



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
PRISON
FACILITY/SPANISH MANUALS

REVISION DATE
6/3/22

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POLICY

TITLE
INFIRMARY/SPECIAL NEEDS UNIT CARE

REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:

Updated terminology throughout
VI.C.1., VI.C.1.a., and VII.B.3. - Adjusted language for clarification

APPROVED:

Signature on file

MARYANN CURL, MD
Chief Medical Officer

5/23/22

Date Signed

Signature on file

DAVID FLYNN,
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5/23/22


Date Signed

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

5/31/22

Date Signed

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REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 70.56](#); [RCW 72.10](#); DOC 320.265 Close Observation Areas; DOC 610.110 Transfer of Individuals for Health Reasons; DOC 620.200 Death of Incarcerated Individuals; DOC 630.550 Suicide Prevention and Response; DOC 650.020 Pharmaceutical Management; DOC-DOH Health, Environmental, & Safety Standards; Extended Observation Unit Protocol; [Washington DOC Health Plan](#)

POLICY:

- I. The Department will provide safe, cost-effective infirmary/special needs care in a setting that respects privacy and is equipped with all necessary medical equipment per RCW 72.10, the Washington DOC Health Plan, and the DOC-DOH Health, Environmental, & Safety Standards. Services will be provided in a manner that maintains the safe, secure, and orderly operation of the facility.
- II. Procedures for Close Observation Areas will be conducted per DOC 320.265 Close Observation Areas and DOC 630.550 Suicide Prevention and Response.

DIRECTIVE:

- I. General Requirements
 - A. An infirmary is a specific area of a healthcare facility, separate from other housing areas, where incarcerated individuals are housed and provided health services.
 1. Infirmary services will be provided to incarcerated individuals who require nursing care or supervision beyond what is available in the general population.
 2. Admission and discharge from this area for medical purposes will be controlled by medical orders or protocols.
 3. An infirmary may be used as the best temporary housing placement for incarcerated individuals without medical needs due to security or vulnerability concerns.
 - a. Medical need for infirmary beds will take priority over housing when there are insufficient beds.
 - b. Housing assignments of this sort will be coordinated through facility classification processes.

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c. Admission requires approval from the Facility Medical Director (FMD)/designee prior to placement.

4. Health services provided while in the infirmary will be documented in the inpatient section of the patient's health record.

a. The patient health record will be housed in the infirmary during admission and records for active infirmary admissions will only be thinned when directed by the treatment team.

5. Female patients may be admitted to a male infirmary for special needs (e.g., dialysis) on a case-by-case basis.

B. A Special Needs Unit is an area of a facility designated to house individuals who require Skilled Nursing Care, Extended/Assisted Living Care, or Sheltered Care, and who meet certain classification requirements.

1. Individuals assigned to the Special Needs Unit are considered outpatients.

C. An Extended Observation Unit (EOU) is intended for short stay medical observation of up to, but not to exceed, 96 hours.

1. EOUs will be operated per the Extended Observation Unit Protocol and all records associated with a patient's stay will be filed in the inpatient section of the patient's health record.

2. Patients on mental health observation will not be housed in the EOU, but assigned to observation units specific for mental health.

D. The Health Services Manager will ensure a daily census is completed using the levels of care.


1. The census will be provided daily to the Chief of Nursing Services, Health Services Quality Improvement Program Administrator, and emailed to NurseDesk@doc.wa.gov.

II. Infirmary Physical Plant

A. Sufficient bathing facilities will be available in the infirmary area to allow patients to bathe daily.

B. Patients will have access to:

1. Operable washbasins, with hot and cold running water, in a ratio which complies with state or local building or health codes.

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2. Toilets, 24 hours a day and without requiring employee assistance for access, in a ratio which complies with state or local building or health codes.

III. Staffing


- A. Licensed nursing employees/contract staff, under the direction of a Registered Nurse, will be on duty 24 hours a day, 7 days a week, and will maintain visual and/or auditory contact with patients in the Infirmary/Special Needs Unit.
- B. There will be 24 hour on-call coverage by an assigned medical practitioner/ medical Duty Officer, a mental health professional/mental health Duty Officer, and a physician available on-call for high-acuity consultation.
 1. Dental admissions require contact information for the admitting dentist or an on-call designee.
- C. Clinical practice will comply with licensure codes established in the DOC-DOH Health, Environmental, & Safety Standards.
 1. Each infirmary will have a Perry & Potter Clinical Nursing Skills and Techniques Manual to use as a procedural reference for nursing.
 2. When acuity or census needs exist, nursing employees/contract staff may contact the Health Services Manager/designee and request permission to bring in temporary additional staffing.

