

On approval of the Rules for the provision of medical care to persons with limited freedom, as well as to persons serving a sentence in places of deprivation of liberty, detainees, imprisoned and placed in special institutions

Invalidated Unofficial translation

Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated October 28, 2020 No. 745. Registered with the Ministry of Justice of the Republic of Kazakhstan on October 29, 2020 No. 21534. Abolished by Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated July 05, 2022 No. 562

Unofficial translation

Footnote. Abolished by Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated July 05, 2022 No. 562 (effective from 01.07.2022 - with respect to persons held in pre-trial detention facilities of the penal (penitentiary) system, from 01.01.2023 with respect to persons held in institutions of the penal (penitentiary) system and subject to official publication).

In accordance with article 143 of the Code of the Republic of Kazakhstan "On public health and healthcare system" dated July 7, 2020, **I HEREBY ORDER:**

1. To approve the attached Rules for the provision of medical care to persons with limited freedom, as well as to persons serving a sentence in places of deprivation of liberty, detainees, imprisoned and placed in special institutions.

2. To recognize as invalid the following regulatory legal acts of the Ministry of Internal Affairs of the Republic of Kazakhstan:

1) Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated April 7, 2015 No. 314 "On approval of the Rules for the provision of medical care to citizens whose freedom is limited, as well as to persons serving a sentence by a court sentence in places of deprivation of liberty placed in special institutions" (registered in the State Register of Normative Legal Acts under No. 11206, published on July 28, 2015 in the Legal Information System "Adilet");

2) Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated November 2, 2017 No. 728 "On amendments to the Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated April 7, 2015 No. 314 "On approval of the Rules for the provision of medical care to citizens whose freedom is limited, as well as to persons serving a sentence under a court sentence in places of deprivation of liberty,

placed in special institutions” (registered in the State Register of Normative Legal Acts under No. 16033, published on December 12, 2012 in the Reference Control Bank of Normative Legal Acts of the Republic of Kazakhstan).

3. The Committee of the Penitentiary System of the Ministry of Internal Affairs of the Republic of Kazakhstan, in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

1) state registration of this Order with the Ministry of Justice of the Republic of Kazakhstan;

2) posting this Order on the Internet resource of the Ministry of Internal Affairs of the Republic of Kazakhstan after its official publication;

3) within ten working days after the state registration of this Order with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Department of the Ministry of Internal Affairs of the Republic of Kazakhstan the information on the implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph.

4. Control over the implementation of this order shall be entrusted to the Supervising Deputy Minister of Internal Affairs of the Republic of Kazakhstan and the Committee of the Penitentiary System of the Ministry of Internal Affairs of the Republic of Kazakhstan.

5. This Order shall come into effect upon the expiration of ten calendar days after the day of its first official publication.

*Minister of Internal Affairs of the
Republic of Kazakhstan*

E. Turgumbayev

"AGREED"

Ministry of Healthcare of the
Republic of Kazakhstan

Approved
by Order of the
Minister of Internal Affairs of
the Republic of Kazakhstan
dated October 28, 2020 No. 745

The Rules for the provision of medical care to persons with limited freedom, as well as to persons serving a sentence in places of deprivation of liberty, detainees, imprisoned and placed in special institutions

Chapter 1. General Provisions

1. These the Rules for the provision of medical care to persons with limited freedom, as well as to persons serving a sentence in places of deprivation of liberty, detainees, imprisoned and placed in special institutions (hereinafter referred to as the Rules), have been developed in accordance with Article 143 of the Code of the

Republic of Kazakhstan "On public health and healthcare system" dated July 7, 2020 (hereinafter referred to as the Code) and shall determine the procedure for providing medical care to persons whose freedom is limited, serving a sentence in places of deprivation of liberty, detainees, imprisoned and placed in special institutions.

Chapter 2. The procedure for providing medical care to persons with limited freedom

2. In special institutions: temporary detention facilities (hereinafter referred to as TDF), reception centers for persons who do not have a certain place of residence and documents (hereinafter referred to as RC), special reception facilities for keeping persons subjected to administrative arrest (hereinafter referred to as SRA), medical workers shall organize and provide medical care to persons housed there, ensure compliance with sanitary and epidemiological rules and hygienic standards in special institutions.

