health services that are medically appropriate, including initial evaluations, follow-up services and as needed, referrals for continued care following their transfer to, or placement in other facilities, or release from custody.
 - ii. Within 60 days of learning of an inmate's history of perpetrating inmate on inmate sexual abuse, he/she shall be offered a mental health evaluation and any other treatment deemed necessary by a mental health practitioner.
16. Infirmatory Care Services. The Health Services Unit shall ensure that infirmaries operating within DOC facilities are properly equipped and appropriately staffed to provide 24-hour nursing care for inmates. Infirmaries shall be used to provide healthcare for inmates who do not require the acuity of care of a community hospital. A Physician/Prescriber shall be responsible for the healthcare of inmates admitted to an infirmatory and shall make rounds, with appropriate documentation, at a minimum every 72 hours. A physician shall be available on-call 24 hours a day for consultation. A registered nurse shall be available 24 hours a day to plan and administer nursing care for inmates in the infirmaries. Infirmaries shall have written protocols providing nurses with guidelines for approved nursing practice. Dental and Periodontal Care. The Health Service Unit shall ensure that all inmates committed to DOC have access to dental care in accordance with Administrative Directive 8.4, Dental Services.
17. Specialty Services. The Health Services Unit shall ensure access to off-site specialty services for inmates when clinically indicated. Recommendations for off-site specialty services shall be made by the on-site primary provider. Specialty services will be coordinated by the Outpatient Specialty Services (OSS) unit.

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18. Discharge Planning. The Health Service Unit and DOC shall provide discharge planning that facilitates continuity of care of released inmates with a Medical or Mental Health Score of 3 or above. The Health Service Unit shall designate a discharge planner(s) for each functional unit whose sole responsibilities shall be implementing the discharge planning process. Inmates discharged from a DOC facility shall receive, at minimum, a prescription for a thirty (30) day supply of medication.
- a. Emergency Services. The Health Services Unit shall ensure that all staff working in DOC facilities are trained in, and comply with, procedures for responding to and effectively managing medical emergencies in DOC facilities, as well as procedures for obtaining medical care for both staff and inmates. In the event of a health emergency, appropriate health services staff shall immediately report the nature of the emergency to a custody supervisor and shall complete CN 6604, Incident Report and a CN 6606, Medical Incident report in accordance with Administrative Directive 6.6, Reporting of Incidents.
 - b. All Hazardous Duty Health Services Unit staff working in DOC facilities shall be certified in cardiopulmonary resuscitation (CPR) by the approved vendor, and nursing staff shall receive annual training in emergency medical response to medical emergencies.
 - c. Where medically appropriate, inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception, testing for sexually transmitted diseases and sexually transmitted infections prophylaxis at no cost, in accordance with professionally accepted standards of care.
19. Pharmacy. The Health Services Unit shall ensure that all inmates committed to the Department have access to pharmacy services in accordance with Administrative Directive 8.3, Pharmacy Services.
20. Mental Health Services. The Health Services Unit shall provide mental health services consistent with community standards and in accordance with Administrative Directives 8.5, Mental Health Services and 8.14, Suicide Prevention.
- a. All health care services rendered to an inmate shall be documented in the inmate's health record in accordance with Administrative Directive 8.7, Health Records Management.
21. Exclusions. The Health Services Unit shall be under no obligation to provide or pay for the following types of services:
- a. Non medically necessary plastic surgery (medical or dental);
 - b. Gender Affirming surgery;
 - c. Sperm/ovum collection or storing, other than for emergency collection and initial storage in context of chemotherapy, radiation, or surgery;
 - d. Elective care,;
 - e. Care, treatment, or surgery determined to be experimental in accordance with accepted medical standards;
 - f. Other procedures or care that are not generally medically accepted;
 - g. Neonatal or newborn care (prenatal and obstetric services shall be provided);
 - h. Contraceptive devices and medications solely for the purpose of contraception, except when medically appropriate on discharge from DOC;
 - i. Collection of, or participation in the collection of forensic evidence, unless obligated to do so by the Connecticut General Statutes; and,
 - j. Participation in competency/restoration evaluation.
 - k. The Health Services Unit shall not provide or arrange for any healthcare services for non-incarcerated individuals, except for the provision of emergency treatment and medical stabilization in the case of an on-site event requiring such emergency treatment or stabilization.

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22. Continuity of Care. Continuity of care shall be provided from admission to discharge from the facility and shall include referral to community resources when indicated.

23. Reviews and Reports. Communication shall occur routinely and frequently between health services and custody staff. Incident reports shall be completed by health services staff in accordance with Administrative Directive 6.6, Reporting of Incidents. Each policy and procedure in the health care delivery system shall be reviewed at least annually and revised as necessary under the direction of the Chief Operating Officer. Upon request, the Chief Operating Officer shall be provided statistical and narrative reports by each facility on health care delivery.

24. Exceptions. Any exceptions to the procedures in this Administrative Directive shall require prior written approval from the Commissioner.