IV. Infirmary Levels of Care


- A. Levels of care are applicable to medical, dental, and mental health patients and will be determined by the admitting practitioner at the time of admission to the infirmary.
 1. The admitting practitioner will initiate infirmary admission and designate the appropriate level of care based on patient acuity and medical need. The levels of care will be used to:
 - a. Determine service level to be provided
 - b. Determine minimum documentation requirements
 - c. Compile the daily census
 2. Providers may add care and documentation requirements above the minimum on a case-by-case basis.

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3. Medication Administration Records (MARs) will be maintained per DOC 650.020 Pharmaceutical Management.
- B. The levels of care are defined as follows:
1. The Skilled Care level is for patients who require continuous services (e.g., focused nursing/complex wound care, intravenous antibiotic treatment) and may include detoxification services when necessary.
 - a. The following documentation will be completed at the time of admission:
 - 1) DOC 13-050 Infirmary/Extended Observation Unit Face Sheet completed by the admitting practitioner with level of care noted
 - 2) DOC 13-145 Infirmary/Extended Observation Unit Care Plan
 - 3) DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment, which will also be completed every 8 hours
 - 4) DOC 13-468 Infirmary/Extended Observation Unit Admission Orders, including nursing directions
 - 5) If applicable, detoxification orders and flow sheets based on the patient's specific conditions
 - b. The initial visit by a practitioner will be documented on DOC 13-013 Infirmary/Extended Observation Unit Progress Record and will include diagnosis, history of current problem, physical examination, assessment, and treatment plan.
 - 1) All subsequent documentation, dictation, and progress notes will be maintained in the infirmary section of the patient's health record.
 - 2) Patient orders will be documented on DOC 13-011 Infirmary/Extended Observation Unit Orders.
 - 3) PULHES code(s) and DOC 13-378 Problem List should be updated by the admitting practitioner, as appropriate.
 - c. A practitioner will make and document patient care rounds at least once every business day.

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2. The Infirmary Observation Admission level is for patients who are only in the infirmary for a planned medical trip, 24 hour urine collection, pre/postoperative care including dental procedures, or as determined by the practitioner.
 - a. The following documentation will be completed at the time of admission:
 - 1) DOC 13-050 Infirmary/Extended Observation Unit Face Sheet completed by the admitting practitioner with level of care noted
 - 2) DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment
 - 3) DOC 13-468 Infirmary/Extended Observation Unit Admission Orders, including nursing directions
 - b. The practitioner will determine frequency of patient visits on a case-by-case basis.
 - c. Patient orders will be documented on DOC 13-011 Infirmary/Extended Observation Unit Orders.
 - d. The Infirmary Observation Admission level will not exceed 72 hours. The patient will be discharged or updated to a new, appropriate level of care, which will be reflected on the Infirmary Face Sheet.
 - 1) Additional form(s) required for the new level of care will be initiated/completed.
3. The Long Term Care level is for patients who require assistance with one or more activities of daily living and can no longer be managed in general population or housed in a Special Needs Unit.
 - a. Patients may require additional, professional nursing care (e.g., wound care, physical/oxygen therapy) and/or general monitoring due to dementia, deteriorated mental health, age, or chronic conditions.
 - b. This level of care will not be used as a substitute for mental health residential treatment.