Persons in need of emergency medical care, as well as examination and treatment for cancer, sexually transmitted diseases, HIV infection, tuberculosis, diabetes mellitus and other diseases for which continuous observation and treatment are indicated, are provided with the necessary specialized medical care in relevant medical organizations the healthcare system of the Republic of Kazakhstan (hereinafter referred to as Medical organizations) within the guaranteed volume of medical care (hereinafter referred to as the GVMC) and the system of compulsory social health insurance (hereinafter referred to as the CSHI).

Servicemen held in guardhouses shall receive medical assistance in the manner prescribed by the charter of the internal service of the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved by the Decree of the President of the Republic of Kazakhstan dated July 5, 2007, No. 364 "On approval of general military regulations of the Armed Forces, other troops and military formations of the Republic of Kazakhstan".

3. When providing medical care, medical workers of special institutions shall be guided by the Code, these Rules and other legal acts of the authorized body in the field of healthcare.

4. For the provision of medical care to persons held in special institutions, a medical worker's office or a medical center (hereinafter referred to as a Medical office) shall be in operation.

5. Organization and control of the work of a medical office for the provision of medical care to persons whose freedom is limited shall be carried out by medical departments (groups) of the police departments of the capital, cities of republican significance and regions (hereinafter referred to as the Medical Department of the PD).

6. Organization and control of work on the sanitary and epidemiological well-being of persons held in special institutions shall be carried out by groups of state sanitary and epidemiological supervision of the medical departments of the PD.

7. The medical office shall be provided with medicines, medical devices and disinfectants.

8. The provision of medicines and medical products to the medical office shall be carried out in accordance with the Kazakhstan National Medicinal Formulary, approved by the authorized body in the field of healthcare.

The medicinal form is formed by the medical worker of the medical office, approved by the head of the special institution in agreement with the head (chief specialist) of the medical department of the PD not later than December 25 of the year preceding the next year.

9. Medical workers of special institutions shall carry out:

1) provision of pre-medical and primary health care medical assistance to persons held in special institutions;

2) ensuring compliance with the anti-epidemic regime in the premises of special institutions;

3) interaction with medical organizations of local government health authorities on the provision of medical care to persons held in special institutions.

10. When providing medical assistance to persons held in special institutions, medical workers shall carry out:

1) identification of infectious, venereal, skin, mental, parasitic and other dangerous diseases, by conducting medical examinations: upon admission, daily rounds, requests for medical help, a departure from a special institution;

2) provision of first aid medical care;

3) hospitalization of persons requiring inpatient treatment;

4) implementation of recommendations and appointments of specialist doctors and consultants;

5) calculation of the need for medicines and medical equipment, submission in the prescribed manner to the management of the special institution of relevant applications for their purchase, compliance with the established rules for their storage, issuance and accounting;

6) ensuring compliance with sanitary rules, hygienic standards for accommodation, catering, bath and laundry, sanitary treatment of persons held in special institutions;

7) ensuring the implementation of sanitary-anti-epidemic and sanitary-preventive measures in identifying infectious patients, including the provision of personal protective equipment;

8) ensuring control over the conduct of disinfection measures;

9) ensuring the conduct of explanatory work among persons held in special institutions, including on the prevention of HIV infection, STIs, viral hepatitis, tuberculosis with the provision of visual agitation (brochures, posters, leaflets, etc.), conducting radio lectures;

10) sending to the group of sanitary and epidemiological supervision of the medical departments of the PD and the department of the authorized body in the field of sanitary and epidemiological well-being of the population of urgent notifications about the detection of infectious patients in accordance with the form 090/y approved by Order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated November 23, 2010, No. 907 "On approval of forms of primary medical documentation of healthcare organizations" (registered in the State Register of Normative Legal Acts under No. 6697) (hereinafter referred to as Order No. 907) among persons detained in special institutions;

11) maintaining medical records in accordance with the forms of primary medical records of the medical professional's office in accordance with Order No. 907.

