	<b>DEPARTMENT OF CORRECTIONS AND REHABILITATION</b> <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> January 01, 2024	<b>POLICY NO.:</b> COR.10.B.06
		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1B.06 (11/06/18)	
<b>SUBJECT:</b> <b>CONTRACEPTION</b>		Page 1 of 3	

## 1.0 PURPOSE

The purpose of this policy is to ensure that contraception is made available as clinically indicated.

## 2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned personnel, contract staff, and volunteers.

## 3.0 REFERENCES, DEFINITIONS & FORMS

### .1 References

- a. Hawaii Revised Statutes (HRS) §353-6.5, Gender-responsive, community-based programs for women offenders.
- b. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- c. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- d. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).
- e. Performance-based Standards and Expected Practices for Adult Correctional Institutions. The American Correctional Association. Standards: 5-ACI-6A-10, 5-ACI-6A-20. (2021).

### .2 Forms

- a. DCR 0450, Health Request Form.

## 4.0 POLICY

- .1 Emergency contraception shall be available to incarcerated females at intake and at any time during incarceration as medically indicated.

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- .2 Contraception shall be available to incarcerated females throughout their incarceration as clinically indicated.

## 5.0 PROCEDURES

### .1 Intake.

- a. During the receiving screening or the initial health assessment, incarcerated females who had unprotected sex within the last one-hundred twenty (120) hours shall be offered emergency contraception as medically indicated.
- b. Incarcerated females who are on a prescribed method of contraception at intake shall continue to receive contraception as medically indicated.
- c. Incarcerated females using hormonal contraception for medical reasons other than, or in addition to, contraception shall be allowed to continue hormonal contraception or equivalent methods while in custody as medically indicated.

### .2 Contraception While in Custody.

- a. The Responsible Health Authority shall ensure that information about contraceptive methods and community resources is available.
- b. Qualified health care professionals shall provide females of reproductive age the opportunity to discuss their future desires for either becoming pregnant or preventing pregnancy.
- c. At any point while in custody, incarcerated females may request to initiate contraception by submitting the Health Request Form [PSD 0450].
- d. At any point while in custody, incarcerated females who are alleged victims of sexual assault within the last one-hundred twenty (120) hours shall be offered emergency contraception as medically indicated.
- e. The provider shall prescribe reversible contraception and the method of contraception for incarcerated females as medically indicated.
- f. When methods require a provider to place and/or remove long-acting reversible contraception (e.g., intrauterine devices and contraceptive implants), separate counseling and insertion visits shall be scheduled when


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requested to minimize the risk of undue pressure for incarcerated females to choose these methods.

- g. The provider shall consider a pre-release family planning visit to discuss desires to be pregnant or to prevent pregnancy, and to start or resume a method of contraception.

APPROVAL RECOMMENDED:

  
\_\_\_\_\_  
Deputy Director for Corrections

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

APPROVED:

  
\_\_\_\_\_  
DIRECTOR

**JAN 0 1 2024**  
\_\_\_\_\_  
Date

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## HEALTH CARE REQUEST

**MEDICAL**     **MENTAL HEALTH**     **DENTAL**     **MEDICAL RECORDS**

Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Facility/Housing: \_\_\_\_\_

Concern: \_\_\_\_\_

RECEIVED

Incarcerated Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seen by Qualified Health Care Professional: Yes / No    Appointment made w/: \_\_\_\_\_

Comments: \_\_\_\_\_

Health Care Staff Signature, Title: \_\_\_\_\_

COMPLETED

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION

*Original- Health Care*

*Yellow Copy- Incarcerated Individual*

PSD 0450 (7/23)

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