UNITED STATES DISTRICT COURT

DISTRICT OF CONNECTICUT

FILED

IN RE CONNECTICUT PRISON OVERCROWDING AND AIDS CASES	:	MASTER FILE NO. H80-506 (JAC)
DAVID DOE, et al., Plaintiffs	:	
v.	:	CIVIL NO. H88-562 (PCD) (JGM)
LARRY R. MEACHUM, et al., Defendants	:	NOVEMBER 2, 1990

CONSENT JUDGMENT ON
HEALTH CARE FOR HIV-INFECTED INMATES AND
CONFIDENTIALITY OF HIV-RELATED INFORMATION

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5. Since May, 1989, discovery has continued regarding the remaining issues in this action. The provisions of this Consent Judgment are the result of several discussions and careful negotiation among all parties after this additional discovery. They have been agreed to solely as a means to put a reasonable end to the parties' dispute over the issues of confidentiality and medical and mental health care for HIV-infected inmates and to avoid the costs, time, and risks which would be involved for both parties in further litigation. This Consent Judgment embodies a compromise of the issues involved and, while its provisions are binding on the parties herein, its provisions are not to be construed to be statements, ruling, or precedents with respect to the constitutional and other legal rights of persons who are parties or nonparties to this litigation in this or any other action.

6. As used in this Judgment, the following terms shall have the following meanings unless specifically stated otherwise:

a. "AIDS" shall mean Acquired Immune Deficiency Syndrome, as defined by the Centers for Disease Control of the United States Public Health Service.

b. "AZT" means Zidovudine, Azidothymidine or Retrovir.

c. "CDC" shall mean the Centers for Disease Control of the United States Public Health Service.

k. "FDA" shall mean the United States Food and Drug Administration.

l. "HIV" and "HIV-infection" shall mean infection with the human immunodeficiency virus, or any other related virus identified as the probable causative agent of AIDS.

m. "HIV test" shall mean any laboratory test or series of tests for any virus, antibody, antigen or etiologic agents whatsoever thought to cause or to indicate the presence of HIV-infection.

n. "NIAID" shall mean the National Institute of Allergy and Infectious Diseases.

o. "Inmates at risk of having HIV-infection" shall mean all inmates with a health history indicative of possible HIV-infection, including without limitation intravenous drug use, transfusions, male homosexual contact, sexual promiscuity and/or other types of blood to blood contact with persons with HIV-infection.

p. "Physician's assistant" shall mean a graduate of an approved Physician's Assistant program who is licensed to practice as a physician's assistant in this State.

q. "Accepted professional standards" shall mean those standards in effect on the date of the signing of this Judgment.

of the specialist assigned to their Complex or in the event that there are too few inmates to justify a separate clinic at that Complex. In addition, DOC shall provide for telephone consultation services and, as medically necessary, for non-regularly scheduled visits to the facility on an on-call basis by physicians with equivalent qualifications and experience.

8. Until such time as Infectious Disease Specialist services are established at the New Haven Correctional Center and the Bridgeport Correctional Center, DOC shall ensure that the HIV-related treatment plans of HIV-infected inmates within said facilities are reviewed by an Infectious Disease Specialist and shall transfer HIV-infected inmates to Complexes which have Infectious Disease Specialist services whenever medically-necessary.

B. AIDS Coordinator

9. Within sixty days of judicial approval of this Consent Judgment, the Commissioner of DOC shall designate for each DOC facility the medical staff person responsible for ensuring compliance with the terms of this Judgment (including the maintenance of necessary tickler systems) and otherwise acting as a liaison with the DOC Director of Health Services for purposes of ensuring quality of care for HIV infected inmates. This staff person shall be either the Medical Director of the facility, CHNS or acting CHNS for the facility or Complex, or a

Consent Judgment, all correctional medical attendants and licensed practical nurses ["LPNs"] performing the medical screening examination will have received a six hour training course specifically dealing with medical screening procedures and important clinical aspects of HIV infection with the appropriate referral criteria.

12. One aspect of this health screening shall be to assess whether the inmate has or may have HIV infection, including by inquiring of the inmate if s/he is infected, assessing the inmate's past behaviors which pose a risk of transmission, and making a preliminary determination of any clinical indications of infection, including fever, night sweats, fatigue, dysphagia, cough, shortness of breath, lymph node enlargement, diarrhea, new skin lesions, pruritus, visual changes, headache, memory changes, weakness, numbness, paresthesias/dysesthesias, and recent weight loss. The health screening also shall be used to determine if the inmate is in need of immediate further evaluation, next-day physician referral, and/or other appropriate followup.

13. Inmates who have not tested positive in the past and who describe risk behaviors in the past related to, and/or who have significant findings suggestive of, HIV-infection shall be advised of the medical benefits of being tested to assess if they are HIV infected. HIV tests shall be available in all DOC facilities, but can only be ordered by a physician. No inmate

following: a) an inmate on AZT, PCP prophylaxis, or any other prescribed medications for HIV disease or its complications; b) fever of 102 F or more in a patient suspected or known to be HIV-infected; c) obvious significant infection in a patient suspected or known to be HIV-infected, including dental abscess, cellulitis, peri-anal ulcerations, etc.; d) signs of respiratory distress, e.g. respiratory rate at rest greater than or equal to 25/minute, intercostal retractions, cyanosis, especially if these signs are associated with a non-productive cough; e) severe persistent headache in a patient suspected or known to be HIV-infected; f) mental status abnormalities that are acute or clinically unexplained, e.g. confusion, poor memory, bizarre or inappropriate behavior; g) visual complaints in a patient suspected or known to be HIV-infected; h) a patient with suspected wasting syndrome (suspected on visual exam or by a documented 10% weight loss over the previous three months without obvious explanation); i) an inmate exhibiting skin lesions suggesting Kaposi's sarcoma, severe HSV or varicella-zoster; j) obvious muscle weakness or ataxia of recent onset in a patient suspected or known to be HIV-infected; k) a patient with a known T4 count below 200/mm3. Access to such specialist services shall not be denied based on custodial concerns or other non-medical issues. The time, date and nature of each referral shall be noted in the inmate's medical record, or, as appropriate, mental health record.

c. a basic examination of the soft tissues of the mouth, which shall include assessment of abnormalities indicative of HIV-infection (e.g. oral hairy leukoplakia, candida, oral ulcerations, oral Kaposi's Sarcoma, and progressive periodontal disease).

d. a basic neurologic examination, which shall assess any disturbances in gait, cerebellar function, gross and fine motor function, reflexes, and sensory functioning.

e. a basic mental status examination, which shall assess any memory loss, speech difficulties, delusions, symptoms of psychotic or marginal behavior, clinical depression and/or suicidal ideation.

f. an evaluation of lymph node status in various chains including cervical, supraclavicular, axillary and inguinal areas.

g. a basic examination of the skin to assess any HIV-related problems, e.g. with nonspecific rashes/dermatitis, folliculitis, psoriasis, seborrhea, and lesions suggestive of Kaposi's sarcoma.

h. an evaluation of the genitalia and perirectal areas (for men) or a Pap smear, pelvic and perirectal examination (for women). Such evaluations for women performed by a DOC nurse need not be repeated if such an exam was performed within the previous two months, and if the patient denies any gynecological complaints.

below 200/mm 3, the T cell profile need not be repeated unless medically appropriate.

h. a chest x-ray, to be repeated yearly.

i. if the results of the comprehensive health history and physical examination, as reflected in an entry in the inmate's medical record, indicate that the inmate is not known to be HIV infected, only the tests specified in §IV.B.18.a-e, supra, need be performed.

