State of Vermont, Agency of Human Services Department of Corrections	Title: **Inmate Alternative Diets: Medical/Dental and Religious**		Page 1 of 13
Chapter: **Health Care Services**	**INTERIM PROCEDURE # 354.05**	**Supersedes** # 354.05 dated 09/04/2007.	

Attachments, Forms & Companion Documents:

1. Medical Diet Form
2. Service Agreement for Medical/Nutritional Therapy
3. Inmate Request for Religious Diet/Alternative (Vegetarian) Meal
4. Religious Diet Participation Agreement
5. Religious/Alternative Diet Non-Compliance Report
6. Religious Diet Cancellation Request

Local Procedure(s) Required: No
Applicability: All staff (including volunteers and contractors)
Security Level: "B" – Anyone may have access to this document.

Approved:

Andrew A. Pallito	**July 27, 2010** **Date Signed**	**July 27, 2010** **Effective Date**

PURPOSE

The purpose of this Interim Procedure is to establish procedures for the Department of Corrections' staff and contractors to follow in providing necessary alternative medical/dental and religious diets to inmates.

POLICY

It is the policy of the Department of Corrections to provide inmates who have a medical/dental or religious basis for a special diet, as well as to provide a vegetarian alternative, with the means to fulfill those dietary needs within inherent limited institutional resources and the need for facility security.

AUTHORITY

28 V.S.A, §101 (1) and 102 (b)(2). American Correctional Association Standards for Adult Correctional Institutions, 4th Edition 2003, Standards 4-4318, 4-4319, 4-4320, and 4-4517.

REFERENCE

Administrative Directives/Procedures *#354.01 General Food Service Operations, #354.02 Standardized Menu Planning, #354.02.02 Food Service in Special Housing Units, #354.03 Nutritional Standards*, and *#380.01 Religious Observance.*

DEFINITIONS

Alternative Meal: A vegetarian alternative to the standard facility master menu meal that is completely free of meat, poultry, fish, and their by-products; e.g., meat-based soups, gravies, and gelatin, or grilling using animal fats. This will be prepared as directed by the designated person in charge of food services at the local site.

Food Allergies: Adverse reactions to foods that are fought by the immune system and can be verified.

Food Preference: Foods that one personally prefers to consume.

Food Services Officer: A Department Correctional Officer (including CO I, CO II and Cook C) also serving in the role as food services staff, who plans menus, and orders and prepares food served to inmates in a correctional facility.

Medical Diet: Specific foods and/or food preparation techniques that satisfy medical diet therapy (including dental) requirements as prescribed by a qualified health care professional.

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients. This includes, but is not necessarily limited to, physicians, physician assistants, nurses, nurse practitioners, dentists, and mental health professionals.

Religious Diet: Specific foods and/or food preparation techniques that satisfy religious dietary requirements.

Restrictive Housing Status: A designation which provides for closely regulated management of inmates through placement on Administration Segregation status or by placement on Disciplinary Segregation.

Supplemental Snack: Foods that are prescribed by a qualified health care professional as medical therapy for a diagnosed medical or nutritional health problem.

PROCEDURAL GUIDELINES

1. Medical Diets

a. Authorization and Ordering Procedures

i. A qualified health care professional (QHCP) under contract to the Department will review and approve all medical diet requests prior to any authorization. The review includes any medical diet information provided by an inmate at their initial intake.

ii. Only a qualified health care professional may approve a medical diet for an inmate. If an inmate wants a medically-related diet, they must obtain approval from a qualified health care professional.

iii. A qualified health care professional will order a medical diet only when a medical or dental condition prevents the inmate from eating any of the particular food items prepared for the general population.

iv. Medical diets will not be ordered to accommodate an inmate's food preference, special request, or religious preference.

b. When a medical diet order is required, a qualified health care professional will initiate a *Medical Diet Form (Attachment 1).*

i. All required information on the *Medical Diet Form* will be provided.
ii. The duration of the diet must be indicated with a *start* and *stop date* shown. However, all initial diet orders may not exceed ninety (90) days prior to a medical review by a qualified health care professional.
iii. The medical diet will continue until ended by the review process.
iv. Medically-ordered supplemental snacks will be handled in the same manner as a medical diet and indicated on the *Medical Diet Form*.
v. The completed and signed *Medical Diet Form* will be kept in the inmate's medical file and copied to the Food Services Supervisor, Assistant Superintendent, and inmate.

