

**2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES.**

Subpart 1. **Availability of resources, general.** Under the direction of a health authority, a facility shall develop a written policy and procedure that provides for the delivery of health care services, including medical, dental, and mental health services.

Subp. 2. **Health care.** Medical, dental, and mental health matters involving clinical judgments are the sole province of the responsible physician, dentist, and psychiatrist or qualified psychologist respectively; however, security regulations applicable to facility personnel also apply to health personnel.

Subp. 3. **Health care policy review.** Facility policy shall ensure that each policy, procedure, and program in the health care delivery system is reviewed and documented at least annually under the direction of the health authority and revised as necessary.

Subp. 4. **Emergency health care.** A facility shall develop a written policy and procedure that requires that the facility provide 24-hour emergency care availability as outlined in a written plan, which includes provisions for the following arrangements:

- A. emergency evacuation of the inmate from within the facility;
- B. use of an emergency medical vehicle, available on a 24-hour basis;
- C. use of one or more designated hospital emergency rooms or other appropriate health facilities;
- D. emergency on-call physician and dental services when the emergency health facility is not located in a nearby community; and
- E. security procedures that provide for the immediate transfer of inmates when appropriate.

Subp. 5. **Health care liaison.** In a facility without full-time qualified health care personnel, a designated health-trained staff member may act as liaison to coordinate the health care delivery in the facility under the direction of the health authority.

Subp. 6. **Medical screening.** A facility shall have a written policy and procedure that requires medical screening is performed and recorded by trained staff on all inmates on admission to the facility. The findings are to be recorded in a manner approved by the health authority. The screening process shall include procedures relating to:

- A. Inquiry into:
  - (1) current illness and health problems, including dental emergencies, and other infectious diseases;
  - (2) medication taken and special health requirements;

(3) use of alcohol and other drugs that include types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of problems that may have occurred after ceasing use, for example, convulsions;

(4) past and present treatment or hospitalization for mental illness or attempted suicide;

(5) other health problems designated by the health authority; and

(6) signs and symptoms of active tuberculosis to include weight loss, night sweats, persistent cough lasting three weeks or longer, coughing up blood, low grade fever, fatigue, chest pain, prior history of active tuberculosis disease, and results of previous tuberculin skin or blood testing.

B. Observations of:

(1) behavior that includes state of consciousness, mental status, appearance, conduct, tremor, and sweating; and

(2) body deformities, trauma markings, body piercings, bruises, lesions, and jaundice.

C. Disposition to:

(1) general population;

(2) general population and referral to appropriate health care service;

(3) referral to appropriate health care service on an emergency basis; and

(4) other.

Subp. 7. **Health care follow-up.** A facility shall develop written policy and procedures that require that an inmate who presents with a chronic or persistent medical condition be provided with a health care follow-up.

Subp. 8. **Health complaints.** A facility shall develop a written policy and procedure that requires that inmates' health complaints are acted upon daily by health-trained staff, followed by triage and treatment by health care personnel if indicated.

Subp. 9. **Sick call.** A facility shall develop a written policy and procedure that requires a continuous response to health care requests and that sick call, conducted by a physician or other health care personnel, is available to each inmate as follows:

A. in small facilities of less than 60 inmates, sick call is held once per week at a minimum;

B. in medium sized facilities of 60 to 200 inmates, sick call is held at least three days per week;

C. in facilities of over 200 inmates, sick call is held a minimum of five days per week; and

D. if an inmate's custody status precludes attendance at sick call, arrangements are made to provide sick call services in the place of the inmate's detention.

Subp. 10. **Infirmary.** Operation of an infirmary within a facility: male and female inmates may be housed in separate rooms in a common infirmary area. Direct staff supervision of the infirmary must be provided at all times when male and female inmates reside in the infirmary.

Subp. 11. **Examinations.** Examinations, treatments, and procedures affected by informed consent standards governed by state or federal law shall be observed for inmate care.

The informed consent of the parent, guardian, or legal custodian must be obtained when required by law.

Where health care treatment must be provided against an inmate's will, it must be provided according to law.

Subp. 12. **Ambulance services.** Ambulance services shall be available on a 24-hour-a-day basis.

**Statutory Authority:** *MS s 241.021*

**History:** *23 SR 1834; 38 SR 523*

**Published Electronically:** *December 20, 2013*