19. If the medical staff conducting the comprehensive health examination detects any significant clinical findings in an inmate's mental status examination, the neurological examination, the examination of the mouth, and/or the laboratory tests requiring further evaluation, immediate referrals shall be made to specialists in psychiatry, ophthalmology, neurology, dentistry, diagnostic radiology, etc. so that the inmate's condition might be more fully assessed as soon as medically appropriate, subject to review by the Infectious Disease Specialist. Access to such specialist services shall not be denied based on custodial concerns or other non-medical issues. The time, date, and nature of each such referral shall be recorded in the inmate's medical or, when appropriate, mental health record.

20. The comprehensive health examination for new admittees, specified in §§16-18, supra, need not be conducted if, after review of the DOC medical records, it is established that

be completed by a DOC physician responsible for HIV-related care within that inmate's particular DOC facility.

24. The individualized health care summary, flow sheet and treatment plan for a symptomatic HIV-infected inmate shall be completed within ten days of the inmate's admission to a DOC facility or, for inmates diagnosed while within DOC care, within ten days of diagnosis. If all requisite laboratory reports have not been completed within this period or if the inmate is transferred to a community facility for health care treatment, the plan shall be prepared in draft form, and revised, as necessary, when all laboratory reports are complete or the inmate returns to a DOC facility. The treatment plan for an asymptomatic HIV-infected inmate shall in normal circumstances be completed within ten days of completion of requisite laboratory work, but in no event later than thirty days after admission or diagnosis. The Infectious Disease Specialist shall review the initial treatment plans of all HIV-infected inmates who have not been referred to him/her for in-person evaluation to ensure that the data base is complete, to assess if there are any laboratory or physical abnormalities which require referral to him/her, to assess the need for and timing of examinations by other specialists, and to alert the responsible facility physician as to needed changes in the treatment plan and to provide advice as to how to follow the inmate medically. All significant changes to an HIV treatment plan and the finding of new opportunistic

g. evaluation for and, when medically-appropriate, initiation of anti-retroviral therapy (with AZT, DDI, etc.).

h. evaluation for and, when medically-appropriate, initiation of primary and secondary opportunistic infection prophylaxis (e.g. for PCP, toxoplasmosis, cytomegalovirus, cryptococcus).

i. evaluation for, and, when medically-appropriate, initiation of anti-viral therapies (for CMV, herpes simplex, varicella-Zoster infections, etc.).

j. evaluation for and, when medically-appropriate, initiation of anti-fungal therapies (for candida, cryptococcus, etc.).

k. evaluation for and, when medically-appropriate, initiation of treatment for M. tuberculosis and atypical TB infections.

l. evaluation for and, when medically-appropriate, provision of vaccination (for influenza, pneumococci).

m. evaluation for and, when medically-appropriate, initiation of treatment for Kaposi's sarcoma (alpha-interferon, chemotherapy, radiation therapy etc.).

n. evaluation for and, when medically-appropriate, initiation of treatment for other neoplasms.

o. a schedule for regular evaluation (by laboratory tests, inmate interviews and/or physical examinations) of the

a. HIV-infected inmates on AZT, DDI, PCP prophylaxis, and other HIV-related medications shall be seen within two weeks of referral;

b. HIV-infected inmates who are identified as having a T4 count under 400/mm3 shall be seen within two weeks of referral;

c. inmates who upon the initial health screening and/or physical examination, or subsequent to this initial examination, are found to exhibit symptoms suggestive of the following HIV-related conditions:

- thrush not related to concomitant or recent antibiotic therapy. Such inmates shall be seen within two weeks of referral;

- skin lesions consistent with Kaposi's sarcoma, Herpes zoster, severe Herpes simplex infection. Such inmates shall be seen within one week of referral;

- unexplained dysphagia in a patient suspected or known to be HIV-infected. Such inmates shall be seen within one week of referral;

- persistent periodic fever of 102 F or more in a patient suspected or known to be HIV-infected. Such inmates shall be seen within one week of referral;

- persistent non-productive cough but negative chest x-ray for an acute infiltrate in a patient suspected or

appearance of a focal neurologic deficit or sudden ataxia, and mental status changes (confusion, personality change, unexplained sudden alterations in consciousness, etc.).

- visual complaints compatible with retinal disease (suspected CMV or toxoplasmosis retinitis).

- clinically significant hemorrhagic episodes, e.g. documented acute GI blood loss.

e. HIV-infected inmates with an unintended weight loss of 10% of body weight or more within the past six months. Such inmates shall be seen within two weeks of referral.

f. HIV-infected inmates experiencing vomiting and/or diarrhea of more than three days duration notwithstanding dietary adjustments. Such inmates shall be seen within one week of referral.

g. HIV-infected inmates with progressive gingivitis, obvious dental abscess, unexplained oral lesion, or hairy leukoplakia. Such inmates shall be seen within one week of referral.

h. inmates housed in an infirmary setting specifically because of their HIV-related condition. These patients shall be evaluated at least weekly by an Infectious Disease Specialist, though they shall also be seen several times a week by the DOC physician assigned to this area.

V. DELIVERY OF ROUTINE HEALTH SERVICES TO HIV-INFECTED INMATES.

28. All HIV-infected inmates shall be routinely scheduled for follow-up health examinations at a frequency consistent with current professional standards.

29. All HIV-infected inmates shall be routinely scheduled for all laboratory tests as are determined to be medically-necessary by the treating physician in consultation with the Infectious Disease Specialist in accordance with accepted professional standards.

30. DOC shall institute a "tickler system" and such other procedures as are necessary to ensure that the examinations and laboratory work are scheduled for, and provided to, HIV-infected inmates at the intervals consistent with §V.28. to V.29, supra. These procedures shall include, but are not limited to, the use of the standardized form attached hereto as Form C and a requirement that if an inmate is transferred from one DOC facility to another without his/her medical file, the receiving facility shall promptly call the sending facility and/or the Health Services Division in Central Office for all information about that inmate on their tickler files, and shall promptly include said information on the receiving institution's tickler file. This system and its accompanying procedures shall also ensure that all necessary treatment identified in an inmate's HIV treatment plan is provided at the time(s) identified in the plan. Any "tickler system" and other procedures for ensuring ongoing

inmates interested in reading one or both Judgments have opportunity to do so within a reasonable time of their request.

33. Because of the relationship between HIV-infection and TB, DOC shall continue to implement policies and procedures for the identification, management and treatment of TB that meet accepted professional standards.

VI. ACCESS TO MEDICAL CARE FOR ACUTE ILLNESSES.

34. Each DOC facility shall institute a system for sick call by which inmates, including those with HIV-disease, who seek medical attention shall be allowed to place their requests into a locked box or other equivalent confidential container or location which shall be checked at least daily when health care staff are present in the facility and access to which shall be limited to health care personnel. The collection schedule shall be posted on or near the box (or container).

35. Absent an emergency, any HIV-infected inmate who requests medical attention shall be placed on the next routine sick call. Any HIV-infected inmate identified by DOC medical staff as having an unresolved, clinically-significant acute illness or condition which has lasted for three consecutive days, or with a clinically-significant deterioration in neurological and/or respiratory status which has lasted for six hours, shall immediately and automatically be referred to the on-call Infectious Disease Consultant or the Complex's Infectious Disease Specialist for immediate attention. If this physician determines

which medications can and cannot be taken together, a summary of current illnesses including vital signs and relevant physical findings, and the results of all lab tests done in the previous two weeks. In the event of an emergency transfer precluding time for copying the necessary transfer documents, the physician, nurse, or medic shall, concurrent with the inmate's transfer, make direct telephonic contact with the physician or emergency room triage nurse at the outside hospital to relay all information necessary for the inmate's treatment and shall forward the completed and updated W-10 and flow sheet within twelve hours to the hospital.

