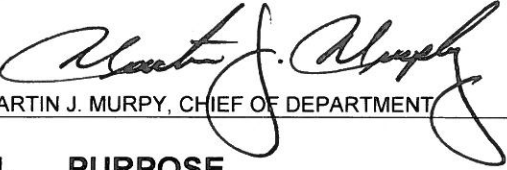
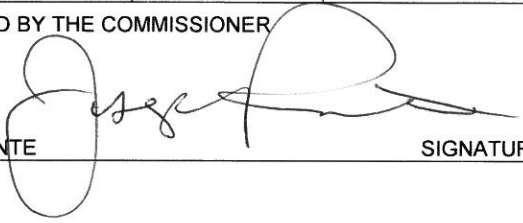




THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION



## DIRECTIVE

[ ] NEW [ ] INTERIM [ X ] REVISED			SUBJECT		
EFFECTIVE DATE <b>06/22/16</b>		*TERMINATION DATE / /		<b>THERAPEUTIC DIET</b>	
CLASSIFICATION # <b>3253R-A</b>	SUPERSEDES <b>3253</b>	DATED <b>11/02/87</b>	APPROVED FOR WEB POSTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER			AUTHORIZED BY THE COMMISSIONER		
 MARTIN J. MURPHY, CHIEF OF DEPARTMENT SIGNATURE			 JOSEPH PONTE SIGNATURE		

### I. PURPOSE



The purpose of this Directive is to articulate New York City Department of Correction (Department) policy and guidelines necessary for serving therapeutic diet meals.

### II. POLICY

- A. The Department shall make therapeutic diets available to inmates when prescribed by a physician, physician's assistant, or nurse practitioner.
- B. Therapeutic 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 the inmate 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 diet meals.
- C. If an inmate is required to be housed 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 shall be developed by the Director of Clinical Nutritional Services (who is a Certified Dietitian) or a designee. Therapeutic meals shall be prepared by the food preparation staff under the supervision of the Food Service Administrator (or Manager) with instructions from the assigned Dietitian. Therapeutic meals shall be transported for distribution according to established procedures.
- E. Only diet prescriptions dated and signed by a physician, physician's assistant, or nurse practitioner employed by or under contract with the Department shall be honored.

### III. DEFINITIONS

- A. Therapeutic Diet: a diet prescribed by a physician, physician's assistant, or nurse practitioner employed by 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 such as diabetes, hypertension, renal disease, etc.

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#### IV. PROCEDURES

##### A. THERAPEUTIC DIET PRESCRIPTION

1. When an inmate requires a therapeutic diet, the diet prescription must be dated and signed by a physician, physician's assistant, or a nurse practitioner. A copy of the diet prescription shall be maintained in the inmate's medical chart.

- a. The assigned Dietitian shall be notified of the authorized diet prescription via referral in the medical chart.

Note: The assigned Dietitian shall be available to provide dietary instructions and/or nutritional counseling to the inmate, at the request of a physician, a physician's assistant, or a nurse practitioner.

- b. If the medical condition of the inmate requires a follow-up, the physician, physician's assistant, or nurse practitioner shall reassess the inmate's dietary history, update and sign a new diet prescription, and forward the diet prescription to the assigned Dietitian of the facility.

2. The original dated and signed diet prescription must be forwarded to the attention of the assigned Dietitian with the following information:

- a. Inmate's Name;
  - b. Book & Case Number;
  - c. Sex and Age;
  - d. Facility and Housing Area;
  - e. Food Allergies, if any;
  - f. Type of Diet.



Note: If the inmate receives meals at a work site outside of the assigned facility, a copy of the therapeutic diet list shall be forwarded to that work site. The Commanding Officer or designee of the assigned facility shall ensure that the inmate receives the therapeutic meal at the work site.

3. Upon receipt of an inmate's therapeutic diet prescription, the assigned Dietitian shall process a daily and weekly therapeutic diet list that shall include the following:

- a. Inmate's Name;
  - b. Book & Case Number;
  - c. Facility and Housing Area; and
  - d. Diet with special instruction, if necessary.

4. Upon completion of the therapeutic diet list, the assigned Dietitian shall:

- a. Provide the Food Service Administrator with the current therapeutic diet list.

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#### IV. PROCEDURES (Cont.)

- b. Instruct the Senior Cook/Cook in writing regarding any special preparation, portion size, and service of the therapeutic diets as needed. This is conveyed through the therapeutic diet list which is distributed by the Food Service Administrator. These written instructions are maintained in the Nutritional Services Division (NSD) Policy and Procedures Manual, which is updated as needed.
- c. Inform the housing area officers regarding the service of any individualized therapeutic diets via the daily and weekly therapeutic diet lists.
- d. Forward a copy of the daily and weekly therapeutic diet list to the Chief Dietitian or designee at the NSD field office.
- e. Maintain a copy of the weekly therapeutic diet list for any therapeutic diet-related investigation.

#### B. PLANNING AND PREPARATION



1. All therapeutic menus shall be determined by the Director of Clinical Nutritional Services and reviewed annually.

Note: Medical personnel shall maintain active files of all recommendations for therapeutic diets, along with the findings resulting from the nutritional assessment/evaluation by the assigned Dietitian.

2. The assigned Dietitian shall provide the Food Service Administrator or designee with verbal instructions followed by specific written instructions and the therapeutic diet list 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) to seventy-two (72) hours.

Note: If a critical diet, such as "full liquid" or "pureed," is prescribed during weekends or holidays, the housing area supervisor shall notify the Food Service Manager or Senior Cook.

3. The Food Service Administrator or designee shall consult with the assigned Dietitian or contact the Director of Clinical Nutritional Services as needed, upon receipt of therapeutic diet lists with individualized preparation instructions.
4. To ensure proper food flavor, texture, temperature, appearance, palatability, and nutrient requirements, the Food Service Administrator (or Manager) shall give instructions to and supervise the Senior Cook/Cook on the preparation of the therapeutic meals.



