

**OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICAL ORIENTATION**

FACILITY: _____

SICK CALL AVAILABILITY

Medical Services provide routine health care services Monday through Friday excluding holidays. Routine **Medical/Mental Health/Dental/Optomety Services** are accessed by completing and signing a "Request for Health Services" (DOC 140117A). "Request for Health Services" are readily available and accessible to all offenders at designated locations within the facility.

Locations to access "Request for Health Services": _____

Locations to submit "Request for Health Services": _____

Medical services will inform you of your appointment date and time. It is important that you keep your scheduled appointment. Offenders initiating a sick call request may cancel their scheduled appointment in advance.

A "Request for Health Services" form is not required when an offender returns to the clinic to receive medical, dental or optometric follow-up treatment and/or care that was previously recommended by their healthcare provider.

Clinic Operational Days: Monday through Friday, excluding holidays Time: _____

Additional Information: _____

COST OF HEALTH CARE

You will not be refused health care because of financial status however; there is a \$4.00 copayment fee for each offender-initiated request for a **medical, dental, or optometric** service and a \$4.00 copayment fee for the each medication issued during an offender-initiated clinic visit. You will not be charged a \$4.00 copayment fee for the offender-initiated clinic visit, including any medical, dental, and optometric follow-up treatment or care which is recommended by the health care provider and can be scheduled on a subsequent clinic visit. A list of medications exempted from \$4.00 copay is attached to OP-140117 entitled "Access to Health Care".

MEDICATIONS

Pill line is scheduled Monday through Sunday, and on holidays. All offenders **must wear** their Photo ID badge to pill line. Medications at pill line must be taken in the presence of the nurse.

Many medications will be issued to you as "Keep on Person" (KOP) medications and is it your responsibility to take medications as labeled on the container. Any expired KOP medications are considered contraband. KOP medications that are not picked up will not constitute a refund from Trust Fund.

Over-the-Counter (OTC) medications are medicines that are safe and effective, which can be purchased without a doctor's prescription. Some OTC medicines relieve aches, nasal congestion, cough, constipation, nausea, pains, and itching. Some prevent or cure diseases like athlete's foot. Others help manage recurring problems like migraines. Specific OTC medications as approved by the Pharmacy and Therapeutics Committee are listed on the "Approved Canteen OTC Drugs", OP-140130 Attachment A, and may be available at a facility canteen for purchase. Before you use any OTC medicine, you should always read the label. When it comes to medicines, more does not necessarily mean better. You should never take OTC medicines longer or in higher doses than the label recommends. If your symptoms do not go away, it is a clear signal that it is time to see your medical provider.

Pill line Operational Days: Monday through Sunday, and on holidays

Routine Pill Line: Time: _____ Time: _____ Time: _____

Insulin Pill Line: Time: _____ Time: _____ Time: _____

KOP Operational Days: _____

Time: _____ Time: _____ Time: _____

Additional Information: _____

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MEDICATION REFILL

Each offender is responsible for requesting his/her own medication refills. Up to a 30 day supply of medication may be issued.

All medication refills must be submitted to the facility's health services unit or to the medical host facility using the "Medication Refill Slip" (DOC 140301Q). Offenders must submit their medication refill requests within ten (10) days of the date their medication will expire or run out.

"Medication Refill Slip" (DOC 140130M) are readily available and accessible to all offenders at designated locations within the facility. Health services unit will collect refill slips Monday through Friday, excluding holidays.

If your medication can no longer be refilled, you must submit a "Request for Health Services" and an appointment will be scheduled with the healthcare provider. A healthcare provider will review your medical history and the medications which have been prescribed for you. The healthcare provider will order any medications that they deem are necessary.

If your medication has been discontinued or changed by the healthcare provider, you must assume responsibility for returning the discontinued medication to the medical unit for destruction.

Locations to access "Medication Refill Slips": _____

Locations to submit "Medication Refill Slips": _____

Additional Information: _____

EMERGENCY CARE

Each facility provides the availability of 24-hour emergency medical, dental, and mental health care. Notify the staff on your unit if you feel you have a medical, dental, or mental health emergency that cannot wait unit sick call.

CHRONIC ILLNESS CLINIC VISITS

Offenders identified with chronic illness will be scheduled and seen by a healthcare provider at least twice annually. These appointments must be kept as scheduled.