11. During the first day of stay in a special institution, a medical worker conducts an initial medical examination of all newly admitted to identifying persons with suspected infectious diseases that pose a danger to others and patients in need of emergency medical care. Reception shall be carried out in the presence of a representative of the duty officer for the institution or the service of controllers.

At the same time, special attention shall be paid to the presence of manifestations of skin, venereal, mental diseases, the incidence of head lice, scabies.

The examination shall be carried out by a medical professional in a medical office. The results of the examination shall be recorded in the log of the initial survey and registration of the provision of medical care to persons held in special institutions, in accordance with Annex 1 to these Rules.

12. During the initial medical examination, the medical worker must carry out:

- 1) collection of complaints about health status, medical history and life;
- 2) anthropometric research (height, body weight);
- 3) measurement of pulse, heart rate, blood pressure and body temperature;
- 4) description of the condition of the skin and visible mucous membranes;
- 5) objective examination.

13. In the absence of a medical worker, the person on duty at a special institution interrogates newcomers about their state of health to identify those in need of emergency medical care and also carries out an external examination of the skin and scalp (trunk) for signs of injury, head lice, scabies.

If there are complaints of poor health or signs of illness (injury) in newly admitted persons, the person on duty at the special institution immediately shall call the ambulance team.

The results of the survey, the stated complaints about the state of health and the medical care provided shall be entered in the register of calls to the office of the medical worker of the special institution, which is stored in the medical office of the special institution, and during the absence of the medical worker - at the person on duty at the special institution, in the form according to Annex 2 to these Rules.

14. The medical worker of the institution, for medical reasons, shall organize the examination of the district doctor and the consultation of the specialized specialists of the territorial outpatient clinics and follows their recommendations.

15. After the examination, persons affected by contagious skin diseases shall wash separately from the rest and last. All persons in contact with them shall be examined by a medical worker and sent for additional sanitization.

Persons who, upon examination, have pediculosis, shall be sanitized in a sanitary inspection room with the use of anti-pediculosis drugs.

16. Persons with suspicion of the presence of an infectious disease immediately after examination shall be isolated from healthy persons and shall be kept separately until a diagnosis is established. The institution shall be equipped with a medical isolation ward for 1-2 beds with a washbasin and a toilet for temporary isolation and emergency medical care for patients and persons with suspected infectious diseases. The area for 1 bed must be at least 6 square meters.

In each case of an infectious disease/suspicion, the medical worker shall report to the head of the special institution with the simultaneous notification of the head (chief specialist) of the medical department of the PD.

For each case of an infectious disease (suspicion), food poisoning, an unusual reaction to vaccination, an emergency notification is sent, which is sent within 12 hours to the sanitary and epidemiological supervision group of the medical department of the PD and the territorial divisions of the department of the authorized body in the field of sanitary and epidemiological welfare of the population.

17. In case of detection in a special institution of patients with suspicion of the presence of a particularly dangerous infectious disease, as well as persons in need of emergency medical care, the medical worker (in his absence, the duty officer at the special institution) immediately calls the ambulance team.

In urgent cases, in the presence of a threat to the patient's life, in the long absence or inability of the ambulance team to arrive, the person on duty at the special institution takes measures for the urgent delivery of the patient to the nearest medical organization

18. In the presence of emergency medical indications, the patient is delivered to the territorial medical organization to resolve the issue of hospitalization.

19. The leadership of the territorial medical organization for the provision of the necessary medical care to persons held in special institutions, the medical organization equips separate special wards (with the help of the internal affairs bodies).

20. Persons who are sick but not subject to hospitalization are provided with the necessary outpatient medical care at the place of stay in a special institution.

21. In the absence of medical workers in a special institution, measures to provide first aid to persons held in a special institution shall be carried out by employees of this institution, who are trained in the skills of providing emergency and emergency care (Basic Life Support (BLS), Extended Cardio - cardiopulmonary resuscitation - AdvancedCardiacLifeSupport (ACLS)).

The person on duty at a special institution shall be provided with a first aid kit.

22. To identify sick people from among the persons held in a special institution, a medical worker makes daily rounds of cells, accompanied by a duty officer.