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#### IV. PROCEDURES (Cont.)

5. The assigned Dietitian and/or the Food Service Administrator or designee shall ensure that therapeutic meals are made available to the appropriate inmate within twenty-four (24) hours or forty-eight (48) hours during weekends/holidays following receipt of the diet prescription and the therapeutic diet list. Therapeutic menus are pre-planned and standard menu alternates are provided as necessary.
6. The Food Service Administrator shall liaise with the Assistant Commissioner and Executive Director of NSD and the facility's Storekeeper to ensure that an adequate inventory of foods for the therapeutic diets such as fruits, vegetables, and other dietetic food items, as recommended by the Director of Clinical Nutritional Services and/or the Chief Dietitian, is available at the facility at all times.
7. In the event that the food items will not be available within the required timeframe, the Assistant Commissioner of NSD and the Director of Clinical Nutritional Services or designee shall arrange for a menu change using available food items to ensure that therapeutic meals are provided according to the prescribed diets.

#### C. DISTRIBUTION OF MEALS

1. If an inmate continuously refuses to accept the prescribed meal, he/she will be permitted to receive the regular meal. The housing area officer shall document this in the log book and notify the area supervisor who shall report this to the assigned Dietitian.
  - a. If an inmate refuses to accept meals and shows significant weight loss, the physician, physician's assistant, or nurse practitioner may determine the inmate has a suppressed appetite and a need for re-examination of his/her physical health condition.
  - b. Physicians, physician's assistants, and/or nurse practitioners shall make determinations regarding a change in an inmate's diet prescription on a case by case basis. In each such case, the assigned Dietitian shall be notified of the determination via referral in the medical record.
2. Inmates requiring therapeutic diet meals are served from a central dining area or housing area pantry. The food is delivered in bulk, including all beverages and condiments. Food shall be served from a designated therapeutic diet window in the dining area.
3. Therapeutic diet meals are to be delivered and served by the inmate server under supervision of the officer, who shall:
  - a. Require the inmate to display his/her Identification Card (Form 236AR);

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#### IV. PROCEDURES (Cont.)

- b. Verify the inmate's name, book & case number, and cell/housing location on the therapeutic diet list;
- c. Document all refusals;
- d. Refer to the serving instructions and Food Portion Control Reference Guide posted in the serving areas.

#### D. WEEKLY THERAPEUTIC DIET LIST

1. The assigned Dietitian shall ensure that a copy of the prescribed weekly therapeutic diet list is submitted to the NSD field office, the Food Service Administrator, and the Manager.

Note: The information entered in the weekly therapeutic diet list is to be transcribed from the diet prescriptions and daily therapeutic diet list.



2. The weekly therapeutic diet list must contain:
  - a. Prescribed diets and special instructions;
  - b. Names, book & case numbers, and facility and housing area of inmates on therapeutic diets.

#### E. NOTIFICATION OF TRANSFERS/DISCHARGES OF INMATES RECEIVING PRESCRIBED DIETS

1. When an inmate who is receiving a therapeutic diet is being transferred to another housing location or from one Department facility to another, notification shall be made through medical referral.
2. The assigned Dietitian shall review the Inmate Information System (Inmate Inquiry Screen) at least weekly to update the weekly therapeutic diet list and to identify the inmates transferred in order to notify the food service staff for timely provision of therapeutic meals.
3. Upon transfer of an inmate to another facility, the therapeutic diet list shall be updated to reflect the transfer.

#### F. REVIEW OF THERAPEUTIC DIETS

1. The Chief Dietitian, and/or designee, shall maintain a copy of all therapeutic diet lists on file and periodically review and reassess all of the special diets.

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#### IV. PROCEDURES (Cont.)

2. The Chief Dietitian, and/or designee, shall conduct periodic inspections at all facilities serving therapeutic meals to monitor and evaluate food service compliance with this Directive.

#### G. COURT ORDERED THERAPEUTIC DIETS

1. 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 representative employed or under contract with the Department. If the Department's authorized medical representatives' 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.

#### V. ATTACHMENTS

- A. Form 3253A, "Daily Therapeutic Diet List."
- B. Form 3253B, "Weekly Therapeutic Diet List."

#### VI. SUPERSEDES

- A. Directive 3253, "Therapeutic Diet," dated 11/2/87.

# ATTACHMENT - A

NEW YORK CITY DEPARTMENT OF CORRECTION

THERAPEUTIC  
DIET LIST

FACILITY: \_\_\_\_\_

DAILY ADD-ON LIST

LUNCH

LOCATION: \_\_\_\_\_

DINNER

DIETITIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Please sign upon receiving the therapeutic meal (as per directive #3253) and return to the Food Service Captain.  
If Inmate refuses meal, indicate refused.

C.O. SIGNATURE \_\_\_\_\_

SHIELD # \_\_\_\_\_

#S	NAME	I.D. NUMBER	LOC.	DIET	REMARKS	SIGNATURE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

# ATTACHMENT - B

## NEW YORK CITY DEPARTMENT OF CORRECTION

### THERAPEUTIC DIET LIST

FACILITY: \_\_\_\_\_

#### WEEKLY LIST

LUNCH

LOCATION: \_\_\_\_\_

DINNER

DIETITIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Please sign upon receiving the therapeutic meal (as per directive #3253) and return to the Food Service Captain.  
If Inmate refuses meal, indicate refused.

C.O. SIGNATURE \_\_\_\_\_

SHIELD # \_\_\_\_\_

#S	NAME	I.D. NUMBER	LOC.	DIET	REMARKS	SIGNATURE
1						
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