



KANSAS DEPARTMENT OF CORRECTIONS

 <p>INTERNAL MANAGEMENT POLICY AND PROCEDURE</p>	<p>SECTION NUMBER</p> <p>10-119D</p>	<p>PAGE NUMBER</p> <p>1 of 7</p>
	<p>SUBJECT:</p> <p>PROGRAMS AND SERVICES: Medical and Religious Diets and Vegetarian Alternative Diet</p>	
<p>Approved By:</p>  <p style="text-align: center;">Secretary of Corrections</p>	<p>Original Date Issued: 03-08-16</p> <hr/> <p>Replaces Version Issued: 03-08-16</p> <hr/> <p>CURRENT VERSION EFFECTIVE: 12-12-17</p>	

APPLICABILITY:	<input type="checkbox"/> ADULT Operations Only	<input type="checkbox"/> JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

Offenders at any facility within the Department of Corrections may receive or refuse medical and/or dental diets. (ACI 4-4316, 4-4317, 4-4318, NCCHC P-F-02, Y-F-02)

All modified diets shall be consistent with instructions developed and authorized by a registered dietician and in accordance with the provisions of IMPP 10-106D.

The Health Care Practitioner shall be responsible for determining an individual offender’s medical need for a diet that deviates from the standardized menu. Such a medical diet shall be provided only upon prescription by the Health Care Practitioner.

Nutrition and medical diets are provided that enhance offender health and are modified when necessary to meet specific requirements related to clinical conditions.

Offenders approved for modified diets shall be identified through the use of a two (2) or three (3) character alphabetical or alphanumeric code enclosed in a black bordered box on the front of their offender identification badges. Implementation procedures shall be specified in General Orders.

DEFINITIONS

Chronic Care Clinic: That portion of medical services in the facility that treats chronic illnesses by use of preventive medical care, monitoring the patient’s condition, and educational efforts.

Director of Health Care Services: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Facility Health Authority: The Health Services Administrator responsible for the provision of health care services at a facility. The Health Services Administrator works under the direction of the Regional Medical Director and the Regional Vice President or designee administratively.

Health Care Practitioner: A person who has met the requirements of and is engaged in the practice of medicine, dentistry or nursing.

Medical Diet: A diet with certain specific items included or excluded as prescribed by KDOC facility medical or dental personnel for medical purposes.

Modified Diets: Diets most commonly prescribed to meet offenders' medical, dental, therapeutic or religious needs, developed from written instructions provided by the treating physician, dentist, facility health authority, and/or chaplain and which conform as closely as possible to the standardized menu. More specific modified diets are prescribed as individualized diets.

Religious Diet: A diet based on a program intended to comply with religious dietary requirements.

Vegetarian Alternative Diet: A diet approved by a registered dietitian, that contains a meal pattern consisting of nuts, vegetables, fruits, legumes, grains, eggs and milk products.

PROCEDURES

I. Medical Modified Diets

- A. The Regional Medical Director shall be responsible for determining the types of medical diets as approved by the Director of Health Care Services, to be made available to offenders.
1. Unless a facility obtains its food service from another governmental agency, all medical diets prescribed shall be consistent with the standardized menu modified diets and:
 - a. Be specific;
 - b. Be kept as simple as possible;
 - c. Conform as closely as possible to foods served other offenders; and,
 - d. Meet the medical needs of the offender.
 2. In those instances when food service is obtained from another governmental agency, the facility shall accommodate the need for a medical diet to the extent possible within the menu plan of the providing agency.
 3. Before a medical diet prescribed by the facility health authority goes into effect:
 - a. The offender shall sign the Consent to Submit to Treatment by Medical Diet form (Attachment A). (ACI 4-4397, 4-JCF-4C-44, NCCHC P-I-05)
 - (1) The medical diet shall begin no later than twenty-four (24) hours after the execution of the consent form.
 - b. The facility health authority shall, within 24 hours, complete the Medical Diet Order form (Attachment B) and provide a copy, along with the medical diet list, to the facility's chief of security or warden/superintendent's designee and food service manager.
 - c. The effective period of the medical diet shall be specifically set out in the consent form and the Medical Diet form by the facility health authority or designee and shall be documented in the offender's health record in accordance with this IMPP.
 - (1) The effective period of the medical diet shall not exceed 90 days.
- B. Any deviation from the standard modified medical diets must be approved by the Regional Medical Director.