23. A medical worker conducts a compulsory medical examination to determine fitness for the escort to all those leaving the TDF. The results of the examination are recorded in the register of the initial survey and registration of the provision of medical care, the medical examination card, which is attached to the personal file. The medical examination card contains information about the presence of diseases, the results of the medical examination and medical care provided during the stay in the TDF, in accordance with Annex 3 to these Rules.

24. According to the conclusion of a medical worker, the following are not subject to escort: patients in the acute stage of the disease, with infectious diseases, affected by head lice, scabies and who have not undergone the prescribed course of treatment, as well as non-transportable patients.

25. In cases of illness of the suspect and the accused of committing a crime on the way, the convoy delivers the sick person to the nearest territorial medical organization of the local government health authority of regions, cities of republican significance and the capital and transfers them under the protection of the relevant internal affairs body.

26. To ensure the safety of medical workers of a medical organization and ambulance brigades, the administration of special institutions organizes their admission to the patient only when accompanied by a duty officer at a special institution, and in the absence of a duty officer at a special institution, a duty officer (assistant duty officer) for the internal affairs body, at the same time, having previously isolated the person in need of medical assistance in a cell or another free room.

27. Medicines prescribed by medical workers are stored in the medical office and are taken by patients only in the presence of a medical worker or an employee on duty.

28. In the event of a serious illness or death of a detained person, the administration of a special institution immediately informs his close relatives and the supervising prosecutor about it.

29. In the event of the death of a person held in a special institution, a medical worker within 24 hours sends information about the fatal case (indicating the name, date, place and circumstances of death) to the medical department of the PD.

The medical department of the PD sends similar information about the death of a person held in a special institution to the Medical Department of the PD not later than 3 days after death.

30. Involvement of a medical worker of a special institution to perform work not related to the medical and sanitary provision is not allowed.

Chapter 3. The procedure for providing medical assistance to persons serving a sentence in places of deprivation of liberty, detainees, imprisoned and placed in special institutions

Paragraph 1. Basic provisions of medical care

31. Persons detained in institutions, pre-trial detention centers (hereinafter referred to as DC), shall be provided with medical care by the medical and preventive institutions of the Penitentiary System (hereinafter referred to as MPI): somatic, psychiatric and anti-tuberculosis hospitals, medical units, medical centers (hereinafter referred to as medical posts). Preventive and therapeutic measures shall be carried out by medical workers of DC and CF, as well as jointly with state health organizations, including anti-epidemic measures when registering HIV cases, within the framework of the guaranteed volume of medical care in the manner determined by the authorized body in the field of healthcare. The orphanage also implements activities related to the protection of mothers and children.

Medical support shall include:

1) medical examination upon admission of persons detained in institutions, DC to identify infectious, parasitic and other acute diseases;

2) preliminary compulsory medical examination upon arrival at the institution, DC to assess the state of health, timely identify patients, and prevent infectious and parasitic diseases;

3) annual periodic compulsory medical examination to ensure dynamic monitoring of the state of health, timely identification of the initial signs of diseases, prevention and non-proliferation of common, infectious and parasitic diseases;

4) medical examination upon departure from the institution;

5) provision of medical care in outpatient, inpatient, inpatient conditions;

6) dynamic monitoring of patients with chronic diseases;

7) implementation of the recommendations of the Medical Advisory Commission (hereinafter referred to as MAC) on the conduct of treatment and prevention measures among chronic patients and persons with disabilities, as well as recommendations of health care facilities;

8) compulsory treatment of convicts with mental, behavioral disorders (diseases) associated with the use of psychoactive substances shall be carried out by the medical department of the institutions;

9) carrying out sanitary-prophylactic and sanitary-anti-epidemic measures for infectious diseases;

10) carrying out information and explanatory work in order to prevent diseases and form a healthy lifestyle.

32. Medical assistance shall be provided to persons in institutions by the DC in accordance with the approved standards in the field of healthcare care in accordance with subparagraph 3 of Article 195 of the Code at the expense of budgetary funds.

Medical assistance in penal institutions shall be provided in accordance with the annexes to the state license.

