

## Considerations for Adequacy of Care

People with diabetes should receive diabetes treatment that meets current standards of care. The carceral setting requires particular considerations with respect to operations, security, etc., but [current standards of care](#) still apply. Detention facilities should have written policies for the identification and management of diabetes and for the training of staff in diabetes care practices. Policies should ensure timely access for necessary treatment, promote effective self-management, and facilitate access to medical personnel, technology, medication, and other necessary interventions.

The following questions may be used to assess whether an individual is receiving adequate diabetes care. If people with diabetes are not receiving adequate care consistent with their individual needs, there may be a legal rights violation. Please note that when inspecting a facility, it is recommended to verify the accuracy of facility-made statements by talking to a sample of inmates with diabetes.

### Timely Access to Diabetes Management

- ✓ Is there access to appropriate insulin and/or other medications, at dosing frequencies that are consistent with each patient's treatment plan and medical direction?
- ✓ Are treatment plans created by health care providers with diabetes expertise?  
This question is more specifically answered with the following:
  - Do physicians at the facility who treat persons with diabetes have residency training in a primary care practice (*family medicine, internal medicine, or emergency medicine*).
  - Are pregnant women with diabetes managed by an obstetrician or someone expert in diabetes management in pregnancy?
- ✓ For people requiring multiple daily injections of insulin, is dosing based on an individualized plan that considers expected food intake and physical activity?
- ✓ Do persons with diabetes confirm whether or not they have any access to diabetes education or receipt of information on how to manage their diabetes?

**continued**

## Emergency Treatment

- ✓ Has a patient in the detention facility lost consciousness or experienced seizure related to out-of-range blood glucose levels that were not timely identified and/or treated?
- ✓ Do staff promptly respond to medical emergencies and immediately transfer individuals to on-site or off-site emergency care?
- ✓ Do people with diabetes have ready access to oral glucose supplies (*juice, snacks, etc.*) to treat hypoglycemia (*low blood glucose*)?
- ✓ Are staff trained and have ready access to glucagon to treat hypoglycemia?
- ✓ Are there any policies related to diabetes care?
- ✓ Does policy direct that persons with diabetes have prompt access to point-of-care glucose testing when symptomatic of hypo- or hyperglycemia?

## Timely Identification of Treatment Needs and Continuity of Care

- ✓ Is there a timely medical intake assessment with inquiry as to whether a person has diabetes and their existing diabetes management plan?
- ✓ For each person identified as having diabetes, is there a timely comprehensive medical history review and physical examination completed by a health care professional with prescribing authority?
- ✓ Upon entering the detention facility, are appropriate steps taken to ensure continuity of the person's existing insulin, other medication, and/or nutritional regimens?
- ✓ Can people retain access to their diabetes technology (*continuous glucose monitor, insulin pump, etc.*) while detained, unless there is an individualized assessment finding that such device(s) pose a security risk?

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## Nutrition, Meal Planning, and Physical Activity

- ✓ Does glucose testing and insulin dosing occur within approximately 15 minutes before meal delivery?
- ✓ Does the facility have nutritionally balanced menus and snacks that are safe and appropriate for people with diabetes and associated comorbidities (*e.g., heart and kidney disease*)?
- ✓ Do meals have consistent carbohydrate content? Are there means to identify the carbohydrate, protein, and fat content of meal items, to allow people with diabetes to accurately track carbohydrate intake and meet individual nutritional goals? Does each person with diabetes have ready access to oral glucose to treat hypoglycemia around times of physical activity?
- ✓ Are meals and insulin administration at reasonable hours of the day?
- ✓ Do commissary foods have nutritionally and diabetes-appropriate choices?

## Transfer and Discharge

- ✓ Does the detention system have systems in place to ensure care coordination and continuity of treatment without interruption if a person with diabetes is transferred from one facility to another?
- ✓ Does the detention system provide Discharge Planning services to people with diabetes, including to:
  - a. help with applications for health insurance, benefits, etc.,
  - b. link each person with community resources and assist in securing an appointment for follow-up care with a community provider,
  - c. ensure that each person has a supply of insulin, medication and diabetes-related supplies adequate to last until the first medical appointment after release, and
  - d. provide a written summary of current health care needs and treatment guidance?

**continued**

## **Treatment of the Whole Person with Diabetes**

- ✓ Are there protocols in place to facilitate access to specialty care related to diabetes management?
- ✓ Does the facility health care staff provide periodic, routine screening by the proper medical professionals for diabetes-related complications: including an annual diabetic retinal examination, annual comprehensive foot exam, annual testing of kidney function, and routine A1c testing at intervals consistent with the needs of the patient?
- ✓ Does the facility health care staff take steps to prevent, identify and treat infections?
- ✓ Does the facility health care staff provide preventative care to reduce the need for amputations due to diabetes-related complications?

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**If you are having problems related to any of the issues discussed above, your client may be experiencing unlawful discrimination because of their diabetes.**

**The American Diabetes Association fights for the rights of people with diabetes.**

For more information, call **1-800-DIABETES (800-342-2383)** or email **AskADA@diabetes.org**. If your issue is within our areas of service, you will receive tailored information and guidance from one of the ADA's legal advocates. Although the ADA cannot represent individuals, we can help you understand legal rights in detention settings and offer practical tools to solve the problem such as by connecting you with expert referrals and other resources to help resolve the case.

This checklist is not conclusive of all the issues people with diabetes in detention settings may face. Find more comprehensive information regarding diabetes in detention settings at [Diabetes Management in Detention Facilities: A Statement of the American Diabetes Association](#).