c. A qualified health care professional will review the *Service Agreement for Medical/Nutritional Therapy (Attachment 2*) with the inmate and ask them to sign and accept or refuse the medical diet. The qualified health care professional will also sign the Agreement.

d. A medical diet will conform as closely as possible to the food served to other inmates for meals.

e. Any medical diet will be served in the dining area where meals are normally served unless an inmate resides in special (restrictive) housing.

f. The Department of Corrections' contracted registered dietitian will develop all prescribed medical menus.

g. A designated qualified health care professional at each facility will attempt to minimize unnecessary medical diet orders by educating inmates in proper self-care and nutrition.

h. In all cases, the qualified health care professional will document the condition requiring a medical diet in the inmate's medical records.

i. The Food Services Officer or Correctional Officer who supervises the tray delivery service on any unit with satellite feeding is responsible for documenting medical diet service.

j. Refusal of Medical Diet

i. An inmate may refuse a medical diet order by signing the *Service Agreement for Medical/Nutritional Therapy, Attachment 2* and checking the "I refuse" statement.
ii. When an inmate refuses a specific medical diet meal, the food services staff or correctional staff will notify a qualified health care professional. In every case, a qualified health care professional will counsel the inmate regarding the importance and medical necessity of compliance with the diet.
iii. The Food Services Officer or Correctional Officer who supervises the tray delivery service on any unit with satellite feeding will document any refusal of the medical diet by the inmate.

k. Transfer to Another Facility

When an inmate on a medical diet is transferred to another facility, all pertinent information regarding the diet will be entered in the medical record which accompanies

the inmate to ensure that the inmate receives their medical diet without delay. Staff will also forward a copy at the time of the transfer to the Food Services Supervisor at the receiving facility.

l. Food Allergy/Intolerance

i. If an inmate enters the DOC system with a confirmed, documented food allergy, a qualified health care professional will prescribe the appropriate diet based on the documented food allergy. (See *Medical Diet Form.*)

ii. A qualified health care professional will attempt to verify the allergy of any inmates claiming food allergies before the medical diet is ordered.

iii. A qualified health care professional will document the verification in the inmate's medical record and prescribe the appropriate medical diet.

iv. In the case of food allergies described by an inmate as life-threatening, any QHCP on duty will allow a food allergy medical diet for fourteen (14) days pending evaluation and verification by an MD, PA, APRN, NP, or WHNP.

v. Food services staff will prepare and serve a medically-appropriate diet modified for the diagnosed food allergies as written by the registered dietitian.

vi. A qualified health care professional and contracted dietary staff will:

a) Provide food substitution as recommended by the registered dietitian only if a food allergy renders the remaining diet inadequate, as in the case of:

- life-threatening allergies (e.g., severe reactions to tree nuts, peanuts, fish, shellfish, and in unusual circumstances, some beans);
- multiple food allergies (e.g., milk and citrus);
- an allergen that is a common ingredient in other foods (e.g., eggs);

b) Recommend replacement foods causing an allergic reaction(s) with similar foods of equal nutritional value when substitution is necessary;

c) Provide dietary education and recommend vitamin/mineral supplementation to the inmate per the dietitian's recommendation when appropriate;

d) Document all instructions regarding food allergies for an inmate in the medical file and forward a copy to Food Services staff.

vii. The inmate is responsible to:

- Provide needed information to help verify the stated food allergy;
- Employ self-selection to consistently avoid the allergen(s) for meals, snacks, and Commissary;
- Accept and adhere to appropriate dietary instruction;
- Notify a qualified health care professional and/or the Food Services Supervisor when legitimate allergy concerns arise.

