

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.23	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 05/01/04	<b>New Effective Date:</b> 08/31/20
	<b>Supersedes:</b> 500.30.23, BHS300:23	<b>Dated:</b> 06/30/14
	<b>Administrator's Approval:</b> Makda Fessahaye, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Restrictions to Reduce Health Care Risks		

**POLICY**

Division of Adult Institution facilities may restrict activities of patients which are counter-productive to treatment or prevention of a serious medical condition when approved by the Bureau of Health Services.

**REFERENCES**

Standards for Health Services in Prisons – National Commission on Correctional Health Care 2018 P-F-01 Patients with Chronic Disease and Other Special Needs; P-G-I-05, Informed Consent and Right to Refuse

Wisconsin Statutes s. 302.38 – Medical Care Of Prisoners

Wisconsin Statutes s. 302.385 – Correctional Institution Health Care

Wisconsin Statutes. s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

**DEFINITIONS, ACRONYMS AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

BHS – Bureau of Health Services

DOC – Department of Corrections

DOC-3475 – Bureau of Health Services Request for Restriction Approval

Health Care Record – Official confidential DOC record created and maintained for each inmate patient consisting of all or some of the following components: Infirmary Chart, Hemodialysis Chart, Dental Record Psychological Records-Copies (DOC-3370/3370B), Optical Record, Medications Record, Psychological Services Unit Record, and other components as defined by the BHS.

Restrictions – Limitations placed on usual and customary activities of inmate patients such as canteen purchases, modified diets, access to water, etc.

Serious medical need – One that has been diagnosed by an ACP as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for medical attention.

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## PROCEDURE

### I. Requesting Restrictions

- A. The facility Multidisciplinary Team(s) shall identify necessary restrictions based on:
  1. Interest in preserving and promoting the patient's life, health and well-being.
  2. Interest in effectively managing health care resources.
- B. The facility shall ensure there are documented care plan interventions and teaching prior to requesting restrictions.
- C. Requests for approval of restrictions shall be provided in writing on DOC-3475 – Bureau of Health Services Request for Restriction Approval. The request shall include:
  1. Patient's condition.
  2. Proposed restriction.
  3. Documented interventions and response.
  4. Length of time the proposed restriction will be in place.
    - a. Restrictions can be requested for up to 90 days.
    - b. If no date is included, the automatic stop date will be 90 days.
  5. Expected outcome.
  6. Appropriate copies of the Health Record verifying condition and need for intervention. Examples include, but are not limited to:
    - a. Blood sugar checks.
    - b. Copies of canteen orders.
    - c. Weight monitoring.
    - d. Insulin record.
    - e. Blood pressure readings.
- D. If the restriction is to turn off the water in the patient's cell due to non-adherence with fluid restrictions the following shall also apply:
  1. Proof of non-adherence shall be attached to the DOC-3475 – Bureau of Health Services Request for Restriction Approval.
  2. Facility Warden/designee notification of water being turned off.
  3. Mental Health Director notification if justification is related to a mental health condition.
  4. A plan of care developed, which includes:
    - a. Routine fluids provided to meet the patient's intake requirements.
    - b. HSU Manager/designee daily review of intake monitoring, and when not on-site, a designated person shall be named to review.
    - c. Staff access to water for hand-washing.
    - d. Patient access to water for hygiene and toilet flushing.
    - e. Inmate workers access to water for cleaning.

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## II. Review and Approval of Requests by BHS Central Office

- A. All restrictions necessary for maintenance or improvement of a patient's health condition against his or her wishes shall be approved prior to initiation by BHS in Central Office.
- B. Facilities shall submit to BHS Central Office the original DOC-3475 – Bureau of Health Services Request for Restriction Approval and copies of documentation to be considered as identified in I. above. A copy shall be maintained in the Health Record until the original document is returned.
- C. A BHS Committee consisting of the BHS Director, Medical Director, Mental Health Director (if restriction involves mental health conditions), Director of Nursing, and BHS assigned Nursing Coordinator shall review the request and make a decision to approve or deny the request and sign the DOC-3475 – Bureau of Health Services Request for Restriction Approval.
- D. The signed original DOC-3475 shall be returned to the facility with a copy maintained in the BHS Central Office Health File.

## III. Enforcing Decisions

- A. Patients shall be provided with a copy of the DOC-3475 – Bureau of Health Services Request for Restriction Approval.
- B. Facilities are responsible to ensure restrictions are enforced through multidisciplinary care planning.
- C. Patients are not able to refuse restrictions implemented through this process.
- D. If a restriction is needed for longer than 90 days, a new DOC-3475 – Bureau of Health Services Request for Restriction Approval shall be completed.

**Bureau of Health Services:** Michael Rivers Date Signed: 8/31/20  
Michael Rivers, Director of Administration

Paul Bekx Date Signed: 8/31/20  
Paul Bekx, MD, Medical Director

Mary Muse Date Signed: 8/30/20  
Mary Muse, Nursing Director

**Administrator's Approval:** [Signature] Date Signed: 08/31/20  
Makda Fessahaye, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.30.23	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Restrictions to Reduce Health Care Risks		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**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