II. Religious Modified Diets

- A. The chaplain shall be responsible to approve offender requests for modified diets to comply with religious dietary laws and shall maintain a current list of offenders approved to receive such modified diets. (ACO 2-5E-01; ACI 4-4319)

- B. Unless a facility obtains its food service from another governmental agency, all religious diets shall be consistent with the approved religious diet menu.
 - 1. In those instances when food is obtained from another governmental agency, the facility shall accommodate the offender's request for a religious diet to the extent possible within the menu plan of the providing agency.
- C. Offender requests for a religious diet shall be made via Form 9 to the chaplain.
- D. Approval of the request shall be based on the offender's declaration that he/she wishes to eat from the modified diet.
 - 1. Each offender wishing to follow a religious diet shall sign a statement to that effect. (ACI 3-4372)
 - 2. Each offender requesting a religious diet shall be advised that failure to adhere to the modified diet may result in the offender's removal from the modified diet program. Failure to adhere to the modified diet shall include taking a meal tray from or eating items from the standardized menu, or any menu other than that of the religious diet.

III. Vegetarian Alternative Diet

- A. The Chaplain, or other staff person designated by the warden/superintendent, shall be responsible to process and allow offender requests for the vegetarian alternative diet and shall maintain a current list of offenders approved to receive the vegetarian alternative diet.
- B. Offender requests for the vegetarian alternative diet shall be made via Form 9 to the chaplain or other designated staff.
- C. Approval of the request shall be based on the offender's declaration that he/she wishes to eat the vegetarian alternative diet.
 - 1. Each offender requesting the vegetarian alternative diet shall be advised that failure to adhere to the vegetarian alternative diet may result in the offender's removal from the vegetarian alternative diet. Failure to adhere to the vegetarian alternative diet shall include taking a meal tray from or eating items from the standardized menu, the religious diet menu, or any menu other than that of the vegetarian alternative diet.
 - 2. Offenders approved for the vegetarian alternative diet shall be served the vegetarian alternative diet prepared by food service at each meal.

IV. Implementation Procedures

- A. Offenders approved for a modified diet for medical or religious reasons shall be served the modified diet prepared by food service at each meal.
 - 1. Such offenders shall not have the option of eating from the regular menu during the period the individual is placed on the modified diet list unless and until that offender executes a refusal of medical treatment pursuant to Section V. of this IMPP, or submits a request to the chaplain regarding a desire to terminate the modified diet for religious reasons.
 - a. Offenders who are removed or who elect to withdraw from the modified diet for religious reasons must wait 90 days before requesting readmission to the modified diet.
 - b. The third time a given offender is removed or elects to withdraw from the modified diet for religious reasons, the offender must wait six (6) months before requesting readmission to the modified diet.

- c. The fourth time a given offender is removed or elects to withdraw from the modified diet for religious reasons the offender must wait one (1) year before requesting readmission to the modified diet.
- B. Within 24 hours of receiving a list of offenders approved for modified diet from the facility health authority or chaplain or for the vegetarian alternative diet from the chaplain or other designated staff, the food service manager shall forward a copy of the list to the chief of security or his/her designee to facilitate preparation or modification of the offenders' I.D. badges to reflect a modified diet or vegetarian alternative diet.
1. Offenders who have been placed on a medical diet and have consented to that item of medical treatment, a religious diet, or a vegetarian alternative diet shall be identified by a coded printed dietary symbol on the offender's identification badge.
 2. Offenders shall be served the diet indicated on the identification badge.
- C. General Orders shall establish procedures for:
1. The coding of offender I.D. badges, including responsibilities for the initial issuance of the coded identification badges;
 2. Notification to the chief of security (or warden's or superintendent's designee) and the food service manager, within a 24-hour period, of all modified diets for medical or religious purposes or for purposes of a vegetarian alternative diet;
 3. Preparation of the type of diet for each offender, a beginning date and/or meal, and a termination date, if known;
 4. Process for the removal of an offender from a modified or alternative diet and for communicating that removal to applicable facility staff and/or chaplain;
 5. Process for communicating and/or ensuring that medical diet designations follow the offender when transferred to a different facility; and,
 6. The method of serving such meals to offenders, if special service or assistance is required due to the offender's condition.
- D. General Orders shall establish procedures that ensure that the chief of security or designee:
1. Receives lists of offenders' names that require a coded-symbol to designate a modified diet for medical or religious preference purposes or for a vegetarian alternative diet;
 2. Ensures the timely contact with offenders to issue identification badges bearing the appropriate coded symbol prior to the beginning date/meal indicated, per written instructions from the facility health authority, chaplain, or other designated staff; and,
 3. Ensures the reissue of offender identification cards within 24 hours of the notification by the facility health authority, chaplain, or other designated staff to terminate an offender's medical or religious diet or vegetarian alternative diet.
- a. Receives lists of offenders' names which require a coded symbol to designate a religious preference requiring a modified diet.
 - (1) The contact with offenders for religious preference indicators should be made within 24 hours of the written notification by the facility chaplain.
- E. The following codes shall be used for medical, religious, and vegetarian alternative diets.

