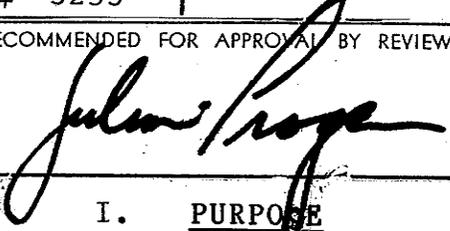
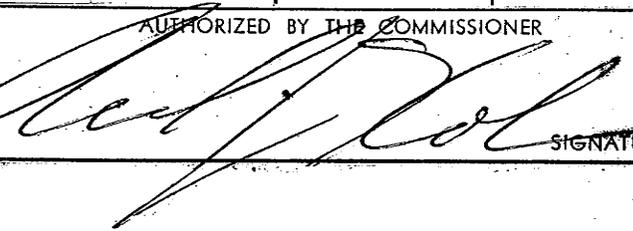




THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> INTERIM		<input type="checkbox"/> REVISED		SUBJECT THERAPEUTIC DIET	
EFFECTIVE DATE 11 / 02 / 87			*TERMINATION DATE / /				
CLASSIFICATION # 3253		SUPERSEDES		DATED		DISTRIBUTION A	PAGE 1 OF 12 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER 				AUTHORIZED BY THE COMMISSIONER 			
				SIGNATURE		SIGNATURE	

I. PURPOSE

This directive defines and states the policy of the Department and provides guidelines necessary for the serving of a therapeutic diet in a non-hospital setting.

II. DEFINITION

A Therapeutic Diet is defined as a diet prescribed by a physician, physician's assistant or nurse practitioner, employed or under contract with the Department, for a specific inmate under the custody of the Department to correct a nutritional imbalance or for other specific medical reasons.

III. POLICY

- A. It shall be the department's policy to make therapeutic diets available to the general inmate population, when prescribed by a physician, physician's assistant or nurse practitioner.
- B. Such diets shall conform as closely as possible to the food received by other inmates. The therapeutic diet shall be provided in the inmate's assigned facility, in an area where meals are normally served, unless an inmate requiring a therapeutic diet otherwise requires special housing in a medical facility. However, a facility may assign a group of inmates to a particular housing area within the facility, to facilitate the distribution of therapeutic diets.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 2 OF 12 PAGES	

III. POLICY (cont'd)

- C. If an inmate is required to be housed in a special medical facility or in a special housing area of his/her assigned facility, such assignment shall not affect the inmate's security classification, program opportunities or any other terms or conditions of confinement.
- D. All prescribed therapeutic menus will be developed by the Food Services Central Office Menu Planning Staff and/or the assigned on-site Dietician. The therapeutic meals shall be prepared by the institution's food preparation staff, under the supervision of the on-site dietician and/or the Food Service Manager or designee, and transported for distribution according to established procedures.
- E. Only written diet prescriptions, dated and signed by a physician, physician's assistant or nurse practitioner, employed or under contract with this Department, will be honored.

IV. THERAPEUTIC DIET PRESCRIPTION

- A. When an inmate requires a therapeutic diet, the diet prescription must be dated and signed by a physician, or a physician's assistant, or a nurse practitioner. A copy of the "diet prescription" shall be maintained in the inmate's medical chart.
1. The authorized diet prescription will be forwarded to the attention of the Food Service Manager of the institution (or the assigned dietician in charge), with a copy to the inmate.

NOTE: The on-site dietician shall be available to provide dietary instruction and/or nutritional counseling to the inmate, as per request of a physician, or a physician's assistant, or a nurse practitioner.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 3 OF 12 PAGES	

IV. THERAPEUTIC DIET PRESCRIPTION (cont'd)

2. If the medical condition of the inmate requires a therapeutic diet for more than 30 days, a reassessment of the inmates dietary history must be updated, signed by the physician, or the physician's assistant or a nurse practitioner, and forwarded to the Food Service Manager of the institution where the inmate's meals are prepared.
3. If the inmate does not necessarily require to be admitted to Rikers Island Infirmary or to any of the Hospital Prison Wards, the following procedure must be followed:
 - B. The original, dated and signed diet prescription must be forwarded to the attention of the Food Service Manager of the inmate's institution or assigned dietician in charge, with the following information:
 - o Name and frequency of medication prescribed
 - o Name and I.D. Number of Inmate
 - o Sex and Age
 - o Institution/Cell Number/Housing Loc.
 - o Diagnosis
 - o Food Allergies
 - o Other Complications
 - o Type of Menu (General, Kosher, Halal)
 - o Number of Calories Daily
 - o Specific Instructions re:
 - Carbohydrate
 - Cholesterol
 - Fat
 - Potassium
 - Protein
 - Sodium
 - Liquid Diet Supplement

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 4 OF 12 PAGES	

IV. THERAPEUTIC DIET PRESCRIPTION (cont'd)

- o Other information
(i. e. chopped, ground, pureed, etc.)
- o Starting Date
- o Expiration Date

NOTE: If the inmate receives meals at a work site outside of the assigned facility, a copy of the diet prescription shall be forwarded to that location.

