| NEBRASKA Good Life. Great Mission. DEPT OF CORRECTIONAL SERVICES | POLICY<br>**HEALTH EDUCATION AND ACCESS TO HEALTH SERVICES** | | |
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| | **EFFECTIVE DATE**<br>December 31, 2025 | **NUMBER**<br>115.04 | **PAGE**<br>1 of 10 |
| | **STATEMENT OF AVAILABILITY**<br>**Law Library Access** | | |

EFFECTIVE: May 6, 1992
REVISED: September 30, 2015
REVIEWED: September 30, 2016
REVISED: September 30, 2017
REVISED: October 31, 2018
REVISED: October 31, 2019
REVISED: July 31, 2020
REVISED: May 31, 2021
REVISED: April 30, 2022
REVISED: December 31, 2023
REVISED: December 31, 2024
REVISED: December 31, 2025

SUMMARY OF REVISION/REVIEW

DEFINITIONS – Language updated. PROCESS – I. – Language updated. II. – Language updated. III. – Language updated. IV. – Language updated. II.A. – Language updated. II.B.1. – Language updated. II.C.3. – Language updated. II.C.4. – Language updated. II.C.5. – Language updated. II.E. – Language updated. II.F. – Language updated. II.G. – Language updated. II.K. – Language updated. II.L. – Language updated. II.N.2. – Language updated. II.N.3. – Section deleted II.O.2.c. – Language updated. II.O.2.e. – Language updated. II.P.2. – Language updated. II.P.3. – Language updated. II.P.3.b. – Language updated.

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PURPOSE

To provide policy to ensure Nebraska Department of Correctional Services (NDCS) patients receive unimpeded access to health care services and health education programs.

It is the policy of NDCS that patients are provided unimpeded access to health care services and that an ongoing program of health education and wellness is provided to all patients. (ACI-6A-20, ACRS-4C-01)

DEFINITIONS

For health services definitions, see Policy 115.50 *Health Services Definitions.*

PROCESS

I. HEALTH EDUCATION (ACRS-5A-10)

A. The goal of health education shall be to effectively inform the patient population regarding health care topics and to encourage them to take responsibility for their own health care. All facilities are encouraged to utilize available health information and materials such as videos, pamphlets, brochures, etc. This information should be current and in keeping with the health concerns of the general public and be coordinated with the NDCS health service clinical nurse educator. Each facility should consider topics applicable to their respective populations.

B. Health education and wellness topics may include but, are not to be limited to, information on access to health care services, dangers of self-medication, personal hygiene and dental care, prevention of communicable diseases, substance abuse, smoking awareness, family planning, self-care for chronic conditions, self-examination, and the benefits of physical fitness. Topics on the subject of AIDS and hepatitis must be approved through the department infection control nurse, and medical director.

C. Health education provided to patients during a nursing or provider visit shall be documented in the clinical encounter of the individual receiving the education. Areas identified for the education include subject matter, outline of education provided, and how the patient interprets the information given. This will be recorded in the individual Electronic medical record in the plan section of the medical progress note or behavioral health note.

D. The clinical nurse educator will act as the community health educator. This position will report to the chief nursing officer.

II. ACCESS TO HEALTH SERVICES (ACI-6A-01)

A. Access and Grievances

Patients are provided unimpeded access to health care and a system for processing health care related complaints through the department grievance process. These policies are communicated orally and in writing to patients upon arrival at the reception facility and are translated into a language clearly understood by each patient.

B. Sick Call

1. The process for all patients to initiate requests for medical on a daily basis is the utilization of the inmate interview request form. Medical request form will be used in place of the inmate interview request form in those facility employing open sick call. These requests are triaged daily by nursing team members to determine the acuity to assign complaints. Complaints may be assigned as routine, urgent, and emergent. Appropriate clinical services or provider referrals shall be delivered based on the acuity of need as assessed by the nursing team members. Clinical services are available to patients in a clinical setting at least five days a week and are performed by a physician or other qualified health care professional. (ACI-6A-03)

2. If a patient's housing assignment precludes attendance at sick call, arrangements are made to provide sick call services in the place of the patient's detention.