38. All inmate transfers for medical and mental health care shall be managed so as to protect the confidentiality of the inmate's condition from disclosure to non-medical DOC staff and other non-medical personnel.

VII. DRUG THERAPIES.

39. DOC shall offer to an HIV-infected inmate such drug therapies (including drugs approved by the FDA for "compassionate use" and FDA-approved Treatment Investigational New Drugs) as are determined to be medically necessary for him/her by the treating physician, in consultation with the Infectious Disease Specialist, in accordance with accepted professional standards. Said drugs shall be administered (in dosages and at frequencies) and monitored in accordance with accepted professional standards.

status of HIV-infected inmates shall be implemented within 120 days of judicial approval of this Judgment.

44. During the comprehensive, HIV-related health examination, each HIV-infected inmate shall be questioned regarding his/her prior health care providers, and asked to sign Medical and Mental Health Release Forms to obtain all prior medical and mental health records (unless already in DOC possession). Any refusals to sign such release forms shall be recorded in the inmate's health care record. DOC shall request all health care records from the appropriate health care providers within two working days of the inmate signing the release. If there has been no response to a request for records within two weeks, a followup request shall be sent.

45. The medical records of an HIV-infected inmate shall, at a minimum, include:

a. past DOC medical records and those records obtained pursuant to §VIII.44.

b. all inmate health screening forms, documentation pertaining to the comprehensive health examination(s)(including results of intake laboratory tests) and documentation pertaining to any assessment(s) by the Infectious Disease Specialist.

c. current medication records and records of all HIV-related medications and medication allergies.

48. DOC health care staff shall neither examine and question an HIV-infected inmate about HIV-related issues nor discuss the HIV-related health care status of that HIV-infected inmate, without his/her consent, while in the presence or earshot of other inmates, non-medical DOC staff, or other persons who are not DOC health care staff, except to the limited extent currently permitted by P.A. 89-246.

49. Unsealed medical and mental health files of an HIV-infected inmate shall be available only to the DOC medical and mental health staff directly responsible for providing care to that inmate or to a consulting specialist or outside medical provider to whom the inmate is referred for medical/mental health treatment or evaluation, absent the inmate's informed written consent for disclosure of HIV-related records to a specifically-identified individual. The foregoing provision shall not limit access to such files to attorneys for DOC, plaintiffs' counsel, and any Monitoring Panels or quality assurance staff established by this Judgment for the purposes of monitoring compliance with this Judgment and assessing the adequacy of the care being provided by DOC, or anyone else authorized under P.A. 89-246 to review such records. Neither non-medical DOC staff nor inmates, whether they work in the infirmary or not, shall have an opportunity to read any part of the contents of an HIV-infected inmate's medical and mental health record which identifies the inmate as being HIV-infected absent the inmate's informed

which pertains to the inmate being transferred in instances in which there is a reasonable basis for an error in this regard. Should said non-medical personnel thereupon become aware of confidential HIV-related information about an inmate, as said term is defined in P.A. 89-246, s/he shall be bound by the non-redisclosure provisions of said Act. In the extraordinary circumstance that an inmate's health care records are not transferred together with the inmate: a) the inmate's HIV Health Care Summary, Flow Sheet and Treatment Plan (Forms A-C) shall be faxed (on the next shift health care staff are on duty and in confidence) to the fax machine in the medical unit at the receiving facility; b) the sending facility medical staff shall make telephone contact with the receiving facility medical staff to transmit necessary information about that inmate's care; and c) the health care records shall be delivered to the receiving facility within three to seven days.

52. DOC shall institute a system to ensure that the DOC HIV-Treatment Plan, Health Care Summary, Flow Sheet, and the Progress Notes of any inmate who is released from a DOC facility or transferred to community status are not transferred to a parole office, but are maintained within the releasing DOC facility and/or DOC's Central Office Health Services Office. Whenever an HIV-infected inmate is then readmitted to a DOC facility, the inmate's health care records shall be transported to the medical unit of the facility to which she/he has been

kidney function, major electrolyte disturbance, and/or culture results which require immediate institution of antibiotic therapy, the inmate shall be notified within twenty-four hours of DOC's receipt of the test result, unless medically contraindicated.

IX. PRESCRIPTION AND ADMINISTRATION OF MEDICATIONS FOR HIV-INFECTED INMATES.

54. Other than "over-the-counter" medications, medications shall be administered to HIV-infected inmates only by a physician, physician assistant, registered nurse, licensed practical nurse, or other medical staff who have completed the DOC medication training curricula and who otherwise meet state statutory requirements for administration of medication within a DOC facility.

55. The inmate's medical records shall be maintained in such a way that it can be determined what drugs have been ordered for an inmate, by whom, for what purpose, when and in what manner they have been administered and/or offered and refused, the inmate's subjective symptoms or complaints, and any adverse reaction (or lack of response) to the medication.

56. Patient drug profiles and medication administration records shall be maintained for so long as medication is being dispensed and, when not active, shall be kept in the inmate's medical record.

57. No prescription medication may be administered to an HIV-infected inmate without a physician's order. If a physician

manner. The kits shall be readily available to medical staff but not to inmates, i.e., they must be stored in a locked room or area. Emergency drug cassettes in the kit, as well as other kit contents, shall be inspected after each use of the kit, and at least monthly by medical staff, to remove deteriorated and outdated drugs and to ensure the completeness of the kit's contents. A list of the kit's contents, and instructions for use as deemed appropriate by the DOC Medical Director, shall be kept in close proximity to the kit.

60. Medical staff shall be appropriately trained in the use of the kits and their contents.

XI. DIET FOR HIV-INFECTED INMATES.

61. A nutritional assessment shall be part of the initial comprehensive health assessment specified herein in Section IV.B., supra. All appropriate orders to implement any special dietary plan for the HIV-infected inmate shall be signed by the physician, placed in the inmate's medical record, and transmitted to the kitchen staff. DOC staff shall refer all inmate complaints of noncompliance with special dietary orders to the kitchen staff. Facility kitchen staff shall investigate all such complaints and act promptly to remedy any noncompliance. Complaints about noncompliance about which medical staff becomes aware shall be noted by such staff in the inmate's medical record.

medically necessary, such as two to three cans of Ensure, Sustacal or comparable supplements.

67. Whenever nutritional supplements and multivitamins have been specially selected to meet the individualized dietary needs of an HIV-infected inmate, they shall be distributed and administered in such a manner as to ensure that the inmate receives such supplements and vitamins. Where determined to be appropriate by the facility physician and/or Infectious Disease Specialist, inmates may be provided with multiple doses of such supplements and/or vitamins for self-administration.

68. If DOC medical staff become aware, through inmate report or a report on an inmate's behalf by non-medical staff, that an HIV-infected inmate is experiencing vomiting and/or diarrhea, that inmate shall be evaluated by medical staff within twenty-four hours of the report to determine the cause of the condition and to make any appropriate adjustments in the inmate's diet. If serious vomiting and/or diarrhea persists for more than three days, notwithstanding the change in diet, a referral shall be made to the physician on call or the Infectious Disease Specialist to be examined at the next regularly scheduled visit, or sooner if medically-necessary.