- C. Upon receipt of an inmate's therapeutic diet prescription, the on-site Dietician and/or the Food Service Manager or designee shall:
- o Date/time stamp the prescription
 - o Forward a copy of the prescription to the Central Office Menu Planning Dietician
 - o Maintain a copy available for on-site inspection
 - o Record the prescription in a therapeutic log book
 - o Instruct the Senior Cook/Cook regarding preparation, portion size, and serving of the therapeutic diet
 - o Return incomplete or vague diet prescriptions to the medical unit
 - o Maintain an adequate supply of dietetic food items.
 - o Provide the Captain assigned to the central dining area with a daily report, containing the names, numbers and housing locations of inmates requiring therapeutic diets.

	EFFECTIVE DATE 11/ 02/ 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 5 OF 12 PAGES	

V. PLANNING AND PREPARATION

- A. All therapeutic diets shall be pre-planned, dated by the Central Office Menu Planning Staff and/or the on-site Dietician and be available for review by the physician.

NOTE: It will be the responsibility of medical personnel to maintain active files of all recommendations for therapeutic diets along with the findings resulting from the nutritional assessment.

- B. The on-site Dietician or the Central Office Menu Planning Dietician, will provide the Food Service Manager or designee with verbal instructions, followed by specific written instructions, within twenty-four (24) hours of notification of the need of a therapeutic diet. However, during weekends or holidays, such notification may be given within forty-eight (48) hours.
- C. The Food Service Manager or designee consults with the on-site Dietician or, contacts the Central Office Menu Planning Unit by telephone, upon receipt of therapeutic diet prescriptions and consults with the Menu Planning Dietician on duty, regarding all prescribed diets.
- D. To ensure proper food flavor, texture, temperature, appearance, palatability and nutrient requirements, the assigned on-site Dietician and/or the Food Service Manager or designee shall supervise the preparation of the therapeutic or special meals and instruct the Senior Cook/Cook regarding the preparation, portion, size and the serving of the particular prescribed therapeutic diet meal(s).

	EFFECTIVE DATE 11 / 02 /87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 6 OF 12 PAGES	

V. PLANNING AND PREPARATION (cont'd)

- E. The on-site Dietician and/or the Food Service Manager or designee will ensure that therapeutic meals are made available to the appropriate inmate within twenty-four (24) hours [forty-eight (48) hours during weekends or holidays] following receipt of the written diet prescription.

Notations shall be made of any substitutions in the meals actually served; reason(s) for the substitution shall be listed; initialed by the on-site dietician and/or the Food Service Manager or designee; and any substitution should be of equal nutritional value to the food item being replaced as determined by the Central Office Menu Planning Staff and/or the on-site Dietician.

- F. The Food Service Manager will maintain liaison with the Deputy Warden for Administration and Storekeeper to ensure that an adequate inventory of dietetic fruits, vegetables, and other dietetic food items, as recommended by the Dietician and/or the Central Office Menu Planning Dietician, is available at the institution at all times. These dietetic food items are to be requisitioned from the Central Storehouse, and if necessary, purchased by the Department of General Services from an outside vendor.
- G. In the event that the required dietetic food items will not be available from the Central Storehouse within the twenty-four (24) hours [forty-eight (48) hours during weekends or holiday] time frame, the Deputy Warden for Administration and Storekeeper should be notified to arrange temporary transfer of the required items from another institution. Failing that, they shall initiate direct purchases of an adequate supply of dietetic food items through the Central Food Services Office until such time as the Central Storehouse delivers the requisitioned dietetic food items to the institution.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 7 OF 12 PAGES	

VI. DISTRIBUTION OF MEALS

DAILY REPORT - THERAPEUTIC DIET

A. In those institutions where inmates are provided meals in a central dining area, the meals are to be dispensed by a food service staff person designated by the Food Service Manager or a designee of the Food Service Manager. The person so designated shall ensure that each inmate receiving a therapeutic meal, signs for the meal, in the appropriate space on the DAILY REPORT-THERAPEUTIC DIET Form, after requiring the inmate to display his/her Identification Card (#236AR).

1. In the event an inmate refuses to accept the prescribed meal, the food service staff person dispensing the meal will properly note the refusal in the appropriate column on the DAILY REPORT-THERAPEUTIC DIET Form, which shall be submitted to the Food Service Manager or a designee of the Food Service Manager, who shall maintain a file of all such "forms" received.