C. Restrictive Housing Status (ACI-4B-01)

1. Custody team members shall inform health care personnel immediately upon assignment or transfer of a patient to any restrictive housing status as defined in Policy 210.01 *Restrictive Housing* and Policy 115.22 *Mental Health Levels of Care.*

2. Health care professionals will provide an assessment upon notification to restrictive housing.

3. Custody team members shall announce and record the presence of health care personnel upon entrance into the restrictive housing unit.

4. Health care professionals will perform daily rounds, a door-to-door visit, within restrictive housing units to ensure each patient has the opportunity to access health services daily and document said rounds in the electronic health record and restrictive housing daily logs. If additional services or medical attention is required, health services team members will provide services as deemed medically necessary.

5. A medical provider shall visit restrictive housing units at least monthly or as medically necessary based on the assessment of the nursing team.

D. Continuity of Care

Continuity of care is required from admission to transfer to discharge from the facility, including referral to community care when indicated. If needed, community services are used to supplement existing programs and services. (ACI-6A-04, ACRS-7D-26)

E. Community Provider Health Care

1. Patients who require non-emergent care beyond the resources available in the facility as determined by the responsible provider may be evaluated by a community provider. For secure facilities and patients residing in a community correctional facility, the NDCS medical director determines the necessity of community provider health care through the following steps:

a. A responsible provider enters a consultation request in the electronic health record with supporting information to justify the request for specialist care.

b. The NDCS medical director/designee will review the information submitted and determine the medical necessity of the community health care visit

c. If the consultation request is approved, arrangements for an appointment will be made with a community health care specialists. Specialist care will be provided consistent with community standards, including the use of telemedicine.

d. If the NDCS medical director/designee does not agree with the consultation request as written, further guidance will be provided to the responsible provider regarding treatment of the patient.

2. For patient requesting elective procedures, the elective procedure policy should be followed.

F. Hospital, Infirmary and Other Health Care Facilities

1. Patients who need health care beyond the resources available in the facility, as determined by the responsible physician, are transferred under appropriate security provisions to a facility where such care is on call or available 24 hours per day. A written list of referral sources includes emergency and routine care. The list is reviewed and updated annually. (ACI-6A-05)

2. Patients admitted to the NDCS Skilled Nursing Facilities (SNF) which includes the following minimum services: (ACI-6A-09)

3. A physician shall be available either on site or on call 24 hours a day Health care personnel with access to a provider or registered nurse shall be on duty 24 hours per day when patients are present.

a. All patients shall be located within sight or sound of a team member.

b. A manual of nursing care procedures shall be available to the nursing team.

c. Compliance with applicable state statutes and local licensing requirements

G. Transportation for Access to Health Services (ACI-6A-06)

A transportation system that assures timely access to services that are only available outside the correctional facility is required. Such a system needs to address the following issues:

1. Prioritization of medical need

2. Urgency (for example, an ambulance versus a standard transport)

3. Use of a medical escort to accompany security team members

4. Transfer of medical information

The safe and timely transportation of patients for medical, mental health, and dental clinic appointments, both inside and out the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the warden/designee and/or the facility health authority.

H. Telehealth

If telehealth is used, the plan will include policies for patient consent, confidentiality/protected health information, and documentation integration of the report of the consultation into the incarcerated individual's medical record. (ACI-6C-11)

I. Chronic and Convalescent Care

1. Chronic and convalescent care will be made available to patients.

   There is a plan for the treatment of patients with chronic conditions such as hypertension, diabetes, and other diseases that require periodic care and treatment. The plan must address the monitoring of medications, laboratory testing, the use of chronic care clinics, health record forms, and the frequency of specialist consultation and review. (ACI-6A-18)

2. Medical preventative care is provided to patients of the facility when medically indicated.

J. Individual Treatment Plans (ACI-6A-07)

1. facilities provide a special health program for patients requiring close medical supervision. A written individual treatment plan for those patients requiring close medical supervision is developed, including chronic and convalescent care.

   The plan, developed for each patient by the appropriate physician, dentist or qualified mental health practitioner, includes directions to health care and other personnel regarding their roles in the care and supervision of the patient. (ACI-6C-15)

2. As appropriate, treatment team members are informed of patients' special medical problems. Team members are also informed of any physical or mental problems that might require attention.