69. Regardless of the manner in which food is delivered to inmates within an particular DOC facility, DOC shall ensure that specialized diets (including low fat, low fiber, bland, diabetic, soft) are made available to all inmates for whom they are

required in §IV.B.17, supra, and the findings shall be noted on the examination forms. The medical staff person conducting the comprehensive health history and physical examination shall encourage the inmate to be seen by facility mental health staff for further mental health assessment if such referral is deemed medically necessary. Upon receipt of a referral for mental health assessment, a member of the mental health staff expressly authorized by §XII.70, supra to perform such assessment shall conduct the assessment within five business days of the referral. In the event of any emergency, on-call mental health services shall be available at all times.

72. An individualized written mental health treatment plan shall be developed for each HIV-infected inmate who, after assessment, is determined to be in need of ongoing mental health care. This treatment plan shall be reviewed, approved, and signed by the facility mental health coordinator. The plan shall be reviewed and updated on a regular basis. It shall be maintained as part of the inmate's mental health record.

73. The protocols for the general components of the mental health assessments and mental health treatment plans used with HIV-infected inmates shall be as set forth in Forms F-G, attached hereto and incorporated herein.

74. Mental health staff treating an HIV-infected inmate shall document his/her findings and assessment in the inmate's mental health record, which shall be maintained in such a way as

infected inmates shall be advised of the existence of any and all peer support groups within their facility and how to become a part of them. The time and place of any support group's meetings shall be set in such a manner as to protect the privacy rights of the inmates involved in the group.

77. Each HIV-infected inmate shall be assessed for the presence of AIDS dementia at the time of each follow-up health status examination, see §IV.C.25., supra.

XIII. DENTAL CARE FOR HIV-INFECTED INMATES.

78. Dental staff in each DOC institution shall follow universal infection control procedures for all inmates. These procedures shall be consistent with the current infection control procedures for dental treatment established by the CDC, the American Dental Association, and/or the National Institute for Dental Health. There shall be no postponement or delay of dental appointments for HIV-infected inmates solely in order to fulfill special infection control procedures, though appointments may be delayed for valid medical reasons.

79. If the initial health screening and/or comprehensive health examination reveal that an HIV-infected inmate has a painful severe dental condition, including extensive dental caries, severe periodontal disease and/or dental abscess, that inmate shall be referred to and examined by the facility dentist within seventy-two hours. If this screening and/or examination reveal such a condition but the inmate is not experiencing pain,

stop bleeding to avert transmission of the virus. When feasible, the inmate shall be held in the medical unit until the wound(s) stop bleeding.

XIV. EYE CARE FOR HIV-INFECTED INMATES.

82. HIV-infected inmates for whom chorioretinitis and/or other HIV-related ophthalmologic complications (e.g. cotton wool spots, CMV retinitis) are suspected shall immediately be referred for an ophthalmology consultation and, if confirmed, shall be provided with treatment (including gancyclovir therapy for retinitis) in accordance with current professional standards for persons with similar ophthalmological complications related to HIV-disease within seven days, or earlier if medically-necessary.

XV. ADDITIONAL CRITERIA FOR THE CARE OF HIV-INFECTED WOMEN.

83. HIV-infected female inmates shall be provided with a PAP smear at least once a year. Any abnormal PAP smears shall be investigated aggressively, including with cervical biopsy and appropriate therapy.

84. Cultures for gonorrhea and serology for syphilis shall be taken at the comprehensive health examination, and syphilis serology annually thereafter.

85. HIV-infected inmates who are pregnant shall have absolute CD4 cell counts each trimester. If the absolute count falls to a range associated with a substantial risk of opportunistic infection, consultation shall be obtained and professionally-accepted treatments provided as needed. Gonorrhea

copy of the Inter-Agency Patient Referral Report Form ("W10") (Form D), the Termination/Transfer Summary Form (Form E) and the Authorization for Release of Information Form (Form H). The information which is provided in this Discharge Packet includes all current diagnoses, current problems, the treatments which have been provided and the inmate's response to treatment, complications noted, allergies noted, description of condition on discharge, and any followup instructions.

90. If given at least five to ten days notice of the inmate's discharge from a DOC institution, facility medical staff will schedule an exit interview with any HIV-infected inmates who have a medical condition requiring ongoing medical care or follow-up to discuss health maintenance, complete the Discharge Packet forms and inform the inmate where outside health care can be obtained and how to arrange for it. The name, address, and telephone number of appropriate outside health care providers will be included on the W10 form, and the inmate will be instructed to contact the appropriate community provider upon his/her release.

91. At the time an inmate is discharged from a DOC institution, a copy of the complete Discharge Packet forms will be placed in the inmate's medical file, a copy shall be offered to the inmate, and a copy shall be forwarded to the DOC Director of Community Health Services. If the inmate gives appropriate

the discharge. In such cases, the facility medical staff shall complete the Discharge Packet forms and forward them to the DOC Director of Community Health Services within two days of the date they were notified of the inmate's discharge. The DOC Community Health Services staff shall make all reasonable efforts to contact the inmate to discuss health maintenance, inform the inmate where outside health care can be obtained and offer the inmate a copy of the Discharge Packet forms and the inmate's HIV treatment plan.

96. The provisions of this Section XVI do not apply to pretrial detainees, with the very limited exception that those persons confined within DOC as detainees for a sufficient period of time to complete the HIV assessment and receive an HIV treatment plan shall be mailed or otherwise provided with, upon their request and within three business days of it, a completed W10 and a copy of their HIV treatment plan.

97. When an HIV-infected inmate's medical condition renders him/her unable to participate in medical discharge planning, facility medical staff shall arrange an initial medical consultation in the community and notify the inmate (and, with his/her authorization, notify his/her family) of the time and place of said consultation.

98. Medical providers supplying health care to HIV-infected persons who have been in DOC custody shall be provided with copies of those portions of the DOC health care records which

B. Skilled Nursing Facility and Health Related Facility Beds.

101. In the event that the Connecticut Department of Health Services or any other state agency should conduct a study to determine the Skilled Nursing Facility and/or hospice bed needs of HIV-infected persons in the State of Connecticut, DOC agrees to cooperate with such a study so that the needs of the DOC inmate population can be included in projections regarding the need for skilled nursing facility beds and/or hospice beds.

C. Medical Unit Beds.

102. HIV-infected inmates shall be housed in a setting which meets their medical needs. For example, if inmates with HIV- infection do not require hospitalization but require frequent observation by a RN and/or are unable to walk to meals, they shall be housed, depending on their level of medical need, in an infirmary setting which meets the standards established by DOC for Transitional Units or Infirmary I, in its April 1989 "Proposal for the Reorganization of Health Services Within the DOC." Receipt of AZT and other HIV-related medications is not sufficient cause alone for placement in a facility infirmary/medical unit. The numbers of inmates in the facility's infirmary/medical unit shall not be so numerous as to compromise the medical care provided to the HIV-infected inmates housed therein.

103. HIV-infected inmates housed in an infirmary setting shall be visited by the facility physician three to four

or restricted, an alternative, comparable means of access to medical care shall be provided to the inmate.

107. HIV-infected inmates who are in respiratory distress, but not in need of in-patient hospitalization in a community hospital, shall be housed in an appropriate room or facility, where the temperature can be maintained at between sixty-eight and eighty degrees Fahrenheit. Temperature charts shall be maintained daily for this room or facility.

108. Non-ambulatory HIV-infected inmates will be provided access to the visiting area by wheelchair or stretcher or allowed visitation in a private room.