NOTE: When recording the above information, enter the date in the appropriate space for the meal that was refused or not "picked-up," e.g., Breakfast 1/1/19; Lunch 2/1/19; Dinner 3/1/19. Entries for refusals should be preceded by the letter "R".

2. If an inmate refuses to accept the prescribed meal, he/she will be permitted to receive the regular meal. However, any such refusal must be documented in accordance with the provisions specified herein.

NOTE: An inmate refusal to accept meals might signal to the physician, physician's assistant or nurse practitioner, a suppressed appetite and a need for a re-examination of the inmate's physical health condition.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 8 OF 12 PAGES	

VI. DISTRIBUTION OF MEALS (cont'd)

3. The physician, the physician's assistant or nurse practitioner, will then make a determination on a case by case basis, and shall notify the Food Service Manager or a designee of the determination in each respective case.
- B. If a large number of inmates requiring therapeutic diet meals are served from a central dining area, pre-portioned (specifically identified) food trays, including all beverages and condiments, shall be served from a central location in the dining area.
- C. If meals are served in the housing areas by bulk distribution, the pre-portioned (specifically identified) therapeutic diet meals are to be delivered and served by food service employees, who shall:
1. require the inmate to display his/her Identification Card, #236AR,
 2. verify the inmate's name, number, and cell/housing location,
 3. obtain the inmate's signature in the appropriate space on the DAILY REPORT-THERAPEUTIC DIET form,
 4. document all refusals.

VII. WEEKLY REPORT-THERAPEUTIC DIET

- A. The Food Service Manager will ensure that a copy of the prescribed WEEKLY REPORT-THERAPEUTIC DIET is submitted to the Deputy Warden for Administration, with a copy to the on-site Dietician (and/or the Central Office Menu Planning Unit), and the facility health care provider.

NOTE: The information entered in the Weekly Report - Therapeutic Diet Form, is to be transcribed from the Daily Report- Therapeutic Diet Form.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 9 OF 12 PAGES	

VII. WEEKLY REPORT- THERAPEUTIC DIET (cont'd)

B. The weekly report must contain:

1. Number of therapeutic diets prepared
2. Number of therapeutic diets served
3. Listing of inmates (names and I.D. numbers) on therapeutic diets
4. Listing of inmates (names and I.D. numbers) that did not pick up their prescribed diets

NOTE: When recording the above information, enter the date in the appropriate space for the meal that was refused or not "picked-up", e.g., Breakfast 1/1/19; Lunch 2/1/19; Dinner 3/1/19. Entries for refusals should be preceded by the letter "R".

- C. Upon receipt of the "weekly report", the health care provider shall promptly alert the physician, physician's assistant or nurse practitioner, of all inmates who refused therapeutic diets, and shall inform the Food Service Manager or designee, of the action to be taken in each respective case.

VIII. NOTIFICATION OF TRANSFERS/DISCHARGES OF INMATES RECEIVING PRESCRIBED DIETS

- A. When an inmate who is receiving a therapeutic diet is being transferred (to another Departmental institution), the uniformed supervisor effecting such transfer shall telephonically notify the following of the transfer or discharge.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 10 OF 12 PAGES	

VIII. NOTIFICATION OF TRANSFERS/DISCHARGES OF INMATES RECEIVING PRESCRIBED DIETS (cont'd)

- *1. The Food Service Manager responsible for food preparation at the discharging institution.
2. The Receiving Room Captain at the receiving institution.
3. The above notifications should be given prior to transfer or as soon as practicable thereafter.

*Written notification to follow within 24 hours of transfer or discharge.

4. Note the names of the persons notified on Form 65b, (in box #3), under "Reasons for Transfer".
5. Make the following notation in the "Remarks" section on the subject inmate's Accompanying Card #236:

"inmate is receiving a therapeutic diet." See inmate's medical chart/folder.

IX. NOTIFICATION- FOOD SERVICE MANAGER

- A. Within twenty-four (24) hours of the transfer, the Food Service Manager at the discharging institution shall submit written notification to the Food Service Manager of the receiving institution, of the respective inmate's dietary requirements.

1. The head of the institution (or a designee), will confer with the medical staff (health care provider) and the Food Service Manager, to establish written procedures for deleting the names of those inmates who are no longer authorized to receive a prescribed diet.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253		
	DISTRIBUTION A	PAGE 11 OF 12 PAGES	

IX. NOTIFICATION OF FOOD SERVICE MANAGER (cont'd)

However, the responsibility for implementing the established procedures shall be effected by the uniformed staff of the respective institution. The notification procedure shall include the following:

- o Inmate's Name and I.D. number
- *o Transfer or discharge date and time
- o Name of new location

*This notification will serve as a discontinuance of a therapeutic diet at this institution.