2. Alternative (Vegetarian) Meal Diet Program

An inmate on an alternative meal diet program receives a vegetarian alternative to the standard menu for all meals provided by the facility. (See *Definitions.*) In most instances, the alternative meal diet as provided through the master facility menu will be sufficient to meet vegetarian and religious dietary requirements. However, this does not mean that if an inmate requests a pork-free diet for religious reasons that they should be treated as if they are a vegetarian. Alternative meals will be provided in accordance with the following program guidelines.

a. An inmate must complete the *Inmate Request for Religious Diet/Alternative (Vegetarian) Meal* form to request to be placed on an alternative meal diet, and give it to their Caseworker. (*See Attachment 3.*)

b. The Caseworker and the Food Services Supervisor will review the request and make a recommendation for approval or denial to the Assistant Superintendent.

c. The Caseworker will distribute copies of the approved or denied request to the inmate and the Food Services Supervisor and place the original in the inmate's file, and document in electronic case notes.

d. If the alternative meal program is approved by the Assistant Superintendent, participation by an inmate may be monitored in one of two ways:
   i. An inmate's ID card will indicate participation in the alternative meal program; or
   ii. A list of inmates authorized to participate in the alternative meal program will be maintained in the food services area, as well as the inmate's housing unit.

e. Food services staff will strictly follow recipes; meat/poultry/fish and their by-products will be excluded (e.g., meat-based soups, gravies, and gelatin, or grilling using animal fats.)

f. Inmates on work camp status, who eat a meal away from the facility, will be provided with an alternative meal diet if they are approved for the alternative meal diet program.

g. An inmate who has been approved for the alternative meal diet and eats a non-vegetarian meal will be removed from the alternative meal diet program. The Food Services Officer will notify the approving authority of the removal.

h. An inmate who, for religious or other reasons, chooses not to eat pork or pork by-products may be served an alternative meal diet. An inmate who chooses not to eat pork will have their ID card marked as "No Pork", or have their name added to a list as referenced in d. ii. above.

i. Inmates on any Restrictive Housing status retain the right to participate in an alternative meal program.

3. Religious Diet

a. Religious Diet Request

Inmates for whom the alternative meal diet does not satisfy religious requirements may request a religious diet meal as prescribed by their religion. The process follows.

i. The inmate will complete and sign the *Inmate Request for Religious Diet/Alternative Meal* form, *Attachment 3*. The requesting inmate must also complete a *Religious Diet Participation Agreement, Attachment 4*.

ii. The inmate's assigned Caseworker and the Food Services Supervisor will review the request and make a recommendation to the Assistant Superintendent for final approval.

iii. If a determination is made that extraordinary accommodations may be necessary, the request will be forwarded for review to the Department Facilities Executive. The Executive will research the request and consult qualified faith group representatives in the community and the Department's legal division, as necessary, for assistance in designing an appropriate plan of action.

iv. The Caseworker will distribute copies of the approved or denied request and the *Religious Diet Participation Agreement*, if applicable, to the Food Services Supervisor and the inmate making the request, place the originals in the inmate file, and document in electronic case notes.

v. Upon an inmate's transfer to another facility, the religious diet will be continued. It is the inmate's responsibility to notify food services staff that they were receiving a religious diet at a previous facility.

vi. Inmates on any Restrictive Housing status retain the right to participate in a religious diet program.

vii. All religious diets must be handled through the process stated above. Religious diets may *not* be ordered by a qualified health care professional.

b. Religious Diet Preparation

Food services staff will prepare approved religious diets according to religious dietary requirements. The diet should be kept as simple as possible and should conform closely to the foods served to other inmates.

c. Holy Day Meals

i. The dietary requirements of religious holy days, including fasting periods, will be taken into consideration, as far as practical, through menu planning. Each facility will make a reasonable effort to accommodate recognized religious holy days requiring special foods or serving times.

ii. Some special food items may be available to inmates through the Commissary.

iii. With the approval of the Superintendent, volunteers may bring in special religious food items for holy days.

d. Diet Compliance and Removal from a Religious Diet

i. Inmates who have an approved religious diet have signed the *Religious Diet Participation Agreement*, agreeing to a number of conditions.

ii. Any staff member will bring incidents of non-compliance with these conditions to the attention of the inmate and record them on the *Religious/Alternative Diet Non-Compliance Report* (*Attachment 5*).