109. HIV-infected inmates housed in an infirmary/ medical unit shall be afforded opportunities for visitation, institutional programs, and activities comparable to that afforded to other inmates in the same infirmary/medical unit, unless participation is contraindicated for medical reasons or for legitimate security concerns unrelated to HIV status. Restrictions on participation in visitation programs and other activities may not be based solely on the fact that an inmate is HIV-infected or on unfounded fears of transmission of HIV among other inmates.

XVIII. STAFF EDUCATION.

110. The Department of Correction will provide to all of its employees a minimum of one hour of training annually on HIV-related subjects. This training will be provided by health

in DOC facilities shall receive in-service training for at least six hours every year regarding medical/mental health issues affecting HIV-infected inmates. The term "in-service training" as used herein shall not be construed to include training provided through staff meetings and supervision. This training shall be designed to update and supplement the prior training and experience of DOC medical and mental health staff persons and will include new medical and mental health information in the areas of cause, symptoms, assessments, treatments, nutrition, etc. These training sessions shall be conducted by persons with particular experience and/or training in the management of HIV-disease including physicians, RNs, psychologists, psychiatrists, social workers, nutritionists, etc. Further supplementary training shall be conducted whenever it is deemed necessary by the DOC Director of Health Services. The provisions of this section do not apply to medical and mental health professionals under contract with DOC to provide specialized services (e.g. radiology, surgery, neurology, etc) to the inmate population.

112. Newly hired medical and mental health staff shall be provided with eight hours of introductory training on the medical and mental health implications of HIV disease and the requirements of this Judgment to ensure that they possess an understanding of the disease, its manifestations, and medically-appropriate responses to it. Depending upon the immediacy of the medical staffing needs of a particular facility, DOC shall make

this Judgment. The Quality Assurance Program will include a random review of the health care records of HIV-infected inmates, a review of the Medical Incident Report (Form I) and Mortality Review Form (Form K) for HIV-infected inmates, and site visits in order to ensure that the medical and mental health care provided to HIV-infected inmates is adequate. The Program shall conduct focused, outcome-oriented longitudinal reviews, using appropriate samplings of inmate records, regarding specific disease complications of AIDS, such as, but not limited to, reviews of the length of time inmates remain alive after diagnosis and the treatment outcomes of inmates who have HIV-related opportunistic infections.

116. The Quality Assurance Unit will randomly select and review each month the medical/mental health records of no fewer than thirty HIV-infected inmates, pursuant to the criteria enumerated in a Comprehensive Chart Review Screening Criteria Form (Form L). The Comprehensive Chart Review Screening Criteria Form shall be developed by the DOC Director of Health Services within thirty days of the approval of this Judgment, submitted to plaintiffs' counsel for review and comment, and thereafter implemented within thirty days and made a part of this Judgment as Form L. The Comprehensive Chart Review Screening Criteria Form will be dated and signed by the medical and mental health members of the Quality Assurance Unit upon their completion of the review of each set of records.

commission which results in the administration of health care that deviates in any way from the accepted professional standards of care required for HIV-infected inmates. The Medical Incident Report shall be signed by the person preparing the report, and shall be sent to the Medical Director of the facility. Action taken in response to the incident shall be documented and retained, as well as documentation regarding any follow-up indicated by the Medical Director. The Medical Director shall review each report, and when indicated, will fill out the Follow-up to Medical Incident Report, attached hereto as Form J.

122. The Mortality Review Forms shall be retained by the Director of Health Services for DOC. The Medical Incident Report Forms shall be retained by the medical directors of the various DOC facilities. The Comprehensive Chart Review Screening Criteria Forms shall be retained by the Quality Assurance Unit.

XXI. CONFIDENTIALITY

123. DOC staff, and inmates whose job responsibilities potentially expose them to HIV-infection, shall follow universal blood and body fluid precaution standards as established by the DOHS, CDC, and the Occupational Safety and Health Administration (OSHA), and shall be provided with all necessary materials to do so.

124. DOC staff shall conform their conduct to the various requirements of P.A. 89-246, including its non-disclosure provisions. In the event that Public Act 89-246 is repealed or

payment within thirty days of their receipt of the Court Order. Disputed portions of any requests shall be referred to the Court for resolution in whatever fashion the Court deems appropriate. The fee shall not exceed $20,000.00 per panel member per year for any and all services rendered, excepting for any payments which may be ordered by the Court for services rendered for their participation in contempt and other proceedings related to non-compliance. The hourly rate of each member of the AMP shall be reasonable and set by a separate Court Order. The expenses incurred by the AMP shall be only those reasonable necessary to carry out their functions under this Judgment. If the Panel remains in operation for longer than three years, Panel members shall be permitted to make application to the Court for an appropriate cost of living increase in the fees awarded. Defendants agree to represent and to hold harmless to the same extent as State employees the members of the AMP in any litigation initiated by third parties involving the AMP in its performance of its duties under this Judgment.

128. The AMP shall devise procedures for the monitoring of this Judgment which shall include on-site inspections of the facilities. Defendant's representative may, at his election, give two days prior notice to defendants of any intended inspection. During their inspections, the panel shall have access to all medical and mental health records of HIV-infected inmates, including, without limitation, such records when obtained from

permitted to conduct interviews with HIV-infected inmates, provided each inmate consents. The AMP shall be provided with copies of any new and/or revised DOC written protocols and policies pertaining to the delivery of medical and mental health care to HIV-infected inmates.

132. The DOC shall file written compliance reports on the same schedule as the AMP, as set forth in §XXII.129, supra. These written Compliance Reports shall list and include all blank forms and protocols developed pursuant to this Judgment since the preceding such Compliance Report, to the extent they have not already been provided to the AMP under the preceding section. A description of HIV-related activities undertaken by DOC, including staff training, shall also be included in these reports. The first of the reports shall include staffing summaries (name, position, shifts worked) for DOC's health care staff who perform tasks under this Judgment and the names, professional degrees and licenses of physicians. These reports shall be provided to the Court and counsel for the parties.

133. Nothing contained in this "Monitoring" section shall be deemed to interfere with or alter any monitoring arrangements made pursuant to judicial rulings or decrees in other actions; rather, these provisions are in addition to any other such monitoring arrangements.

134. When the defendants believe in good faith that they have fully and faithfully implemented the provisions of this

arise concerning compliance with this Judgment and appropriate remedial action which cannot be resolved between the AMP or the parties in a timely fashion, a party may request a status hearing with a Settlement Judge or Magistrate. If neither is available, the Chief Judge shall appoint another Judge or Magistrate to resolve the dispute. If any dispute, issue or matter is not resolved by the Settlement Judge or Magistrate, that issue or matter shall be referred to the Trial Judge for adjudication pursuant to any proceeding which the Trial Judge shall deem feasible. At any such proceeding, the members of the AMP may be called as a witness by a party or the Judge.

136. This Consent Judgment satisfies and resolves the claims of the plaintiffs and the plaintiffs' class for injunctive and declaratory relief in the above-entitled case as of the date of judicial approval of this Consent Judgment. Plaintiffs and members of their class shall be permitted to opt out of the class for purposes of preserving their claims for monetary relief only.