1. Medical diets shall always be identified by a two (2) or three (3) character alphanumeric code enclosed in a black bordered box on the front of the offender identification badge.
 - a. Cardiac – CA
 - b. Diabetic 2800 calories (3 meals + evening/PM snack) – D28
 - c. Diabetic 2500 calories (3 meals + evening/PM snack) – D25
 - d. Diabetic 2200 calories (3 meals + evening/PM snack) – D22
 - e. Diabetic 1800 calories (3 meals + evening/PM snack) – D18
 - f. Pregnancy (includes snack) – PR
 - g. GI (Gastro-Intestinal) Soft/Bland – SO GI
 - h. Dental Soft – SO D
 - i. High Fiber - HF
 - j. High Protein / High Calorie (includes snack) – HP
 - k. Renal Pre-Dialysis – RD1 (Restricted Protein)
 - l. Renal Dialysis – RD2 (Increased Protein)
 - m. Full Liquid (Broken Jaw) Diet - FL
 - n. Clear Liquid Diet - CL
 - o. Severe Food Allergy Diet – SFA
 - p. Milk Intolerance Diet – MI
 - q. Finger Food Diet – FF
 - r. Gluten Restricted Diet – GR
 - s. Hospice - HO

2. Approved Medical and Religious combined diets are referenced on the Medical and Religious Diet Combination Matrix and shall be identified by the following codes:
 1. Diabetic 1800/Religious Diet – D18 REL
 2. Diabetic 2200/Religious Diet – D22 REL
 3. Diabetic 2500/Religious Diet – D25 REL
 4. Diabetic 2800/Religious Diet – D28 REL
 5. Cardiac/Religious Diet (no snack) – CA REL
 6. Pregnancy/Religious Diet – PR REL
 7. High Calorie High Protein/Religious Diet – HP REL

3. Religious diets shall always be identified by the three (3) character alphabetical code "REL" enclosed in a black bordered box on the front of the offender identification badge:
 4. A vegetarian alternative diet shall always be identified by the two (2) character alphabetical code "VE" enclosed in a black bordered box on the front of the identification badge.
- F. When an offender ID badge with a printed dietary symbol is initially issued or reissued, the offender's previous badge shall be retrieved from the offender and either destroyed or maintained in a secure area for possible reissue/reuse at a later time. Procedures for the issuance, retrieval, and disposition of retrieved badges shall be established by General Order.

V. Refusal of Treatment by Medical Diet

- A. Each offender shall have the right to refuse a medical diet as an item of medical treatment pursuant to IMPP 10-127D.
- B. In the event an offender elects not to consent to the medical diet, the offender shall be asked to execute a Refusal to Submit to Treatment by Medical Diet Form (Attachment C).
 1. If the offender refuses to sign, staff shall write "Refused to Sign" in the offender's signature block; the staff member making such a notation shall sign the form as a witness to the offender's decision.
 - (a) **JUVENILE:** The offender's parent or legal guardian shall be contacted in the event he/she refuses a medically prescribed diet.
 2. The refusal form, signed or unsigned by the offender, shall be filed in the offender's health record.
- C. The refusal shall become effective not later than 24 hours after the offender executes the refusal form.
 1. In the event an offender has previously executed a consent form and is partaking of a medical diet, the offender shall be required to continue with the medical diet for 24 hours after the offender's execution of the refusal form.
 2. The facility health authority shall provide immediate written notification to the facility chief of security and the food service manager to:
 - a. Ensure the removal of the offender's name from the food service department's list of medical diets.
- D. If an offender refuses medical treatment by medical diet for any condition, such refusal shall not waive the right to other medical care for the same condition, and the offender shall continue to be entitled to such necessary medical care, including medication or otherwise, unless a Refusal of Treatment form, pursuant to IMPP 10-127D, is executed by the offender.
- E. If an offender refuses medical treatment by medical diet, food service staff shall be informed of the offender's refusal, pursuant to procedures established by General Order.
- F. If an offender refuses medical treatment by medical diet and executes a refusal form pursuant to section V.B. above, the offender shall be bound by that refusal form and that decision until the next examination by the facility health authority who recommended the medical diet.
- G. If an offender indicates the intent to refuse treatment by medical diet, the facility health authority or designee shall counsel the offender about the consequences of refusing the medical diet and shall explain to the offender that other medical care may or will be less effective without the medical diet.