K. Dental Care (ACI-6A-19, ACRS-4C-11)

Routine and emergency dental care is provided under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

1. Dental screening conducted within 30 days of admission, unless completed within the last 90 days.

2. A full dental examination by a dentist within 30 days.

3. Oral hygiene, oral disease education and self-care instruction are provided by a qualified dental provider within 30 days.

4. A completed defined charting system that identifies the oral health condition and specifies the priorities for treatment by category.

5. Consultation and referral to dental specialists, including oral surgery, is provided, when necessary.

L. Medical and Dental Adaptive Devices

Medical or dental adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, or other prosthetic devices) are provided when the health of the patient would otherwise be adversely affected, as determined by the NDCS medical director, responsible physician, dentist/designee. (ACI-6A-40)

Any device provided will be documented on the patient's equipment list within the electronic medical record and within reason, be appropriately labeled to identify the patient in which the devices were issued. The label must include at least the following information:

1. Patient name

2. Patient number

3. Type of device

4. Expiration date of issuance

M. Organ Donation By Patients

This procedure only applies to living patients.

1. Organ donations by patients are only permitted when the recipient is an immediate member of the patient's family. The patient must request consideration as a donor in writing to the medical director. A written request must be received from the potential recipient's physician requesting consideration of the patient as a donor. Authorization to screen the patient as a potential donor will be made through a joint decision of the director and medical director.

2. The patient must sign a statement indicating the desire to donate an organ to the specific relative prior to the initiation of the evaluation. The consent must state the patient understands the potential complications of the procedure and the patient agrees to the procedure at his/her own free will.

3. When a surgical procedure is planned, all costs including preoperative evaluation, transportation, surgery, hospitalization, post-operative expenses, etc. are not the responsibility of the NDCS medical department.

N. Organ Transplant

1. NDCS ordinarily will not provide organ transplantation to patients if other means of treatment are available and effective.

2. If medically indicated, the attending physician will submit a medical summary and written request to the medical director. This request will include a complete documentation of the patient's history, present status, medical diagnosis, prognosis and request for consideration of transplant procedure. This shall be submitted via the consult request in the electronic medical record.

3. The final disposition on organ transplantation will be a joint decision between the director and medical director.

O. Elective Surgery (ACI-6C-05)

Elective surgery shall not occur unless approved by the medical director. All expenses incurred for the elective procedure will be the responsibility of the patient unless otherwise approved.

1. Elective medical and dental services are those which:

   a. Are provided for cosmetic reasons.

   b. Are not necessary to maintain a patient's basic physical health.

   c. Do not include second opinions, unless approved by the medical director.

   d. Do not include medically futile services unless approved by the medical director.

2. Medical and dental necessary services are those which:

   a. Are necessary to prevent death

   b. Are necessary to prevent or treat acute traumatic injury

   c. Are necessary to prevent or treat a serious chronic or acute disease

   d. Are necessary to treat a physical disability which seriously impairs the patient's use of sight, hearing, limbs, or otherwise seriously impairs ability to engage in gainful activity

   e. Are necessary to alleviate or mitigate pain which is substantiated by some objective findings

   f. Are necessary to monitor the patient's health and evaluate health care needs

P. Informed Consent

All informed consent standards in the jurisdiction shall be observed and documented for patient care in a language understood by the patient. In the case of minors, the informed consent of a parent, guardian, or a legal custodian applies when required by law. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations. Otherwise, any patient may refuse (in writing) medical, dental, and mental health care. (ACI-6C-04, ACRS-AC-19)

1. Before rendering medical treatment to a patient, a medical professional should inform the patient of the potential adverse consequences of such medical treatment and give the patient an opportunity to refuse the medical treatment or to accept the treatment. Where the potential adverse consequences of the proposed medical treatment are significant or the probability that adverse consequences are high, then the medical professional should note the potential adverse consequences in writing and obtain the patient's signature on the notification, acknowledging its receipt and his/her consent to submit to the treatment. The decision of when such information or notifications should be given rests with the treating medical professional.

2. The informed consent of a patient in a correctional facility shall be obtained before medical treatment is rendered, except in cases where the patient is incapacitated. Medical treatment may be given to a patient against his/her will only by court order or as provided in paragraph II.O.3.