The healthcare provider will develop a plan, which will include instructions and orders about diet, exercise, adaption to the correctional environment, medication, type and frequency of diagnostic testing, special therapies, activity restrictions and the frequency of follow-up for medical evaluation and adjustment of treatments. Between routine healthcare providers visits, nursing visits with a registered nurse (RN) may be scheduled as clinically indicated for offender education, monitoring and/or review of testing.

For some chronic illnesses, frequent monitoring is an integral part of the treatment plan (e.g. blood pressure, blood sugars, peak flows) and will be provided by the qualified health care professional.

There is no charge for specific chronic care medical visits or medications. Follow-up visits will be ordered by the healthcare provider as clinically indicated.

ROUTINE EXAMINATIONS

To ensure continuity of care, medical provides periodic health assessments/examinations. Offenders with documented health problems will receive follow-up assessments as determined by the healthcare provider. There is no charge for a periodic health assessment/examination/laboratory.

MENTAL HEALTH

Qualified Mental Health Professionals (QMHPs) provide mental health services and programs. Programs and services include educational groups, therapy groups, intensive diagnosis/assessment, and treatment. Mental health services are accessed by completing and signing a "Request for Health Services", DOC 140117A. There is no charge for mental health services or mental health medications.

Mental health provides multiple programs to meet the offender's needs.

MH Operational Days: _____ Time: _____

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DENTAL SERVICES

A dental classification system is utilized to ensure that priority is given to offenders whose oral problem is detrimental to their general physical health. Dental services will be provided strictly on a priority basis in accordance with the offender's needs as established by the facility dentist. A dental emergency will take precedence over any priority of need status. Dental services may be accessed by completing and signing a "Request for Health Services" (DOC 140117A).

Dental Operational Days: _____ Time: _____

LABORATORY SERVICES

The ODOC provides clinical laboratory services. Frequent monitoring of laboratory is an integral part of the treatment and diagnosis. Labs draws are by appointment and usually performed in the early morning. There is no charge for labs ordered by the healthcare provider.

You will be notified if your labs are to be: fasting – DO NOT EAT or non- fasting – YOU CAN EAT

Laboratory Operational Days: _____

Time: _____ Time: _____ Time: _____

RADIOLOGY /DIAGNOSTIC SERVICES

ODOC provides for radiology and diagnostic services as an integral part of treatment and diagnosis. Your healthcare provider will order EKG and/or x-rays as clinically indicated. You will be notified of the specific date and time to report to medical. There is no charge for EKG's or x-rays ordered by the healthcare provider.

MEDICAL DIETS

Medical diets are approved by a registered/licensed dietitian and are provided **as prescribed** by the healthcare provider. Cancellations or changes to the medical diet must be signed by the healthcare provider. Medical diets are defined in OP-070202, "Food Preparation, Service and Delivery"

Offenders must assume responsibility for picking up and signing for his/her medical diet.

WAIVER OF TREATMENT

If you refuse treatment prescribed by a healthcare provider, a qualified healthcare professional will interview you to determine the reason(s) for the refusal. At that time, you will be required to complete a "Wavier of Treatment" (DOC 140117D).

OUTSIDE SPECIALTY CARE

If your medical needs require health related services not available at the facility your healthcare provider will have treatment and/or hospitalization made through an outside community provider (e.g., physician, emergency room, hospital, etc.). For security reasons you will not be notified in advance of the appointment date and time. There is no charge for outside specialty care ordered by the healthcare provider.

TUBERCULOSIS

Tuberculosis, also called TB, is an infection caused by bacteria (germ). Tuberculosis usually affects the lungs but can spread to the kidneys, bones, spine brain, and other parts of the body. The most common method to check for TB is the PPD skin test. All offenders **will receive** a PPD skin test during annual testing unless there is documentation of a past positive PPD test in your medical record.

There are two types of TB:

- TB infection: The bacteria is present but are not making you sick or contagious; you are not able to spread the disease.
- Active TB: The bacteria is present and is causing symptoms; you may be able to spread the disease.

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If you have a positive PPD, it means you have been exposed to a person who has tuberculosis and you have been infected with the bacteria that causes the disease. If your PPD skin test is positive, you will likely have a chest x-ray and a physical exam to find out whether you have active disease and are contagious and able to spread the disease to other people. It usually takes only a few days to tell whether you are contagious. Most people with a positive skin test are not contagious.

To ensure that you remain healthy your healthcare provider may recommend that you take antibiotics for 6-9 months to kill the tuberculosis infection. If you do not take the medicine, the bacteria will remain in your lungs and you will always be in danger of developing active tuberculosis. The healthcare provider or nurse will monitor any side effects or problems you are experiencing from the medicine.