- B. Upon transfer of an inmate to another facility, a copy of the inmate's current DIET PRESCRIPTION REQUEST shall accompany the inmate to the institution of transfer.

X. REVIEW/ASSESSMENT/EVALUATION OF THERAPEUTIC DIETS

- A. The Central Office Menu Planning Staff will maintain a copy of all therapeutic diet prescriptions on file and periodically review and reassess all of the special diets.
- B. The Chief Dietician, and/or designee, will conduct periodic inspections at all institutions serving therapeutic diet meals, to monitor and evaluate food service compliance with this directive.

	EFFECTIVE DATE 11 / 02 / 87	SUBJECT THERAPEUTIC DIET	
	CLASSIFICATION # 3253 }		
	DISTRIBUTION A	PAGE 12 OF 12 PAGES	

XI. COURT ORDERED THERAPEUTIC DIETS

A. In the event the Department is directed by court order to provide a therapeutic diet for an inmate, the inmate will be required to be examined by the institution's physician or an authorized medical person employed or under contract with the Department. If the Department's authorized medical representative's diagnosis does not substantiate a compelling medical need for a therapeutic diet, the matter will be referred to the Department's General Counsel, with appropriate documentation.

XII. ATTACHMENTS:

1. Diet Prescription Request- Form #3253A
2. Daily Report- Therapeutic Diet- Form #3253B
3. Weekly Report- Therapeutic Diet- Form #3253C

NOTE: The above "forms" are to be requisitioned from the Department's Print Shop.

XIII. REFERENCE

Directive #3250R-KOSHER/HALAL MEAL PROGRAM, dated 2/8/87.

THE CITY OF NEW YORK- DEPARTMENT OF CORRECTION
FOOD SERVICES DIVISION

DIET PRESCRIPTION REQUEST

Date: _____

The Inmate Listed Below is Presently Receiving:
[] General Inmate Menu [] Kosher Menu [] Halal Menu

The above meal is to include the nutritional elements pre-
scribed below:

INMATE NAME: _____

INMATE I.D.#: _____ SEX: _____ AGE: _____

INSTITUTION: _____ CELL/LOC. _____

DIAGNOSIS: _____

FOOD ALLERGIES: _____

OTHER COMPLICATIONS: _____

TYPE OF DIET: _____

SPECIFIC INSTRUCTIONS RE:

CALORIES: _____

CARBOHYDRATES: _____

PROTEIN: _____

CHOLESTEROL: _____

FAT: _____

POTASSIUM: _____

SODIUM: _____

LIQUID DIET SUPPLEMENT: _____

MISC. INFORMATION: _____

STARTING DATE: _____ ENDING DATE: _____

NAME OF MEDICAL SERVICE

SIGNATURE OF PHYSICIAN

PRINT NAME

REFERENCE- DIRECTIVE #3253

Form #3253A

THE CITY OF NEW YORK- DEPARTMENT OF CORRECTION
FOOD SERVICES DIVISION

DAILY REPORT
THERAPEUTIC DIET

DATE _____

NAME OF INSTITUTION: _____

FOOD SERVICE MANAGER: _____

TOTAL NUMBER OF DIETS PREPARED: _____

TOTAL NUMBER SERVED: _____

TOTAL NUMBER NOT SERVED: _____

INMATES ON THERAPEUTIC DIETS

NAME(S)/I.D.#/CELL/LOC.	TYPE OF DIET
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

SUMMARY OF INMATES ON THERAPEUTIC DIETS WHO DID NOT PICK UP
OR REFUSED MEALS

NAME(S)/I.D.#/CELL/LOC.	BREAKFAST	LUNCH	DINNER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

DEPARTMENT OF CORRECTION
FOOD SERVICE DIVISION

WEEKLY REPORT
THERAPEUTIC DIET

DATE: _____ TO: _____
FROM: _____

NAME OF INSTITUTION: _____
FOOD SERVICE MANAGER: _____
TOTAL NO. OF DIETS PREPARED: _____
TOTAL NO. OF ACTUAL DIETS SERVED: _____
TOTAL NO. OF DIETS NOT PICKED-UP: _____

SUMMARY OF INMATES ON THERAPEUTIC DIETS WHO DID NOT PICK-UP OR REFUSED MEALS

<u>NAME(S) AND I.D.#</u>	<u>TYPE OF DIET</u>	<u>DATES THERAPEUTIC DIETS NOT PICKED-UP OR REFUSED</u> <u>BREAKFAST LUNCH NOURISHMENT DINNER NOURISHMENT</u>	<u>COMMENTS/REASONS FOR REFUSALS</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

REFERENCE: See Directive #3253

Form #3253C

Montefiore Rikers Island "Therapeutic Diet Stamp"

DATE:

CLINIC LOCATION:

NAME:

CLINIC:

APPOINTMENT TIME:

DIET:

SAMPLE