3. The right of a patient's mental capacity to refuse medical treatment must be respected, no matter how seriously threatened his/her health may be as a result of that refusal except under one or more of the following conditions, treatment may proceed without such informed consent:

   a. Where the patient has contracted a contagious illness or venereal disease which, in the opinion of the physician, represents a health threatening condition for the general patient population of the facility, or

   b. Where the patient is suicidal or not does not have the mental capacity to render a reasonable decision on his/her own behalf, or

   c. Emergency care involving patients who do not have the capacity to understand the information given.

Q. Obstetrics, Gynecological, Family Planning and Health Education

When and where applicable, obstetrical, gynecological, family planning and health education services should be provided. Pregnancy management shall include pregnancy testing, routine prenatal care, high-risk prenatal care, management of the chemically addicted pregnant patient, comprehensive counseling and assistance, appropriate nutrition, postpartum follow-up and postpartum discharge family planning. No abortion services shall be provided to patients, and no public funds shall be expended to assist patients in community centers to receive abortions in the community. (ACI-6A-10, ACRS-4C-14)

R. Condoms and Birth Control Pills

1. Condoms

a. Condoms will be made available to patients by request only when discharged, paroled, or furloughed from NDCS facilities and will be dispensed by personnel from a central point determined by the warden within the facility. The primary reason for distribution is to prevent disease transmission and for purposes of family planning and birth control.

b. Within NDCS facilities, condoms are considered contraband and will be confiscated from all patients upon admission to any facility.

c. Patients transferring to community corrections centers will not be issued condoms.

d. Pre-release education programs will be offered to all patients regarding infectious disease control and use of condoms.

2. Birth Control Pills

a. Birth control pills may be issued to female patients within facilities for health reasons upon a doctor's order, and not for the purpose of family planning or birth control.

b. Additionally, upon request, patients may access the Elective Procedure Protocol (#2) to receive family planning and prescribed birth control pills 30 days prior to discharge or parole. They are not to be made available to patients in anticipation of a furlough.

S. Nursery

In facilities where nursing infants are allowed to remain with their mothers, provisions are in place for a nursery, staffed by qualified persons, where infants are placed when they are not in the care of their mothers. (ACI-6A-11)

T. Medical Copayment

NDCS currently does not have a copayment for the correctional population for medical or mental health services. (ACI-6A-02)

U. Emergency Health Care (ACRS-4C-03)

Twenty-four hour emergency medical, dental, and mental health care is provided for patients, which includes arrangements for the following:

1. On site emergency first aid and crisis intervention

2. Emergency evacuation of the patients from the facility

3. Use of an emergency medical vehicle. Patients being transported to the emergency room for cardiac or mental status changes must be transferred by ambulance.

4. Use of one or more designated hospital emergency rooms or other appropriate health facilities

5. Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community

6. Security procedures providing for the immediate transfer of patients, when appropriate

REFERENCE

I. STATUTORY REFERENCE AND OTHER AUTHORITY – None noted

II. NDCS POLICIES

A. Policy 115.22 *Mental Health Levels of Care*

B. Policy 115.50 *Health Services Definitions*

C. Policy 210.01 *Restrictive Housing*

III. ATTACHMENTS

A. Restrictive Housing Sign-In Sheet

IV. AMERICAN CORRECTIONAL ASSOCIATION (ACA)

A. Expected Practices for Adult Correctional Institutions (ACI) (5th edition): 5-ACI-6A-01, 5-ACI-6A-02, 5-ACI-6A-03, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-06, 5-ACI-6A-07, 5-ACI-6A-09, 5-ACI-6A-10, 5-ACI-6A-11, 5-ACI-6A-18, 5-ACI-6A-19, 5-ACI-6A-20, 5-ACI-6A-40, 5-ACI-6C-04, 5-ACI-6C-05, 5-ACI-4B-01, 5-ACI-6C-11, 5-ACI-6C-15

B. Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-01, 4-ACRS-4C-03, 4-ACRS-4C-11, 4-ACRS-4C-14, 4-ACRS-4C-19, 4-ACRS-5A-10, 4-ACRS-7D-26