137. The parties recognize that this Consent Judgment does not address future changes in recommendations and standards regarding medical/mental health care for HIV-infected persons. The plaintiffs reserve the right as a part of this litigation to initiate judicial proceedings to alter the provisions of this Judgment in light of such changed recommendations and/or standards for HIV care. Should the plaintiffs at any time

specific DOC facility or any portion thereof, or to (b) the safety of the staff, inmates, or other person within that facility. If a "genuine emergency" lasts longer than twelve hours or recurs once or more in a one week period, defendants shall report to plaintiffs' counsel, within forty-eight hours except for good cause, the date of the emergency, the nature of the emergency, and what provisions of the Consent Judgment were suspended and/or modified and how they were suspended and/or modified. Current population levels and population increases alone shall not constitute a "genuine emergency". Plaintiffs may contest the emergency action by motion for relief directed to the Court.

140. Nothing contained in this Judgment shall be deemed to reduce the requirements and obligations imposed on DOC by the terms of prior judicial rulings, decrees, and consent judgments in other actions.

XXIV. NOTICE TO CLASS

141. Notice to the plaintiff class members of this Consent Judgment shall issue pursuant to the notice provisions approved by the Court, and shall inform plaintiffs and members of their class of their opportunity to opt out for purposes of preserving their claims for damages.

XXV. COSTS AND ATTORNEYS' FEES

142. Plaintiffs' counsel shall submit their request for costs and attorneys' fees within thirty days of the signing of

THE DEFENDANTS
Larry Meachum, et al.

BY: _____
Larry Meachum, Commissioner
Connecticut Department of
Correction
340 Capitol Avenue
Hartford, CT 06106

CLARINE NARDI RIDDLE
ATTORNEY GENERAL

BY: _____
Richard Couture
Assistant Attorney General
MacKenzie Hall
110 Sherman Street
Hartford, CT 06105

BY: _____
Steven Strom
Assistant Attorney General
MacKenzie Hall
110 Sherman Street
Hartford, CT 06105

THE PLAINTIFFS
David Doe, et al.

BY: _____
Shelley Geballe
Connecticut Civil Liberties
Union Foundation
32 Grand Street
Hartford, CT 06106

BY: _____
John L. Pottenger, Jr.
Jerome N. Frank Legal
Services Organization
Box 401-A Yale Station
New Haven, CT 06520

BY: _____
Martha Stone
Connecticut Civil Liberties
Union Foundation
32 Grand Street
Hartford, CT 06106

Dated at New Haven, Connecticut, this day of December, 1990.

_____
Joan Glazer Margolis
United States Magistrate

So Ordered and Approved:

_____
Jose A. Cabranes
United States District Judge

FORM A

HIV - ASSOCIATED COMPLETE PHYSICAL EXAMS

INMATE NAME: _____

INMATE NUMBER: _____

DOB: _____

DATE OF EACH EVALUATION WITH NAME AND TITLE OF CLINICIAN RESPONSIBLE FOR EVALUATION

1) _____ 2) _____

3) _____ 4) _____

(NOTE: INFECTIOUS DISEASE SPECIALIST SHALL PLACE HIS/HER INITIALS AT END OF LINE AFTER REVIEWING THE EVALUATION)

Note: If no abnormality is noted, mark 0 in box. If an abnormality is noted, briefly describe.

	Date:	Date:	Date:
A. Vital Signs (give figures) _____ Pulse _____ Blood Pressure _____ Respiratory Rate _____ Weight _____ Temperature	 _____ _____ _____ _____ _____	 _____ _____ _____ _____ _____	 _____ _____ _____ _____ _____
B. HEENT Fundoscopic			
C. Mouth Oral Hairy Leukoplakia Candida Oral Ulcerations Oral Kaposi's Sarcoma Progressive Periodontal Disease Other Fungal Infection			
D. Neurological Gait Cerebellar Function Gross Motor Function Fine Motor Function Reflexes Sensory Functioning			

HIV-INFECTED PATIENT FLOW SHEET

FORM B

INMATE NAME: INMATE NUMBER:

DATE						
*Hb/HCT						
*WBC with diff						
*PLATELETS						
*BILI/LDH						
*SGOT/SGPT						
*ALK PHOS/ALB						
*BUN/CREATININE						
*VDRL/FTA-ABS TOXO TITER SYPHILIS RX						
*HBsAg/HBsAb						
*PPD (mm.)						
*CHEST PA & LAT						
*T4 OR CD4 COUNT T4/T8 RATIO						
*WEIGHT/VS						
NEW SX/SIGNS						
AZT						
ANTI-TB MEDS						
PCP PROPHYLAXIS						
OTHER MEDS ORDERED OR VACCINES						
X-RAYS/CULTURES OTHER STUDIES SPECIAL REFERRALS SPECIAL DIETS						

FORM C

D.O.C. TREATMENT PLAN FOR HIV-INFECTED PATIENTS

Inmate Name:_____ Inmate Number:_____

Date:_____ DOB:_____

Evaluating DOC Physician:_____ ID Consultant:_____

****

Date when next T4, T4/T8 ratio to be done:_____

Date of next routine periodic evaluation (Usually DOC Physician):_____

Date of next complete physical exam, ID re-evaluation:_____

Blood work, cultures, x-rays ordered:_____

(Specify test and date to be done) _____

(Give schedule if test needed periodically)_____

If any consultations ordered or special studies to be done, please give details below. Summarize results below as well.

_____

_____

_____

Outline special dietary or nutritional recommendations:_____

AZT or DDI orders:_____

PCP Prophylaxis orders:_____

Other prophylaxis orders (Cryptococcus/Toxo):_____

Anti-Viral therapy orders:_____

Anti-Fungal therapy orders:_____

Anti-TB therapy orders:_____
(include PPD placement order if indicated)

Vaccination orders (DT, pneumococcal, influenza, etc):_____

Special studies/other indicated orders:_____

_____

_____

_____

W 10 REV. 9/69

IDENTIFYING DATA

PATIENT'S NAME (Last, First, Middle)	SEX	BIRTH DATE	ADMISSION DATE	DISCHARGE DATE

PATIENT'S HOME ADDRESS (No. and Street, Town or City, State, Zip Code)	HOME PHONE NO.	MARITAL STATUS	RELIGION

RESPONSIBLE PERSON OR AGENCY (Name and Address)	TELEPHONE NO.

REFERRED BY (Name and Address of Facility or Agency)	CONTACT PERSON OR UNIT	TELEPHONE NO.

REFERRED TO (Name and Address of Facility or Agency)	CONTACT PERSON OR UNIT	TELEPHONE NO.

FOLLOW-UP BY (Name and Address of Physician or Clinic)	TELEPHONE NO.	DATE OF NEXT APPOINTMENT
1.		
2.		

MEDICAL RECORD NO.	MEDICARE NO.	SOCIAL SECURITY NO.	DEPT. OF INC. MAINT. NO.	OTHER

PATIENT CARE INFORMATION AND ORDERS

PERTINENT HISTORY (Include dates of diagnosis and problems) AND PLAN OF CARE (Include treatment, diet, activity permitted)

FORM D

MEDICATIONS (Drug, Strength, Mode)	FREQUENCY	LAST GIVEN	MEDICATIONS (Drug, Strength, Mode)	FREQUENCY	LAST GIVEN
1.			2.		
3.			4.		
5.			6.		
7.			8.		

