
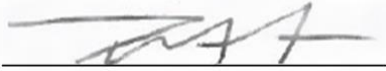


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<b>POLICY NUMBER: 18.10</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT of CORRECTIONS</b>  <b>Approved by Commissioner</b>  	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VIII</b>
	<b>EFFECTIVE DATE:</b> <b>July 14, 2004</b>	<b>LATEST REVISION:</b> <b>December 9, 2022</b>

**I. AUTHORITY**

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

**II. APPLICABILITY**

All Departmental Adult Facilities

**III. POLICY**

The Department of Corrections recognizes the need to provide infirm care to residents with an illness, injury, or condition that does not require hospitalization or licensed nursing facility level of care but whose care cannot be managed in an outpatient setting. Infirm care is inpatient care provided to residents that require twenty-four (24) hour nursing care. An Infirm care shall be in compliance with applicable state statutes and local licensing requirements. **5-ACI-6A-09**

**IV. DEFINITIONS**

1. Health care provider – for purposes of this policy, physician, physician assistant, or nurse practitioner.

**V. CONTENTS**

- Procedure A: Infirm Operations
- Procedure B: Admission to the Infirm
- Procedure C: Discharge from the Infirm
- Procedure D: Infirm Health Care Records

**VI. ATTACHMENTS**

- Attachment A: Infirm Admission Authorization Sheet
- Attachment B: Infirm Admission Form
- Attachment C: Infirm Discharge Summary

## VII. PROCEDURES

### Procedure A: Infirmiry Operations

1. If an adult facility has an infirmiry, the infirmiry shall be equipped to:
  - a. allow residents housed there to bathe daily, depending on the treatment plan;  
**5-ACI-6E-02**
  - b. allow residents access to sinks with hot and cold running water; **5-ACI-6E-03** and
  - c. allow residents to access toilets and hand-washing facilities twenty-four (24) hours per day without staff assistance, unless the treatment plan indicates otherwise.  
**5-ACI-6E-04**
2. The infirmiry shall be staffed with at least one registered nurse (RN) or licensed practical nurse (LPN) twenty-four (24) hours a day, seven (7) days a week. The resident to nurse ratio shall be based on the severity of each illness, injury or other condition and the level of care required for each resident. In the event an LPN is assigned to the infirmiry, that nurse shall be under the direction of an RN.  
**5-ACI-6A-09**
3. A health care provider shall be on call or otherwise available twenty-four (24) hours a day to respond to the health care needs of residents in the infirmiry as necessary.  
**5-ACI-6A-09**
4. Whenever a health care provider conducts rounds in the infirmiry, each resident shall be seen, and the visit shall be documented in the resident's electronic health care record.
5. The Health Services Administrator (HSA), or designee, shall:
  - a. provide information on the scope of infirmiry care services available; **5-ACI-6A-09**
  - b. be responsible for the supervision of all nurses assigned to the infirmiry;
  - c. visit the infirmiry at least once every business day and on other days as necessary to ensure the health care needs of the residents are being met and to review the daily operations of the infirmiry;
  - d. address and take the necessary steps to correct any reported problems in the operation of the infirmiry.
6. While in the infirmiry, a resident shall be within sight or hearing of a nurse at all times.  
**5-ACI-6A-09**
7. An Infirmiry Manual for Nursing Care Procedures shall be developed, reviewed at least annually, and revised as needed by the Regional Medical Director. **5-ACI-6A-09**

### Procedure B: Admission to the Infirmiry

1. Any time an adult resident is identified by health care staff as possibly needing admission to a Department infirmiry, the staff shall notify a facility health care provider and the facility Health Services Administrator (HSA), or designee.
2. The health care provider shall determine whether infirmiry admission is medically indicated and, if so, shall consult with the Regional Medical Director. If the provider and

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the Regional Medical Director are in agreement that infirmary admission is medically indicated, an order for admission shall be documented in the resident's electronic health care record by the provider, and the Health Services Administrator (HSA), or designee, of the facility where the resident is housed shall be notified.

3. If the facility where the resident is housed has an infirmary, the HSA, or designee, shall notify the facility Chief Administrative Officer, or designee, of the determination that it is medically indicated to admit the resident to the infirmary.
  - a. The HSA, or designee, shall forward an Infirmary Admission Authorization Sheet (Attachment A) to the Department's Director of Classification, or designee.
  - b. If the Department's Director of Classification, or designee, in consultation with the Chief Administrative Officer, or designee, authorizes the admission to the infirmary, health care staff shall notify the Shift Commander. The Shift Commander shall make appropriate arrangements for the placement of the resident in the infirmary.
  - c. If there is no appropriate infirmary bed available or if security or safety considerations preclude the placement, the Shift Commander and the HSA, or designee, shall contact the Chief Administrative Officer, or designee, who shall consult with the Regional Medical Director to make alternative arrangements through the Department's Director of Classification, or designee.
  
4. If the facility where the resident is housed does not have an infirmary, the sending facility HSA, or designee, shall notify the receiving facility HSA, or designee, of the determination that it is medically indicated to admit the resident to the infirmary.
  - a. The sending facility HSA, or designee, shall forward an Infirmary Admission Authorization Sheet to the receiving facility HSA, or designee. The receiving facility HSA, or designee, shall notify the receiving facility Chief Administrative Officer, or designee, of the determination that it is medically indicated to admit the resident to the infirmary and shall forward the form to the Department's Director of Classification, or designee.
  - b. If the the Department's Director of Classification, or designee, in consultation with the receiving facility Chief Administrative Officer, or designee, authorizes the admission to the infirmary, the receiving facility HSA, or designee, shall notify the receiving facility Shift Commander. The receiving facility Shift Commander shall make appropriate arrangements with the sending facility Shift Commander for the transfer of the resident and shall make appropriate arrangements for the placement of the resident in the infirmary.
  - c. If there is no appropriate infirmary bed available or if security or safety considerations preclude the placement, the receiving facility Shift Commander and HSA, or designee, shall contact the Chief Administrative Officer, or designee, who shall consult with the Regional Medical Director to make alternative arrangements through the Department's Director of Classification, or designee.
  