iii. A second offense within a one (1) year time period will result in cancellation of the diet for one (1) year from the date of the second offense.

iv. Staff will maintain written documentation regarding non-compliance, to support diet cancellations. (See *Attachment 5*.)

e. Voluntary Diet Cancellation

i. An inmate may request that their religious diet be cancelled. The request will be in writing, using the *Religious Diet Cancellation Request* form *(Attachment 6)*, and will be effective immediately.

ii. An inmate who voluntarily requests that their religious diet be cancelled must wait one (1) year before requesting the current diet be reinstated, unless a change of religious affiliation is approved, per administrative directive *#380.01 Religious Observance.* (See *Attachment 6.*)

4. Implementation Responsibility

a. The facility Superintendent is responsible to ensure that the procedures in this administrative directive are consistently and fairly applied and that records of inmate religious diet/alternative meal requests and compliance are maintained.

b. The facility Food Services Supervisor is responsible to ensure that approved alternative diet meals and religious diet meals are appropriately prepared.

TRAINING

a. The Director of Health Services must ensure that the Medical Contractor trains their respective staff on the requirements of this directive.

b. The Director of Security, Operations and Audits must ensure, through the appropriate Contractor, that food services staff receive appropriate training.

QUALITY ASSURANCE

a. The Superintendent, in conjunction with Facility Food Services staff, is responsible to ensure that the procedures in this Interim Procedure are consistently and fairly applied and that records of inmate religious diet requests and compliance are maintained.

b. The Medical Contractor is responsible for developing quality assurance procedures to ensure that medical diets are developed and followed according to this procedure, and that adequate documentation is maintained in medical records to support decisions to provide, reject, or discontinue medical diets.

c. The Hearings Administrator is responsible for providing quarterly reports on grievances regarding diet to the Executive Management Team.

d. The Director of Security, Operations, and Audits is responsible for developing quality assurance procedures to verify and validate local procedures and to gather information on trends and patterns into annual Facility reports to the Facilities Executive.

e. The Director of Security, Operations, and Audits, in conjunction with facility Superintendents, is responsible for using the information gathered through local and statewide quality assurance procedures to develop improvement or corrective plans.

ATTACHMENT 1 - SAMPLE

VT DOC CLINICAL SERVICES DEPARTMENT

MEDICAL DIET FORM

Attachment 1 - SAMPLE

Vermont Department of Corrections

Medical Diet Order Form

Inmate Name: _____ **Facility:** _____

PID #: _____ **Unit:** _____ **Date:** _____

DOB: _____ **Expiration Date:** _____

Start Date: _____ *(Only Verified Allergies can be written indefinitely)*

(Check one) { } NEW { } Renewal { } Cancel

Formulary Diets

{ } Clear Liquid *(Broths & Pulpless Juice, Jello)*

{ } Pureed *(for transition from liquid to soft)*

{ } Soft Diet *(for post surgery with low food tolerance)*

{ } Mechanical Soft *(Chopped by hand, Not blended) (No hard, crunchy or nuts/ground meats, canned or well cooked fruits & Veg.)*

{ } N.P.O. Nothing by Mouth

{ } Renal: *Consult Required*

Diabetic & Weight Loss { } AM, { } PM

{ } 200 kcal Snack

{ } 1500 kcal ADA

{ } 1800 kcal ADA

{ } 2200 kcal ADA Heart Healthy

Also Used For:
Low Fat/Low Cholesterol, Low Saturated Fat <10%, Balanced Sodium <3000mg, High Fiber >25g, Pregnancy & Lactation

{ } Allergies - Specific Food(s) _____

{ }Not Verified - *14 days to verify* Written by: _____

{ } Verified - *Indefinite* Verified by:

Non-Formulary Diets - RMD approval attachment required

Nutritional Objective: _____

_____

_____

Medications: _____

Height & Weight/BMI: Mental Health Involved { }

QUALIFIED HEALTH CARE INITIAL REVIEW: { } Approval Date: _____

Per Qualified Medical Provider *(Print)*: _____

(Sign): _____ MD, PA, APRN, NP, WHNP

Diet { } Yes { }
Continued: No

90 Day Review Date: _____
(Date of review)

(Print Name and Sign) _____

Next Review Date: _____

CC: Food Service Supervisor, Inmate, Asst. Superintendent, Medical Department, Original to Medical File

Rev. June 2010

ATTACHMENT 2 - SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
SERVICE AGREEMENT FOR MEDICAL/NUTRITIONAL THERAPY

TO THE INMATE:

1. The Medical Diet:
- This is recommended as a part of your medical/nutritional treatment plan.
- At this time you have the right to refuse this treatment.
- In the future, through a written request to a qualified health care professional, you have the right to refuse your medical diet.

2. At Meal Service:
- You are required to follow the procedure as outlined by the Food Services Staff for receiving your medical diet during mealtimes.
- You are responsible for checking your tray for mistakes and reporting this to the Food Services Officer immediately.

3. Non-compliance of your Medical Diet is:
- Failure to pick up four (4) meals within a one (1) month period.
- Observations by the Food Services Staff that the diet is not being used properly; for example, selling food items from your medical tray.
- Observation that you were taking food from the regular line, or from other inmates in addition to, or in place of, your medical diet tray.
- Making Commissary purchases contrary to the foods included on your medical diet.

4. Discontinuance of the Medical Diet:
- Your medical record will contain at least one (1) note stating that you have been counseled regarding the need for the medical diet.
- Your failure to comply with the medical diet will result in diet discontinuance.
- You can notify the qualified health care professional in writing if you are requesting to cancel your medically-prescribed diet.
- If you take a regular diet tray instead of your medical diet tray, this may result in a cancellation of the medical diet.

5. Reinstatement of the Medical Diet:
- You must make an appointment to see the qualified health care professional to discuss reinstating your medical diet.
- The qualified health care professional will make the decision whether to reinstate the medical diet; this may include the decision to reinstate it for one (1) time only.

I understand the above information provided to me regarding my medical diet. (*Check one line below and sign this form.*)

_____ I *accept* the medical diet and will abide by the stated rules.

_____ I *refuse* the prescribed medical diet at this time. I reserve the right to reconsider at a later date and will make an appointment to see the qualified health care professional at that time.

Inmate Name: _____ *Inmate Signature*: _____
DOB: _____ Date: _____

Qualified Health Care Professional (*Name*): _____ *Signature:* _____
Date: _____

Cc: Food Services Supervisor, Assistant Superintendent, Medical Department, Inmate Medical File, Inmate

ATTACHMENT 3 - SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
INMATE REQUEST FOR RELIGIOUS DIET/ALTERNATIVE (VEGETARIAN) MEAL

The Vermont Department of Corrections offers an alternative meal program which has been designed to meet most religious diet requirements. Requests for dietary accommodations outside of the alternative meal program must be clearly stated with the corresponding religious dietary laws outlined in this request.

INMATE NAME: _____	☐ **RELIGIOUS DIET REQUEST** *(Check)*
DOB: _____	**FAITH GROUP AFFILIATION:** _____
FACILITY: _____	**MEMBER OF THIS GROUP SINCE:** _____
HOUSING UNIT: _____	**GROUP CONTACT PERSON:** _____
DATE OF REQUEST: _____	**Name:** _____
INMATE SIGNATURE: _____	**Address:** _____
	City, State, Zip: _____
☐ **ALTERNATIVE (VEGETARIAN) MEAL REQUEST ONLY** *(Check box.)*	**Phone Number:** _____

Foods Prohibited:	***Religious Dietary Laws Requiring the Prohibition:***	***Documentation of Dietary Laws: (Outline specific source or attach copies.)***

FOOD SERVICES SUPERVISOR /CASEWORKER or DESIGNEE RECOMMENDATIONS *(Check appropriate choice.)*

_____ **Religious Diet Recommended**
_____ **Religious Diet Not Recommended:** ***Request does not match faith group affiliation***
_____ **Religious Diet Not Recommended:** ***No religious basis for request***
_____ **Alternative Meal *(vegetarian)* Program Recommended**
_____ **Alternative Meal Program Not Recommended**
_____ **Other diet recommended:** _____