The provision of medicines shall be carried out in accordance with the drug formulary approved by the head of the medical and preventive institution and agreed by the medical service of the territorial body of the penal system (hereinafter referred to as the PS) based on the Kazakhstan national drug formulary.

Medicines received for the provision of emergency, inpatient and inpatient care at the institutions of the penal system are marked with a special stamp of the institution indicating the name of the institution, its address and the mark "Free of charge".

33. Outside institutions, DC medical care shall be provided within the guaranteed volume of medical care and in the compulsory health insurance system in accordance with paragraph 3 of Article 196 and Article 200 of the Code.

Persons detained in the institutions of the penal system, to receive medical care within the guaranteed volume of medical care and in the compulsory medical insurance system, are assigned to health care entities that provide primary medical and social assistance at the location of the institutions. The attachment shall be carried out by the decision of the health department based on the submitted lists approved by the head of the PS institution with the attachment of identity documents.

For the timely attachment to the subjects of health care and detachment, about each case of arrival and departure of the convict to the institution, information about him is sent to the subject of health care.

34. In accordance with part four of Article 115 of the Penitentiary Code of the Republic of Kazakhstan (hereinafter referred to as PC), convicts pay for medical and preventive and other additional services provided at their request.

Additional medical services above the volume of medical care provided under the guaranteed volume of medical care and the compulsory medical insurance system, including planned dental care (orthodontic and orthopedic) for convicts, shall be provided at their own expense in a health facility with the involvement of specialists from other medical organizations, regardless of ownership.

35. In cases requiring the provision of specialized medical care to patients held in penitentiary institutions in stationary conditions (planned and emergency hospitalization), they shall be sent to health care entities, where isolated wards equipped with collapsible security equipment are allocated by a specialist of a medical organization at the place of attachment.

36. In accordance with paragraph 10 of Article 227 of the Code, biomedical research is not carried out in institutions and special institutions.

Paragraph 2. Provision of medical care in the institution and DC

37. The reception of suspects and accused convicted persons (including the next transit) in the institution, DC shall be carried out around the clock by the assistant on the duty of the head of the institution, DC (hereinafter referred to as the assistant on duty) or his deputy, who: together with the doctor on duty, conducts a medical examination.

Involvement of medical workers for overtime work shall be carried out in accordance with the Labor Code of the Republic of Kazakhstan.

In case of the arrival of suspects and accused in a state of alcoholic intoxication, the reception shall be carried out upon the availability of a medical examination of the territorial mental health center on the fact of the use of a psychoactive substance and the state of intoxication.

During the first day of stay in the institution, a medical worker undergoes a preliminary mandatory medical examination to assess the state of health, as well as prevent and prevent the spread of infectious and parasitic diseases before placing new arrivals in the quarantine department.

At the same time, special attention is paid to the presence of external manifestations of sexually transmitted diseases, skin, infectious and other diseases.

The examination shall be carried out by a doctor or paramedic in a specially equipped medical office. The office is equipped with a tonometer, a phonendoscope, thermometers, spatulas for examining the oral cavity, a reflector, scales, a stadiometer.

The following shall be carried out:

- 1) general analysis of blood and urine;
- 2) reaction of microprecipitation (micro reaction) to syphilis;
- 3) electrocardiography (hereinafter referred to as ECG);
- 4) fluorographic (X-ray) examination of the chest organs.

A medical card of an outpatient patient is filled in for each person contained in the DC in the form 025/y, approved by Order No. 907.

Information obtained from the medical records of healthcare organizations is recorded in the outpatient's medical record.

In the absence of a medical worker, the assistant on the duty of the head of the institution, DC interrogates new entrants about their state of health to identify those in need of emergency medical care, and also carries out an external examination of the skin and scalp (torso) for signs of injury, head lice, scabies...

38. Suspects, accused, defendants and convicts who have arrived at the institution are placed in a quarantine department for up to fifteen days. All arriving persons are recorded in the stage acceptance log in the form in accordance with Annex 4 to these Rules.

39. If necessary, by the decision of the head of the medical unit, specialist doctors are involved in the examination of all arrivals.