BLOODBONE PATHOGENS (BBP)

Communicable diseases are illnesses caused by germs such as bacteria, viruses, or other parasites and are spread by an infected person, animal or object to another person. BBP include Hepatitis A, B, C, AIDS, and HIV.

Hepatitis A, B, C, AIDS, HIV are most commonly transmitted through:

- Sexual contact
- Sharing of hypodermic needles
- Tattooing

VACCINES/IMMUNIZATIONS

You can help protect yourself and others against seasonal flu and other vaccine-preventable diseases by getting immunized. Vaccinations/Immunizations are provided at no charge.

- Influenza (Flu)
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Tetanus

LIVING WILL/ADVANCED DIRECTIVES/DNR

The issue of serious illness and death is not easy to discuss. However, it is far easier on everyone if you have a living will and other advanced directives in place before you are faced with a serious accident or illness. If you do not, you may find yourself in a situation in which you are unable to communicate your wishes regarding the extent of treatment efforts, such as resuscitation and life support machines. Unexpected end-of-life situations can happen at any age, so it is important for all adults to have advanced directives.

An advanced directive tells your doctor what type of care you would like to have if you become unable to make medical decisions (if you are in a coma).

- A living will is one type of advanced directive. It is a written legal document that describes the type of medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill.
- A Do Not Resuscitate (DNR) order is another kind of advanced directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing.

By creating an advanced directive, you are making your preferences about medical care known before you are faced with a serious injury or illness. This will spare your loved ones the stress of making decisions about your care while you are sick. Know your options then decide what's right for you and then put them in writing.

SEGREGATED HOUSING UNIT (SHU)/RESTRICTED HOUSING UNIT (RHU)/TRANSIENT DETENTION UNIT (TDU)

A qualified health care professional will make rounds daily on the SHU/RHU/TDU unless medical attention is needed more frequently to solicit health care requests and/or administer medications. "Request for Health Services" are available on SHU/RHU/TDU units.

Offenders' participation in a "Keep on Person" (KOP) medication program will be required to relinquish all KOP medication when they are transferred to SHU/RHU/TDU. Relinquished medications will be returned to the appropriate health services unit.

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GRIEVANCES

When seeking information about your medical condition, treatment or dissatisfaction with medical services, a "Request to Staff" (DOC 090124D) must be completed stating your request, complaint, or need. The "Request to Staff" must be submitted within seven (7) calendar days of the incident. Address the request to the Health Services Administrator or the appropriate health services staff member. "Request to Staff" forms are readily available and accessible to all offenders at designated locations within the facility.

Locations to access "Grievances": _____
Locations to submit "Grievances": _____

PREA (Prison Rape Elimination Act)

It is the policy of the Oklahoma Department of Corrections (DOC) to provide a safe, humane, and secure environment for all offenders.

There is zero tolerance for offender-on-offender sexual assault, staff sexual misconduct, and sexual harassment towards offenders. If you become a victim of sexual assault, sexual misconduct, or sexual harassment report it to any staff person. Every allegation will be thoroughly investigated.

Privacy of Protected Health Information (PHI)

Offenders will be afforded the right to privacy of all medical records and other PHI used or disclosed by DOC in any form, whether electronically, on paper, or orally.

The offender who wishes to review his or her medical record information will make such a request to the Health Services or designee by completing an "Authorization for Release of Protected Health Information" (DOC140108A).

PHI may not be disclosed without specific written authorization from the offender. The offender must list the family members, guardian, or personal representative on the "Authorization for Release of Protected Health Information" before any disclosure of medical, dental, and mental health information can be given. The offender has the right to revoke the authorization in writing.

INFIRMARY CARE

Infirmary care is provided at Dick Conner Correctional Center (DCCC), Lexington Correctional Center (LCC), Oklahoma State Penitentiary (OSP), and Mabel Bassett Correctional Center (MBCC) for females. The infirmary is operated for the purpose of providing skilled nursing care, custodial nursing care and special housing of offenders who do not require hospitalization **as determined** by the healthcare provider.

FEMALE OFFENDER HEALTH SERVICES

Health services are provided to address the unique needs of female offenders with regard to health maintenance, pregnancy, prenatal care, postpartum care, contraceptive needs, preventative health care, chronic health care, and menopausal/postmenopausal needs.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ORIENTATION SHEET OR HEALTH SERVICES PROVIDED AT THIS FACILITY, DO NOT HESITATE TO ASK BY SUBMITTING A "REQUEST TO STAFF."

Correctional Health Service Administrator

Date