



POLICY DIRECTIVE

Policy:	DOC 4.5.24 INMATE HEALTH EDUCATION, PROMOTION, AND SELF-CARE
Effective Date:	01/01/1998 Page 1 of 4
Revision Date(s):	04/19/2021; 04/24/2026
Department Director Signature:	/s/ Eric Strauss, Director
Medical Director Signature:	/s/ Dr. Paul Rees, MD
Health Services Bureau Chief Signature:	/s/ Cynthia McGillis-Hiner, RN, MSN

I. POLICY

The Department facility health care unit will provide education and information to inmates to promote a healthy lifestyle, self-care, disease prevention, early detection, treatment, and recovery.

II. APPLICABILITY

All secure facilities Department-owned and contracted, as specified in the contract.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. General Requirements

1. Facility health care staff will provide inmate education and counseling throughout incarceration to promote a healthy lifestyle, prevention, and recovery.
 - a. Health staff document that inmates receive individual health education and instruction in self-care for their health conditions.
2. Health care education may be provided by health care staff, program staff, custody staff, a registered dietician nutritionist, or volunteers.
3. At the completion of the initial health and mental health assessments, health care staff will inform inmates of the recommended schedule for preventative health care exams in accordance with *DOC 4.5.14 Offender Health Assessments*.
4. Health care education must be age and gender appropriate for the facility population.
5. The offender's health record will contain documentation that the offender has received health care education.
6. Health education may be delivered individually or in a group setting and may include the following methods:
 - a. a wellness program;
 - b. chronic care system;
 - c. educational program;

- d. pamphlets; or
- e. audio and video.
7. Health care information and educational materials on a variety of topics are made available to all offenders.
8. Facilities provide a nutritionally adequate diet to the general population.
9. A registered dietitian nutritionist (RDN), or other licensed qualified nutritional professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.
10. The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.
11. Juveniles are informed that they can contact their Probation and Parole Officer or their own physician for help in accessing care for any medical, mental health, or substance abuse needs.
12. Counseling and social services regarding all aspects of sexuality are available to the juvenile population within a facility or by referral to appropriate community agencies.

B. Health Education

1. Health education should be designed to increase the offender's ability to monitor and manage individual needs.
2. Health education topics should include but are not limited to:
 - a. alcohol and other drugs;
 - b. medication assisted treatment (MAT)
 - c. chronic disease and disability;
 - d. comprehensive family planning, including services, contraceptive methods, and referrals;
 - e. counseling in preparation for release;
 - f. effects of smoking, use of tobacco products, and smoking cessation;
 - g. Hepatitis A, B, and C;
 - h. HIV infection and AIDS;
 - i. immunizations;
 - j. "keep-on-person" medications;
 - k. nutrition;
 - l. parenting skills;
 - m. perinatal care;
 - n. personal hygiene;
 - o. physical fitness;
 - p. prevention of sexual and other physical violence;
 - q. preventative oral health care;
 - r. sexually transmitted diseases;
 - s. stress management;
 - t. tuberculosis;
 - u. education; and
 - v. physical activity.

C. Mental Health Education

1. Mental health education should be designed to empower mentally ill offenders to manage their illness, gain better control over their lives, keep their symptoms under control, reduce stress, and increase self-esteem.
2. Offenders are encouraged to take an active partnership role in their treatment.

3. Mental health education topics should include but are not limited to:
 - a. reducing relapse;
 - b. using medications effectively;
 - c. medication side effects;
 - d. coping with stress;
 - e. coping with problems and symptoms;
 - f. building social support;
 - g. advocating for effective treatments;
 - h. personalized strategies for managing mental illness and achieving goals;
 - i. the process of mental illness;
 - j. mental health treatment alternatives;
 - k. crisis planning;
 - l. anger management;
 - m. conflict negotiation; and
 - n. coping with mental illness.

D. Juvenile Exercise

1. Exercise is provided to all custody classes of juveniles except those in transient status. Juveniles are provided with opportunities to exercise daily, at least 1 hour, 7 days a week within their unit.
2. Exercise takes place outside the juvenile's room in an area large enough to accommodate the activity.

B. Juvenile Personal Hygiene

1. Facilities will provide sufficient services and supplies so that juvenile personal hygiene needs are met.
2. All custody classes of juveniles have the opportunity to take showers daily.
3. In every area where juveniles are detained for at least 48 hours, there is a tub or a shower with hot and cold running water.
4. Juvenile personal items include, at minimum, the following:
 - a. soap;
 - b. comb;
 - c. soft round-bristle toothbrush;
 - d. toothpaste;
 - e. deodorant;
 - f. toilet paper; and
 - g. for female juveniles, sanitary napkins and tampons.
5. Haircuts and individual shaving instruments are available to the juvenile population.
6. Juveniles receive a change of outer clothing three times a week, a daily change of underwear, and a weekly bed linen and towel change.
7. Shower, bath, and laundry facilities are in good working order for the juvenile population.

C. Tobacco Use

Smoking and tobacco products are prohibited in all DOC facilities.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

- A. *P-BF-01, P-B-03, P-B-06, P-D-05, P-F-01; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- B. *MH-F-01, MH-F-02; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- C. *Y-F-01, Y-F-02, Y-F-03, Y-F-04, Y-F-05, ; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2022*
- D. *ACA Standards for Juvenile Correctional Facilities, 2023*