ALLERGIES	DIAGNOSIS GIVEN	EXPLAINED TO	PROGNOSIS	EXPLAINED TO
		☐ Patient ☐ Family		☐ Patient ☐ Family

THERAPEUTIC GOALS

PATIENT SERV. START DATE	SERVICES REQUESTED							
	☐ Nursing	☐ Occ. therapy	☐ Speech therapy	☐ Physical therapy	☐ H. H. aide	☐ Social work	☐ Other (specify)	

IS TREATMENT FOR CONDITION FOR WHICH PATIENT WAS HOSPITALIZED (If NO explain)	PATIENT ESSENTIALLY HOMEBOUND
☐ Yes ☐ No	☐ Yes ☐ No

I HEREBY CERTIFY THAT THE ABOVE SERVICES SHOULD BE PROVIDED BY	SIGNED (Physician)	DATE SIGNED
☐ Acute Hosp. ☐ Chronic Hosp. ☐ SNF ☐ ICF ☐ Home Health Agy. ☐ Rehab. Center		

FORM E

HEALTH SERVICES

Termination / Transfer Summary

Client Name _____ DOC Number _____

Facility/Location _____

Date of Admission _____ Date of Release/Discharge _____

Allergies _____ Special Diet _____

_____

Type of Recommended Discharge Placement _____

_____

Diagnosis (use DSM III R Axes) _____

Current Medications _____

_____

_____

Upcoming Appointments _____

_____

Summary Of Treatment (include presenting problem, Medication history, focus of treatment, prognosis, recommendtions) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Completed by _____ Date _____

MENTAL HEALTH SERVICES
INITIAL ASSESSMENT

FACILITY/LOCATION		
INMATE NAME		INMATE NUMBER
DATE OF M.H. ADMISSION	DOB	PLACE OF BIRTH
LAST RESIDENCE	SEX	RACE

PRESENTING PROBLEMS

PSYCHIATRIC HISTORY

CURRENT MEDICATIONS

RELEVANT MEDICAL PROBLEMS

ALLERGIES

SUBSTANCE ABUSE HISTORY (SUBSTANCES USED & TREATMENT RECEIVED)

PRESENT OFFENSES(S)

DATE OF SENTENCING LENGTH OF SENTENCING

PAST ARREST HISTORY

PRIOR INCARCERATIONS

EDUCATION LEVEL & SCHOOL ATTENDED (INCLUDE SCHOOL ADJUSTMENT)

VOCATIONAL/OCCUPATIONAL HISTORY

SIGNIFICANT OTHERS, SUPPORT SYSTEMS AND RELIGIOUS HISTORY

MENTAL HEALTH SERVICES
TREATMENT PLAN

CILITY/LOCATION _____ DATE OF M.H. ADMISSION _____
IATE NAME _____ INMATE NUMBER _____
ERAPIST _____ THERAPIST SIGNATURE _____

QUARTERLY TEAM CONFERENCE

TE _____ MEMBERS PRESENT _____
TE OF PLAN UPDATE _____ DIAGNOSIS _____

ATE	#	PROBLEM	GOAL	INTERVENTION	RESOLVED (DATE)

FORM H

DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the State of Connecticut, Department of Correction and its staff at _____ to OBTAIN the following information from: _____.

I hereby authorize the State of Connecticut, Department of Correction and its staff at _____ to REVEAL the following information to: _____.

INITIAL APPROPRIATE ITEM(S):

____ Dates of Admission/Discharge.
____ Pertinent Medical and/or Psychiatric information relevant to my diagnosis and/or treatment, including diagnosis.
____ Alcohol and/or Drug abuse information.
____ Other information (please be specific): _____.

- -

RELEASE OF INFORMATION RELATING TO AN HIV DIAGNOSIS:

____ Pertinent medical and/or Psychiatric information relevant to a diagnosis of HIV. I may withdraw this consent at any time prior to the release of the above information.

"This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose." P.A. 89-246

- -

The specific purpose of this request is:_____
_____.

This consent, if not withdrawn, will expire on _____ or 90 days after it is signed.

Date of Birth:___/___/___ Date of signature: ___/___/___ ID# _____

_____
Witness Signature
___/___/___

_____
Requester's Signature

_____
Parent or Guardian
(If requester is a minor)

FORM I

CONFIDENTIAL — MEDICAL REVIEW PROCEDURE — PRIVILEGED INFORMATION

MEDICAL INCIDENT REPORT

No. _____

This form is to be used in connection with the Incident or Disciplinary Reports; or whenever a specific event results in the need for medical treatment, or any omission or commission by a staff member.

Person Injured: _____ Date: _____

Place Where Treated: _____ Date & Hour of Treatment: _____

Medical Incident Prepared By (*Please Print*): _____ On (Date): _____

Summarize incident: _____

_____

_____

_____

_____

_____ _____

Signature *Signature of Supervisor*

_____

Diagnosis: _____

_____

Treatment Administered: _____

_____

Follow-up Action Required: _____

_____

Where Assigned After Treatment: _____

Other Remarks: _____

_____

_____

_____

_____ _____

Signed *Title*

Prepare Original & 5 Copies

FORM J

CONFIDENTIAL — MEDICAL REVIEW PROCEDURE — PRIVILEGED INFORMATION

FOLLOW-UP TO MEDICAL INCIDENT REPORT

No. _____

Medical Incident Form Number(s): _____

Date(s) of Incident: _____

Location: _____

Follow-up Action Taken: _____

_____

_____

_____

_____

_____

_____

_____

Supervisor / Medical Director

Response is/is not requested: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Supervisor / Medical Director

FORM K

CONFIDENTIAL — MEDICAL REVIEW PROCEDURE — PRIVILEGED INFORMATION

MORTALITY REVIEW

1. Problem _____

_____

_____

_____

_____

	Yes	No
2. Could the problem have been diagnosed earlier or prevented? Comment: _____	☐	☐
3. Was the patient monitored properly with lab/x-ray/consult? Comment: _____	☐	☐
4. Should the patient have been transferred to an outside hospital sooner? Comment: _____	☐	☐
5. Could this problem have been avoided? Comment: _____	☐	☐
6. Was the patient treated correctly? Comment: _____	☐	☐
6. Was patient compliance a contributing factor to this problem? Comment: _____	☐	☐