40. All departing from DC (including transit ones) shall undergo a medical or paramedic medical examination. Patients in the acute stage of the disease, patients with infectious diseases (except tuberculosis) and sexually transmitted diseases, those affected by head lice, scabies, who have not undergone the mandatory course of treatment, and non-transportable patients are not allowed to be transported.

Upon completion of the examination, a conclusion is given in an arbitrary form with a note in the medical record of the outpatient on the state of health of each descending person, the possibility of following it.

The medical worker who performed the examination puts his signature with the surname and initials under the conclusion.

41. In the first two weeks upon arrival at the institution, convicts undergo a medical examination in a quarantine department to identify existing diseases, assess their physical condition, and preliminarily determine the degree of disability. During their stay in the quarantine department, all suspects, accused, defendants and convicts undergo compulsory fluorographic examination, the blood test for micro reaction and pre-test and post-test counseling and HIV testing upon admission and after 6 months.

Persons with infectious diseases or with suspicion of them are isolated from healthy people immediately after the examination. The primary sanitization of these persons shall be carried out in the last turn, with the obligatory disinfection of clothes and personal belongings, after which they are sent to specially designated chambers, where they undergo an appropriate examination for diagnostic purposes and, if necessary, treatment.

42. During the period of quarantine, convicts are kept in isolated premises. If an infectious patient appears among them, the quarantine period is calculated from the moment of isolation of the last infectious patient.

43. When examining a patient, the doctor shall find out complaints, examine the anamnesis of the disease and life, data on past illnesses, injuries, operations, conduct an external examination to detect bodily injuries, conduct a comprehensive objective examination using generally accepted examination methods, including palpation, percussion, auscultation, if indicated, prescribes additional examination methods.

44. Before the placement of persons held in penitentiary institutions in a disciplinary cell, a solitary confinement cell, a temporary isolation room for minors, a medical examination shall be carried out to determine the possibility of their detention in the listed premises. A written opinion of a doctor (paramedic) on the possibility or impossibility of their placement for health reasons is drawn up in the form of a certificate in the form in accordance with Annex 5 to these Rules. If it is impossible to examine persons held in penal institutions, as well as, in the absence of visible signs of a dangerous disease, poisoning, injury, they are placed in a disciplinary isolation ward, a solitary cell, a temporary isolation room for minors with a mandatory medical examination within 24 hours from the moment of placement.

45. Upon departure from institutions (transfer, release, referral for treatment, departure to the main place of serving the sentence, etc.), the convicts undergo a preliminary mandatory medical examination, HIV testing.

46. The time for outpatient appointments in the medical units of convicts is established by the daily routine of the penal institutions.

47. Outpatient reception in the medical unit shall be carried out at the hours established by the order of the head of the medical unit of the penitentiary institutions, according to the schedule of outpatient reception. In institutions, an outpatient appointment time is allocated for each unit, shift, or several units. In the institutions of the penitentiary system of complete and emergency safety, outpatient appointments shall be carried out by doctors (paramedics) in secure buildings in specially equipped rooms by appointment made by a paramedic (in exceptional cases, by a senior in the building).

In DC, in institutions of emergency and complete safety, patients are taken to see a doctor (paramedic) or to perform procedures on a cell-by-cell basis, individually or in groups of three to five people.

48. In each detachment of institutions, a log of a preliminary appointment with a doctor is kept in the form in accordance with Annex 6 to these Rules, which is maintained by the head of the detachment. In DC, the register is kept by the corps paramedic. An appointment log is transferred to the medical unit before the start of the outpatient appointment. After acceptance, the register is returned to the specified persons. Admission without a log entry shall be carried out only in emergency cases.

49. In DC, in institutions of extraordinary and complete security, the paramedic, together with the senior in the building, daily checks the sanitary condition of the cells

by going around them after taking the persons held in the penitentiary institutions for a walk or sanitization.

To provide emergency medical care, a person in need of it is taken to the corps outpatient clinic. Taking into account medical indications, the paramedic conducts the appropriate appointments in the established volume or makes an appointment with patients to see a doctor.

