

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.00.05	Page 1 of 5
	Original Effective Date: 09/17/00, 11/01/03	New Effective Date: 08/31/20
	Supersedes: 500.00.05 BHS 300:14	Dated: 10/02/17 10/01/04
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Medical Observation and Monitoring		

POLICY

The Division of Adult Institutions shall place patients in medical observation or medical monitoring for specific purposes under certain circumstances based on medical needs.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018 P-A-01 Access to Care
DAI Policy 500.60.02 – Tuberculosis Control Program – Patient
DAI Policy 500.70.24 – Clinical Observation
Wisconsin Administrative Code Ch. DHS 145 – Appendix A – Communicable Diseases and Other Notifiable Conditions
Wisconsin Administrative Code Ch. DOC 311 – Observation Status
Wisconsin Statutes s. 302.38 – Medical Care of Prisoner
Wisconsin Statutes s. 302.385 – Correctional Health Care
Wisconsin Statutes s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

DEFINITIONS, ACRONYMS AND FORMS

ACP – Advanced Care Provider

ADL – Activities of daily living

ADO – Administrative Duty Officer

BHS – Bureau of Health Services

DAI – Division of Adult Institutions

DOC – Department of Corrections

HSU – Health Services Unit

DOC-0027A – Placement/Review of Offender in Medical Observation

DOC-3220 – Refusal of Recommended Health Care

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Communicable Illness – An illness caused by a disease that the Department of Health Services determines under Wisconsin Administrative Code Ch. DHS 145 to be communicable.

Medical Observation – Involuntary or voluntary non-punitive status used for the temporary placement of a patient to ensure the patient's safety and the safety of others. See DAI Policy 500.70.24 for policy mental health treatment.

Medical Monitoring – Designed for medical or mental health monitoring for specific purposes which includes gathering data regarding a patient's health status.

PROCEDURE

I. Medical Observation

- A. One or both of the following must exist to place a patient in medical observation:
 1. The patient has or is suspected of having a medical problem that requires separation from the population for treatment by an ACP.
 2. The patient is refusing testing for communicable illness.
- B. The patient may be placed in medical observation by any of the following:
 1. An ACP.
 2. Warden.
 3. A clinical or health service staff member, the Security Director or the Shift Captain if a physician is not immediately available for consultation.
- C. Any staff member or inmate may recommend to any person authorized to place an inmate in medical observation that an inmate be placed in medical observation.
- D. The staff member or inmate shall state the reasons for the recommendation and describe the patient's symptoms that underlie the recommendation.
- E. At the time of placement the patient shall be informed orally of the reasons for placement.
- F. An ACP order is required to keep a patient in medical observation longer than 24 hours.
- G. The staff member making the placement shall complete DOC-0027A – Placement/Review of Offender in Medical Observation.
- H. The patient shall be provided with a written copy of the DOC-0027A – Placement/Review of Offender in Medical Observation which states the reason for the placement within 10 working days of the recommendation.

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- I. A patient placed in medical observation shall be examined by an ACP within two working days of placement. The examination shall include a direct personal evaluation and review of relevant information.
- J. Within 24 hours, or as soon as possible after the ACP examination, the patient shall be advised of the reasons for the placement and findings of the examination.
- K. Written notification of the findings of the examination shall be provided to the patient.
- L. A patient shall remain in medical observation for a reasonable period of time for diagnosis and treatment or as needed as determined by an ACP until the ACP determines the patient no longer requires separation from the population.
- M. Patients in medical observation require periodic reviews of the placement by an ACP. Frequency shall be based on the patient's diagnosis and the ACP's professional judgment.

II. Medical Monitoring

- A. Reasons for patient placement in medical monitoring may include, but is not limited to:
 - 1. Response/reaction to change in medication regimen.
 - 2. Eating or drinking before medical tests that require such restriction.
 - 3. Recovery from day surgeries or medical procedures.
 - 4. Monitoring for temporary assistance related to an acute health care issue.
 - 5. Data collection regarding a patient's health status by health care or other facility staff.
 - 6. Examination, treatment or nursing assessment by an ACP.
- B. Monitoring may consist of any or all of the following but is not all inclusive of:
 - 1. Taking vital signs.
 - 2. Observing the following: intake and output including meal monitoring, bleeding, ambulation, circulation, breathing, sleep patterns and ADL abilities.
 - 3. Determining the presence of a skin condition.
 - 4. Observing neurological episodes such as dizziness, visual defects, hearing deficits, level of consciousness, seizure activity, and/or a reaction to medications.
- C. Monitoring tasks may be performed by health care or other facility staff dependent on the medical complexity of the task. Staff will only participate in monitoring to the level of their training.

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- D. Medical monitoring may require special housing of the patient close to the officer's station or in the HSU. Patients may not refuse housing assignments for medical monitoring purposes.

- E. Patients may refuse hands on medical monitoring such as having vital signs taken. The reason for the monitoring shall be explained and a DOC-3220 – Refusal of Recommended Health Care shall be signed by the inmate patient if the patient is not willing to participate.

- F. Monitoring on the patient's housing unit shall be recorded in one of the following ways:
 - 1. Non-health care staff may use a specific flow sheet provided by HSU. The flow sheets shall be filed in the patient's healthcare record.
 - 2. Monitoring may also be reported to health care staff who will be responsible for recording the information in the healthcare record.

- G. Monitoring in the HSU patient room
 - 1. Reason for monitoring shall be documented in the healthcare record.
 - 2. If the patient will be in the HSU for two or more hours, a head to toe nursing assessment shall be completed and documented.
 - 3. Monitoring shall be completed as determined by the ACP; however, a nursing assessment shall be completed each shift a nurse is on site.
 - 4. An assessment is not necessary if the placement in HSU is for security reasons because the patient knows they are going out for a test/procedure or they need to be closer to a bathroom because of a prep.

Bureau of Health Services: _____ **Date Signed:** _____
 Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
 Dr. Paul Bekx, Medical Director

_____ **Date Signed:** _____
 Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
 Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.00.05	Page 5 of 5
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Chapter: 500 Health Services		
Subject: Medical Observation and Monitoring		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other