DEPARTMENTAL REVIEW

Comments: _____

_____

_____

_____

Action: _____

_____

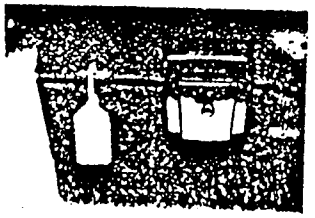
_____

_____

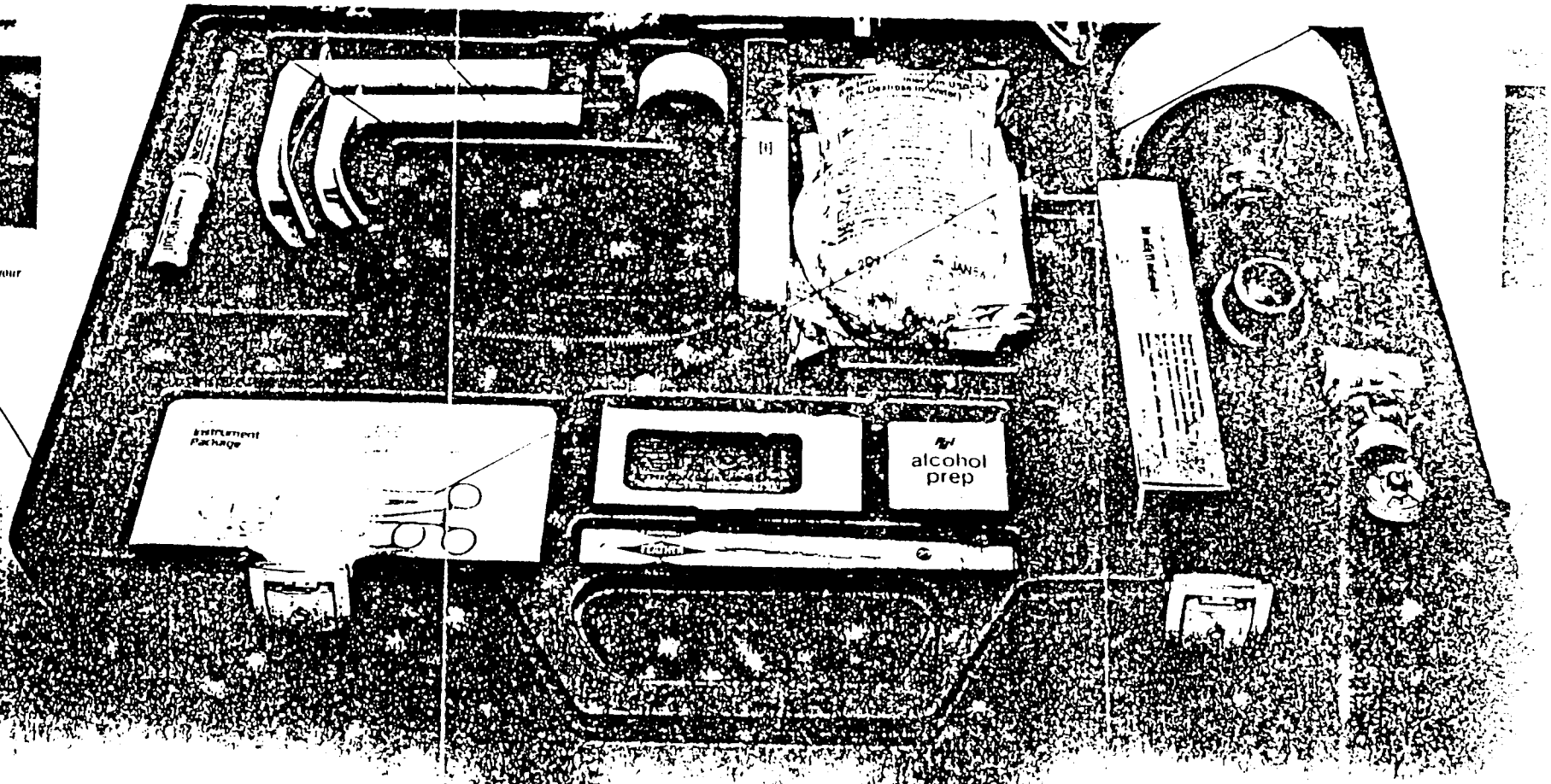
Name of Patient (optional): _____

Medical Director _____ Date _____

Sphygmomanometer, with case, and stethoscope compactly stack on top of one another.



Bright yellow security seal indicates if your kit has been opened or tampered with.



Contents & Price:
Stat Kit 800 in gray
polyethylene case
Dimensions:
3/8" x 23" x 27"
Weight: 27 lbs.
$89.95

Drugs–Prefilled Syringes
Atropine (1)
Calcium Chloride (1)
Dextrose (1)
Diazepam (Valium) (2)
Epinephrine 1 1/2" needle (1)
Epinephrine 3 1/2" needle (1)
Lidocaine (2)
Sodium Bicarbonate (2)
(Stat Kit 600–1)

Drugs–Ampules
Aminophylline (1)
Amyl Nitrite (2)
Aromatic Ammonia (2)
Benadryl (1)
Calcium Gluconate (1)
Compazine (1)
Epinephrine (1)
Inderal (1)
Ipecac Syrup (1)
Isuprel (2)
Lanoxin (1)
Lasix (1)
Narcan (1)
Neo-Synephrine (2)
Nitroglycerin (1)
Nubain (2)
Solu-Cortef (1)

I.V. Equipment
5% Dextrose Injection 500ml (1)
Intravenous Cannula (1)
I.V. Administration Set (1)

Needles
14 ga. x 1 1/2" (1)
18 ga. x 1 1/2" (1)
20 ga. x 1 1/2" (1)
25 ga. x 1 1/4" (1)

Syringes
3ml without needle (1)
12ml without needle (1)

Airway Equipment
Endotracheal Tubes
8mm (1)
6mm (1)
7mm (1)
Laryngoscope, Large (1)
Laryngoscope, Small (1)
(Interchangeable light source)
Oropharyngeal Airways (5)
Stylet (1)

Surgical Instruments
Alcohol Sponges (7)
Gauze Sponges 3x3 (2)
Hemostat (1)
Needle Holder (1)
Scalpel (1)
Scissors (1)
Sutures
Ethicon 4-0 Prolene (1)
Ethicon 2-0 Vicryl (1)
Tape (1)
Thumb Forceps (1)
Tourniquet (1)

Monitoring Equipment
Sphygmomanometer (1)
Stethoscope (1)

Resuscitation Equipment
Bag, with intake valve and non-rebreathing valve (1)
Adult Mask (1)
Child Mask (1)
Oxygen Reservoir Assembly (1)

Oxygen Equipment
Oxygen Mask, with strap and rebreathing bag (1)
Oxygen Cylinder (1)
Roll of Tubing (1)

Organizational Materials
Checklist, Inspection Record (1)
Stat Kit Restock Guide (1)
Reorder Form and Return Envelope (1)
Treatment Tags (5)
Plastic Seals (4)

Toll free
800 – 351-4530

EXHIBIT 1

Stat Kit® 800

Prefilled syringes for ease and speed of use; plus 30 minutes of oxygen and reusable resuscitator.

Stat Kit 800 is the most extensively equipped Banyan kit. It has 26 different drugs, plus an emergency oxygen system and "ambu-type" resuscitator. You have the drugs, equipment, and oxygen to start treatment on virtually any life-threatening emergency associated with an office based practice.

Essential drugs and equipment, not in disarray, but stored in one location.

When you open the kit you'll find ten drugs considered essential to emergency cardiac care by leading national medical organizations. Most are in prefilled syringes for quick prep and administration. Additional drugs are supplied in glass ampules. You'll also find endotracheal tubes, a complete I.V. set, Welch Allyn laryngoscopes with light source, and monitoring equipment. (The complete contents are listed below.) This is one of the most thorough groupings of office emergency equipment you'll ever find in one case, organized and ready for use.

Although larger than the 400 or 600 (see comparative photo in this brochure), the Stat Kit 800 is portable at 27 pounds. Each item fits safely and securely in its own spot, cushioned by a 1/2" layer of polyethylene foam. It can take rough treatment with little chance of breakage, making it practical for you to depend on it in your office as well as out.

Peace of mind about maintenance, because we make sure you remember.

To take the burden of remembering to inspect the kit from your shoulders, Banyan sends quarterly Update Notifications that include an easy-to-use Reorder Form and postage paid envelope. It's simple for you or a staff member to identify and replace expired or used items by mail or toll free number.

A preset O^2 flow rate for speed; a quality resuscitator for higher O^2 concentrations.

The portable oxygen system has a preset flow rate for speed of setup and administration. Simply attach the mask and turn the handle; it's preset to deliver 6LPM for approximately 30 minutes. You'll have enough oxygen for the early, critical stages. The complete system includes a mask with strap and seven feet of tubing. The standard medical "B" cylinder is easily refilled at oxygen supply houses.

Laerdal's Resuscitator 8700 is universally considered one of the finest, delivering high concentrations of ambient oxygen. It is made from a newly developed resiliant silicone. You can

Emergency
Oxygen System
2%
50 ml
10% Calcium
Chloride
In USP
Water System