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- c. The following documentation will be completed at the time of admission:
- 1) DOC 13-050 Infirmary/Extended Observation Unit Face Sheet completed by the admitting practitioner with level of care noted
 - 2) DOC 13-426 Infirmary/Extended Observation Unit Assessment and Acuity Tool, which will include the long-term nursing care plan and will be assessed every 3 months, at a minimum, and adjusted as necessary
 - 3) DOC 13-449 Infirmary/EOU ADL Flow Sheet if deemed necessary by a practitioner
 - 4) DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment at admission and completed once per week
 - 5) DOC 13-468 Infirmary/Extended Observation Unit Admission Orders, including nursing directions
- d. Wellness checks will be performed daily by nursing employees/ contract staff and documented on DOC 13-013 Infirmary/Extended Observation Unit Progress Record. Checks may coincide with medication administration and/or nursing assessment.
- e. A practitioner will make and document patient care rounds at least monthly.
- 1) Patient orders will be documented on DOC 13-011 Infirmary/ Extended Observation Unit Orders.
 - 2) PULHES code(s) and DOC 13-378 Problem List should be updated by the admitting practitioner, as appropriate.
- f. Patients may submit DOC 13-423 Health Services Kite to request outpatient services (e.g., sick call, mental health, dental).
- 1) Services will be provided as infirmary or outpatient based on the patient's current health status and as determined by the infirmary nurse.


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4. The Housing Only level is for patients who need temporary or longer term housing due to security/vulnerability concerns (e.g., youthful incarcerated individuals, pre-conviction county boarders, transgender).
 - a. Patients will be assigned through the facility classification process with final approval required by the FMD/designee.
 - b. The admitting practitioner will complete DOC 13-050 Infirmary/Extended Observation Unit Face Sheet and initial next to the box marked "Housing Only" to verify approval of placement.
 - c. Wellness checks will be performed daily by nursing employees/contract staff and documented on DOC 13-013 Infirmary/Extended Observation Unit Progress Record.
 - d. Patients may submit DOC 13-423 Health Services Kite to request outpatient services.
 - 1) Services will be provided in a setting as determined by the infirmary nurse at the time of appointment.

- C. Changes in level of care must be ordered by an attending practitioner and noted, with date of change, on a current DOC 13-050 Infirmary/Extended Observation Unit Face Sheet and on the daily census.
 1. Each patient will remain in the infirmary as long as the practitioner determines it is necessary.

V. Infirmary Standards of Care

- A. A written nurse treatment plan will be developed for each patient on the shift which the patient is admitted if required for the designated level of care.
 1. The plan may be developed on the next shift only for end-of-shift admissions.
 2. Plan templates may be used, but must be individualized for each patient.
 3. Patient plans will be revised/modified as the need for care changes.
 4. Nursing employees/contract staff will enter an infirmary admission encounter into the Health Services section of the patient's electronic file for all infirmary admissions.

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B. When the patient has a serious, life-threatening illness or injury, the FMD will complete the top portion of DOC 13-109 Seriously Ill Notification, immediately notify the Superintendent, Health Services Manager/designee, and Headquarters Nurse Desk, and forward the form for further notifications.

1. The Superintendent/Religious Coordinator or designee will notify immediate family and other persons identified by the patient unless security reasons dictate otherwise.
2. When the patient recovers, the FMD/designee will complete the bottom portion of the original DOC 13-109 Seriously Ill Notification and notify the Health Services Manager/designee, who will ensure that further notifications are made.

C. The Health Services Manager/designee will report all adverse events per RCW 70.56 that occur to patients in infirmary beds to the Department of Health within 48 hours of event confirmation, using [DOH 689-004 Adverse Events Notification Form](#) and:


1. Notify the assigned Health Services Administrator,
2. Conduct a root cause analysis of the event and report the findings to the Department of Health within 45 days of discovering the event, and
3. Develop a corrective action plan and send it to the appropriate Health Services Administrator with a copy to the Health Services Quality Improvement Program Administrator.

D. If a patient dies while admitted to an infirmary, including during a hospital stay associated with an infirmary admission, it will be documented on DOC 13-050 Infirmary/Extended Observation Unit Face Sheet and procedures followed per DOC 620.200 Death of Incarcerated Individuals, which includes notification to the Department of Health.

VI. Transfer to Another Health Care Facility


A. Patients requiring a higher level of care may be transferred to another Department facility or a community health care facility. Before transfer, a telephone report will be given by a:

1. Nurse at the sending facility to a nurse at the receiving facility, and
2. Practitioner at the sending facility to a practitioner at the receiving facility.

