



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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## GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

*James Greer*

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Name of Individual Certifying this Document/Proposed Document

*Director, Bureau of Health Services*

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Title


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Signature

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Date Signed

Department of Corrections – Wisconsin  
Office of the Secretary  
Wis. Stat. § 227.112(6)  
DOC-2910 (6/2019)

 <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> 500.30.24 (E)	<b>Page</b> 1 of 5
	<b>Original Effective Date:</b> 06/01/18	<b>New Effective Date:</b> 06/01/18
	<b>Supersedes:</b> N/A	<b>Dated:</b> N/A
	<b>Administrator's Approval:</b> Jim Schwochert, 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> Modified Diets for Medical/Dental Reasons - EMR		

**POLICY**

The Division of Adult Institutions shall provide diets for medical or dental needs that enhance inmate patient health and are modified when necessary to meet requirements related to clinical conditions.

**REFERENCES**

Standards for Health Care in Prisons, National Commission on Correctional Health Care, 2018, P-B-01 – Healthy Lifestyle Promotion  
Wisconsin Administrative Code s. DOC 309.23 – Food  
Wisconsin Administrative Code s. DOC 379.16 – Food and Liquids  
DOC Diet Manual

**DEFINITIONS, ACRONYMS AND FORMS**

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

DOC – Department of Corrections

DOC-1836 – Diet Order Acknowledgment

DOC-3341 – Modified Diet Consent/Refusal

DOC-3518 – Food Allergy/Intolerance Diet Interview

EMR – Electronic Medical Record

Non-Standard Modified Diet – Special or therapeutic dietary requirements for medical or dental reasons ordered by licensed health care staff.

USDA – United States Department of Agriculture

WCCS – Wisconsin Correctional Center System

WWCS – Wisconsin Women's Correctional System

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## PROCEDURES

### I. Development of Modified Diets

- A. The facility shall provide an adequate diet to all inmate patients based on the appropriate, current USDA recommended daily allowances and incorporate the principles of the food guide pyramid.
- B. The DOC Central Office Registered and Certified Dietitians:
  1. Develop and review the modified diets for nutritional adequacy.
  2. Maintain a description of the diets in the DOC Diet Manual.
  3. Ensure documentation of the reviews include the date, signature and title of the dietitian.
  4. Write non-standard modified diets as requested.

### II. Need for Modified Diet

- A. The need for a modified diet shall be based upon a documented health need.
- B. A modified diet shall be ordered for food allergies only if an ACP determines it is medically necessary, based on medical history or diagnostic testing.
  1. The DOC-3518 – Food Allergy/Intolerance Diet Interview form developed by the DOC Central Office Registered and Certified Dietitians may be used to assist the ACP in determination of a medically modified diet based on food allergies.
  2. Scan completed DOC-3518 into the EMR.
  3. Determine if past medical records related to allergies/intolerances need to be retrieved.
  4. Document need for modified diet in the EMR.
- C. An ACP's order is not necessary for short term alterations (maximum 48 hours) in diet such as clear liquid diet due to the flu or a soft diet due to a tooth extraction, prep for diagnostic tests, etc.
- D. There are limitations regarding the provision of modified diets at the Correctional Centers in the WCCS and WWCS.
  1. Diet instruction shall be provided for self-selection.
  2. If dietary needs cannot be met at a Center System facility, transfer of the inmate patient to another facility shall be considered.
- E. Diets for religious reasons or other non-health requests shall not be handled through the HSU.
  1. Refer inmate patient to the appropriately designated staff.
  2. Designated staff shall forward the participants list to dietary 45 days in advance.

### III. Ordering Modified Diet

- A. Upon determination of the need for a modified diet, the following shall occur:

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1. ACP shall consult with Central Office Registered and Certified Dietitian prior to ordering multiple restrictions and/or a modified diet not included in the DOC Diet Manual.
  2. Determine whether or not the inmate patient is on an approved religious diet. This requires consultation with DOC Central Office Registered and Certified Dietitians to determine feasibility and implementation method.
  3. ACP orders for modified diet shall include the type of diet, the duration of the diet and special instructions, if any.
    - a. Special instructions may require consultation with DOC Central Office Registered and Certified Dietitians.
    - b. The ordering ACP shall ensure the DOC-3341 – Modified Diet Consent/Refusal is completed with the inmate patient.
    - c. Scan the DOC – 3341 into the EMR.
  4. Licensed health care staff shall provide instruction to the inmate patient including:
    - a. Mechanism for obtaining modified diet.
    - b. Appropriate food choices.
    - c. Benefits of diet adherence; risks associated with non-adherence.
    - d. Review of education material available in the DOC Diet Manual.
- B. Health staff shall retrieve the Modified diet order which should automatically print at a designated printer in the HSU when ordered.
1. Short-term alterations requiring immediate implementation (i.e., dental extractions, gastroenteritis) shall be communicated via telephone to the Food Services Department by the HSU.
  2. Food Services consult with medical any concerns about a modified diet.
- C. Under the direction of the dietician the food Service staff may provide limited instruction regarding meal ingredients to the inmate patient, as necessary.
- D. If a particular modified diet is not possible every attempt will be made to match the requested modified diet to food service capabilities under the collaboration with the dietician.
- IV. Provision of Modified Diet**
- A. Food service staff preparing modified diets shall be trained and supervised in preparing the diets, including appropriate substitutions and portions.
- B. Food Services shall determine the appropriate method to meet the modified diet order. Options include:
1. Standard general tray.
  2. Standard general tray with inmate patient self-selection.
  3. Modified diet tray prepared by the Food Services.
- C. Food Services shall complete the DOC-1836 – Diet Order Acknowledgement and forward to the HSU for scanning into the EMR.

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D. Health Service staff are responsible for ensuring the protection of Personal Health Information before sending to food service.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Paul Bekx, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b> 00/00/00	<b>DAI Policy Number:</b> 500.30.24 (E)	<b>Page</b> 5 of 5
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b> N/A	<b>Dated:</b> N/A
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Modified Diets for Medical/Dental Reasons (EMR)		
<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