SIGNATURE OF FOOD SERVICES REVIEWER: _____ **DATE:** _____

Caseworker Review Completed ☐ **Yes** **No** ☐

ASSISTANT SUPERINTENDENT ☐ **APPROVED:** _____ **DATE:** _____

☐ **DENIED AND REASON(S) (Use back.)**

Cc: Food Services Supervisor, Assistant Superintendent, Inmate File, Inmate

ATTACHMENT 4 - SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
RELIGIOUS DIET PARTICIPATION AGREEMENT

I, _____, **at** _____
(Inmate - Print Name & DOB) *(Name of Facility)*

would like to participate in the **Religious Diet Program.** I understand that in order for me to be served a religious diet, special foods may have to be procured for me, and special preparation practices must be used. Therefore, I agree to abide by the following conditions:

1. I understand that I may change my religion and corresponding religious diet no more often than once (1x) each year.
2. I understand that if I voluntarily request that my religious diet be cancelled, I must do so in writing (*Religious Diet Cancellation Request form*), and I must wait for a period of one (1) year before requesting that my diet be reinstated or requesting a new religious diet.
3. During meals I will eat and possess on my food tray only those food items served as a part of the Religious Diet Program.
4. I will not purchase, possess, or consume any food items that are not permitted under my religious diet. I understand that my Commissary purchases will be routinely monitored.
5. I will not eat foods from the general facility diet that are in conflict with my religious diet.
6. I will follow all facility policies for dining in my facility.
7. I will not provide all or portions of my specially-prepared meal to other inmates.
8. I will not collect religious food items (or unauthorized amounts of Commissary items) in my cell/room.
9. I understand that should I violate one of the provisions in # 3, 4, or 5, I will receive one (1) written warning, but will be allowed to continue to participate in the Religious Diet Program.
10. I further understand that should I violate one of the provisions in # 3, 4, or 5 a second time within a one (1) year time period, I will be terminated from the Religious Diet Program for a period of one (1) year from the date of the second incident.

By my signature below, I acknowledge that I have read and/or discussed with a staff person the contents of this agreement. I further agree that if permitted to participate in the Religious Diet Program **I will abide by the conditions of participation set forth above in this agreement.**

Inmate Signature: _____ Date: _____

Caseworker Printed Name and Signature _____ Date: _____

Cc: *Food Services Supervisor*
Assistant Superintendent
Inmate File
Inmate

ATTACHMENT 5 - SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
RELIGIOUS/ALTERNATIVE DIET NON-COMPLIANCE REPORT

INMATE NAME:	**DOB:**	**DATE OF INCIDENT:**
FACILITY:	**UNIT:**	**TIME OF INCIDENT:**

I OBSERVED THE ABOVE-NAMED INMATE VIOLATING THEIR RELIGIOUS/ALTERNATIVE DIET PARTICIPATION AGREEMENT IN THE FOLLOWING MANNER: (Be specific: when, where, what food item(s), others involved, etc.)

FACILITY
Staff Reporter's Name: (*print*) _____
Date forwarded to Asst. Supt. & Food Services Supervisor: _____

Reporter's Signature: _____

Food Service Reviewer's Name (*print*)_____ **Date forwarded:**_____

Reviewer's signature: _____ **Date:**_____

Food Services Supervisor Signature: _____**Date:**_____

Assistant Superintendent's Signature: _____ **Action taken:**

Cc: *Food Services Supervisor*
Assistant Superintendent
Inmate File
Inmate

ATTACHMENT 6 - SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
RELIGIOUS DIET CANCELLATION REQUEST

I request that my religious diet be cancelled immediately. I understand that I must wait for a period of one (1) year before requesting that my diet be reinstated or before requesting a new religious diet.

INMATE NAME: _____ **DATE:** _____
(*print*)

INMATE SIGNATURE:

_____ **DOB:** _____

FACILITY: _____ **UNIT:** _____

Cc: *Food Services Supervisor*
Assistant Superintendent
Inmate File
Inmate