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- B. If the patient is transferred to another Department facility, DOC 13-380 Release of Incarcerated Individual will be completed per DOC 610.110 Transfer of Individuals for Health Reasons and will accompany the patient to the receiving facility.
- C. If the patient is transferred to a community health care facility:
 - 1. The Consultation Request/Report will be printed from the Health Services section of the patient's electronic file, placed in a secure envelope with copies of pertinent health information, and sent with the patient to the receiving facility.
 - a. Emergent/urgent consults must be entered into the Health Services section of the patient's electronic file at the time of transfer.
 - 2. The facility Medicaid Coordinator will ensure facility clinical employees/contract staff monitor status of patients admitted to a community hospital.
 - 3. The FMD will ensure facility clinical employees/contract staff monitor status of patients admitted to a community hospital.
 - 4. The Headquarters Nurse Desk will assist with placement and other case management needs as requested.
- D. Health Services at each facility will identify a Medicaid Coordinator, who will screen and interview patients to assess Medicaid eligibility and complete related forms.
 - 1. Completed forms will be forwarded to the Department Medicaid Coordinator at Headquarters for processing upon the patient's return from an inpatient hospitalization.
 - 2. The Assistant Secretary for Health Services/designee will sign the forms on the patient's behalf.
- E. Transfers for health reasons that do not require inpatient care in a Department infirmary or community health care facility will be managed per DOC 610.110 Transfer of Individuals for Health Reasons.
- F. Transfers of Housing Only patients, including transgender and other potentially vulnerable individuals, will be managed by classification employees.


VII. Infirmary Discharge

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- A. Discharge information will be documented on DOC 13-050 Infirmary/Extended Observation Unit Face Sheet prior to a patient being released from an infirmary.
- B. When the patient is being discharged from infirmary care while assigned a Skilled Care, Infirmary Observation Admission, or Long Term Care level:
 1. The practitioner will complete a final discharge summary within 3 business days of discharge on one of the following:
 - a. A dictated note
 - b. DOC 13-013 Infirmary/Extended Observation Unit Progress Record
 - c. DOC 13-070 Infirmary/Extended Observation Unit Discharge/Transfer Summary
 2. The nurse will complete DOC 13-167 Infirmary/Extended Observation Unit Patient Instructions, have the patient sign it, and provide a copy to the patient.
 3. An infirmary nursing employee/contract staff will enter a discharge encounter in the Health Services section of the patient's electronic file.
- C. The Infirmary Registered Nurse 3/designee will coordinate direct patient release from an infirmary to the community with the Health Services Contract Claims and Benefits Unit and Headquarters Nurse Desk.

VIII. Special Needs Unit Care

- A. Upon an individual's admission to a Special Needs Unit, a Registered Nurse will assess the patient and complete DOC 13-426 Infirmary/Extended Observation Unit Assessment and Acuity Tool to determine the appropriate level of care.
- B. For patients that require special housing, but do not have specific medical needs:
 1. A practitioner will see the patient at the first available appointment within one week of admission.
 2. The nursing team will create a nursing plan using DOC 13-145 Infirmary/Extended Observation Unit Care Plan within 2 days of admission and will update the plan as needed in collaboration with a practitioner.
- C. Additional documentation will follow outpatient guidelines and will include DOC 13-435 Primary Encounter Report.
- D. Documentation will be filed in the outpatient section of the patient's health record.

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DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

- DOC 13-011 Infirmary/Extended Observation Unit Orders
- DOC 13-013 Infirmary/Extended Observation Unit Progress Record
- DOC 13-050 Infirmary/Extended Observation Unit Face Sheet
- DOC 13-070 Infirmary/Extended Observation Unit Discharge/Transfer Summary
- DOC 13-109 Seriously Ill Notification
- DOC 13-145 Infirmary/Extended Observation Unit Care Plan
- DOC 13-167 Infirmary/Extended Observation Unit Patient Instructions
- DOC 13-378 Problem List
- DOC 13-380 Release of Incarcerated Individual
- DOC 13-423 Health Services Kite
- DOC 13-426 Infirmary/Extended Observation Unit Assessment and Acuity Tool
- DOC 13-435 Primary Encounter Report
- DOC 13-449 Infirmary/EOU ADL Flow Sheet
- DOC 13-459 Infirmary/Extended Observation Unit Nursing Assessment
- DOC 13-468 Infirmary/Extended Observation Unit Admission Orders