5. If authorization for transfer to the infirmary is granted, the resident shall be placed in the infirmary and applicable documentation shall be completed and filed in the resident's Administrative Record and electronic health care record. The procedures for resident transfers between facilities shall be followed, if applicable.

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6. If applicable, the sending facility's health care staff shall inform the sending facility's Shift Commander of any special transportation requirements and shall ensure that all pertinent information necessary to prepare for the resident's admission is provided to the infirmity nurse and the infirmity health care provider.
7. Discharge from hospital to infirmity:
  - a. When infirmity level of care is anticipated after discharge from a hospital, the hospital attending physician and the infirmity health care provider shall consult concerning the discharge plan. The discharge plan shall be reviewed with the Regional Medical Director. Written discharge and follow-up instructions shall be requested as part of the discharge plan. The complete hospitalization summary shall be requested by the infirmity staff.
  - b. The infirmity health care provider shall consult with the hospital staff to determine the type of transportation and any special requirements needed.
  - c. The infirmity health care provider shall ensure the infirmity nurse is notified of the infirmity placement.
  - d. The infirmity nurse shall notify the HSA, or designee, of the hospital discharge, and the HSA, or designee, shall notify the facility Chief Administrative Officer, or designee.
  - e. The HSA, or designee, shall notify the Shift Commander and the facility classification staff of the hospital discharge and shall inform them of the type of transportation and any special requirements and accommodations needed.
  - f. The Regional Medical Director shall contact the Department's Director of Classification, or designee, and an Infirmity Admission Authorization Sheet shall be forwarded by the facility HSA, or designee, to the Department's Director of Classification, or designee, to authorize the resident's transfer to the infirmity.
8. An Infirmity Admission Form (Attachment B) shall be completed for all residents admitted to the infirmity.

**Procedure C: Discharge from the Infirmity**

1. When a resident is anticipated to be discharged from the infirmity, the infirmity health care provider shall inform the Regional Medical Director and the Health Services Administrator (HSA), or designee.
2. The infirmity health care provider shall authorize all discharges from the infirmity by a written or telephone order. Written discharge orders, to include medications, treatment, and follow-up instructions, shall be completed as part of the discharge plan.
3. An Infirmity Discharge Summary (Attachment C) shall be completed for all residents discharged from the infirmity.
4. The HSA, or designee, shall notify the Shift Commander and the facility classification staff of the infirmity discharge if the resident is being discharged from the infirmity to another housing unit at that facility.

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5. If the resident is being discharged from the infirmary to another facility, the HSA, or designee, shall notify the Shift Commander and the facility classification staff of the infirmary discharge and shall inform them of the type of transportation, and any special requirements and accommodations needed.
6. The facility classification staff shall inform the Department's Director of Classification, or designee, of the discharge, who shall determine to which facility the resident is to be transferred.

**Procedure D: Infirmary Health Care Records**

1. The Infirmary Admission form shall be uploaded into the resident's electronic health care record and a notation in the progress notes shall be completed when a resident is admitted to the infirmary.
2. All health care services and treatment provided in the infirmary shall be recorded in the electronic health care record for each resident. The record shall include, but not be limited to, the Infirmary Care Plan.
3. The Infirmary Discharge Summary shall be uploaded into the resident's electronic health care record and a notation in the progress notes shall be completed when a resident is discharged from the infirmary.
4. An Infirmary Log, in which health care staff shall record dates of admission and discharge and admitting diagnosis, shall be maintained on a daily basis.

**VIII. PROFESSIONAL STANDARDS**

**ACA**

- 5-ACI-6A-09** Offenders are provided access to infirmary care either within the correctional setting or off site. If infirmary care is provided onsite, it includes, at a minimum, the following:
- definition of the scope of infirmary care services available
  - a physician on call or available 24-hours per day
  - health care personnel have access to a physician or a registered nurse and are on duty 24-hours per day when patients are present
  - all offenders/patients are within sight or sound of a staff member
  - an infirmary care manual that includes nursing care procedures
  - compliance with applicable state statutes and local licensing requirements
- 5-ACI-6E-02** There are sufficient bathing facilities in the medical housing unit and infirmary area to allow offenders housed there to bathe daily.
- 5-ACI-6E-03** Offenders have access to operable washbasins with hot and cold running water in the medical housing unit or infirmary area at a minimum ratio of one basin for every 12 occupants, unless state or local building or health codes specify a different ratio.
- 5-ACI-6E-04** Offenders have access to toilets and hand-washing facilities 24 hours per day and are able to use toilet facilities without staff assistance when they are confined in the medical housing unit or in the infirmary area. Toilets are provided at a minimum ratio of 1 for every 12 offenders in male facilities and 1 for every 8 offenders in female facilities. Urinals may be substituted for up to one-half of the toilets in male facilities. All housing units with three or more offenders have a minimum of 2 toilets. These ratios apply unless state or local building or health codes specify a different ratio.

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