1. An offender may at any time be referred for behavioral health counseling in circumstance where it may be beneficial to the offender in their decisions regarding the medical diet. Referral shall be completed in accordance with established medical and behavioral health policy and procedure.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.S.A. 65-28,101, *et seq.*
IMPP 10-106D, 10-127D
ACO 2-5E-01
ACI 3-4372, 4-4316, 4-4317, 4-4318, 4-4319, 4-4397
JCF 4-JCF-4A-06, 4-JCF-4C-44
NCCHC P-F-02, P-I-05, Y-F-02, Y-I-04

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Consent to Submit to Treatment by Medical Diet	1 page
B	Medical Diet Order form	1 page
C	Refusal to Submit to Treatment by Medical Diet	1 page

CONSENT TO SUBMIT TO TREATMENT BY MEDICAL DIET

DATE: _____ TIME: _____, _____.M.

I have been advised by HCP _____ that it is necessary for me to undergo medical treatment by medical diet for the condition of _____ during the time period from _____ to _____.

I understand that this medical diet will not go into effect for twenty-four (24) hours from the time I sign this consent form.

The effect and nature of this treatment have been explained to me. Further, I have been advised that my refusal of this medical care by medical diet will not cause me to waive other medical care for the above identified condition.

I hereby agree and consent to the medical diet prescribed, and hereby agree, by my signature below, to follow said medical diet, and to select said special diet at mealtime in lieu of regular menu meals. I reserve the right to refuse further medical treatment or surgical treatment for said condition without further consent.

Offender

KDOC #: _____

WITNESS: _____

MEDICAL DIET ORDER FORM

KANSAS DOC MEDICAL ORDER FORM

INMATE'S NAME (LAST NAME, FIRST NAME) INMATE'S DOC NUMBER

INMATE'S BIRTH DATE INMATE'S LOCATION

DIET START DATE DIET END DATE

	Code	
<input type="checkbox"/>	CA	CARDIAC DIET
<input type="checkbox"/>	D18	1800 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	D22	2200 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	D25	2500 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	D28	2800 DIABETIC / CALORIE CONTROLLED DIET (SNACK INCLUDED)
<input type="checkbox"/>	SO GI	GI (Gastro-Intestinal) SOFT DIET
<input type="checkbox"/>	PR	PREGNANCY DIET (SNACK INCLUDED)
<input type="checkbox"/>	HP	HIGH PROTEIN / HIGH CALORIE DIET (SNACK INCLUDED)
<input type="checkbox"/>	HF	HIGH FIBER
<input type="checkbox"/>	SO D	DENTAL SOFT
<input type="checkbox"/>	RD1	RENAL PRE-DIALYSIS (Restricted Protein) DIET
<input type="checkbox"/>	RD2	RENAL DIALYSIS (Increased Protein) DIET
<input type="checkbox"/>	CL	CLEAR LIQUID DIET
<input type="checkbox"/>	MI	MILK INTOLERANCE DIET
<input type="checkbox"/>	FL	FULL LIQUID (BROKEN JAW) DIET
<input type="checkbox"/>	FF	FINGER FOODS DIET
<input type="checkbox"/>	GR	GLUTEN RESTRICTED DIET
<input type="checkbox"/>	SFA	SEVERE FOOD ALLERGY DIET
<input type="checkbox"/>	HO	HOSPICE
<input type="checkbox"/>	OTHER	_____

Comment:

AUTHORIZATION SIGNATURE

DATE REQUESTED

REFUSAL TO SUBMIT TO TREATMENT BY MEDICAL DIET

DATE: _____ TIME: _____, _____.M.

I have been advised by HCP _____ that it is necessary for me to undergo medical treatment by medical diet for the condition of _____, during the time period from _____ to _____.

The effect and nature of this treatment have been explained to me. Further, I have been advised that my refusal of this medical care by medical diet does not constitute a waiver of other medical care or treatment for the above identified condition.

Although my failure to follow the advice I have received may seriously imperil my life or health, and although I have been counseled about the potential decreased effectiveness of other medical care for this condition in the absence of this medical diet, I nevertheless refuse to submit to the recommended treatment of a medical diet for the condition stated. I assume the risks and consequences involved and release the above-named physician, the _____, the Kansas Department of Corrections, the Kansas
(Name of Facility)

Department of Corrections' Health Care Provider, and their agents and employees from any liability.

I have been informed and hereby acknowledge that I understand that this refusal does not go into effect for twenty-four (24) hours from the time I sign this form. If I have previously consented to a medical diet, I must continue to follow that diet for twenty-four (24) more hours. I have been informed and further acknowledge that I understand that I shall be bound by the refusal of treatment by medical diet until the next scheduled examination by the health authority who recommended the medical diet.

Offender

KDOC #: _____

WITNESS: _____

WITNESS: _____