50. Individuals detained in disciplinary isolation wards, as well as in solitary confinement cells of the DC, institutions of emergency and complete security, receive medical assistance on the spot by medical workers during a daily check of the sanitary condition of these premises, the results of which are recorded in the log of medical care in the premises of disciplinary isolation wards according to form in accordance with Annex 7 to these Rules. In cases where there is a serious state of health of the persons held in these premises, the medical worker takes measures to urgently transfer such persons to the medical unit.

51. Before the start of an outpatient appointment, a medical worker shall select the outpatient's medical records from the list of those recorded in the register for an appointment with a doctor. He/she shall briefly interview the patients to clarify their complaints collect anamnestic data; anthropometric measurements (height, body weight); measurement of blood pressure and determines the order of their referral to the doctor.

During the triage, the medical worker pays special attention to patients with fever, acute abdominal pain, angina attacks, jaundice and severe general weakness.

52. After examining the patient, the doctor briefly and legibly enters into the outpatient's medical record in the form 025/y, approved by Order No. 907, the date of admission, complaints, objective examination data, diagnosis, appointments, concludes the need to be released from work and signs with indication surnames and initials.

53. In difficult cases of establishing and differentiating the diagnosis of the disease and the development of treatment tactics, patients are examined by a commission or sent for consultation to medical specialists of healthcare subjects.

54. In the register of an appointment for an outpatient appointment, the doctor or paramedic records the diagnosis, the conclusion about the release from work or work orders, the date of the second visit to the doctor.

55. The conclusion on the partial or complete exemption from work orders and work is given by a doctor, and in the absence of a doctor, by a paramedic for no more than five days. The extension of the exemption shall be carried out by a medical advisory commission (hereinafter referred to as MAC). The composition of the MAC is approved by the head of the institution, it includes the chairman, members of the commission and the secretary. The conclusions of the MAC are recorded in the register of the MAC in the form, in accordance with Annex 8 to these Rules.

Lists of outpatient released persons, the medical unit transfers to the assistant on the duty of the head of the institution.

56. In the medical record of an outpatient patient, records are made of all medical examinations by medical workers, appointments and manipulations, regardless of their location (disciplinary isolation wards, solitary confinement cells, a temporary isolation room for minors).

57. Medical records of an outpatient patient, certificates of release from work in the form, in accordance with Annex 9 to these Rules, prescription sheets, other medical documents, and their copies to the patient's hands are not issued and stored in alphabetical order or by subdivisions in the medical unit, in wardrobes in locked rooms. The premises are sealed at the end of the working day. Outpatient registers are kept with the outpatient medical records.

Convicts get acquainted with medical documentation, including certificates of dismissal from work, prescription sheets, and their copies against signature, if necessary, an extract from the medical record is issued.

58. Medicines are not handed out to the patient; medications are taken in the presence of a medical worker.

An exception may be non-narcotic drugs prescribed for chronic diseases requiring continuous supportive treatment (ischemic heart disease with angina pectoris and resting, hypertension with persistent high blood pressure, diabetes mellitus, bronchial asthma, HIV infection). The decision on the allocation of these drugs for the day of receiving the patient's hands is made by the head of the medical unit on an individual basis, in accordance with the doctor's prescription, a special permit is issued, approved by the head of the PS institution and transferred to the duty unit.

59. Treatment procedures for outpatients shall be carried out by the medical unit during the day at fixed hours.

60. When a patient is referred for X-ray, laboratory and other diagnostic examinations, for an appointment with a specialist, as well as for procedures that cannot be performed in a medical unit, an outpatient medical record is issued to the person accompanying the patient.

The medical record of an outpatient must indicate the data of the examinations carried out in the medical unit, the alleged diagnosis and the reasons for referral.

61. Specialized medical care for persons held in penal institutions shall be provided in accordance with the protocol for diagnosis and treatment.

62. Specialized medical care on an outpatient basis shall be provided for patients in penal institutions that do not require complex methods of diagnosis and treatment by the nature of the disease (injury) (bruises, distros, superficial abscesses, etc.). The scope of diagnostic measures for surgical patients is determined by the ability to provide laboratory, X-ray and other special research methods in the medical unit.

63. Monitoring of the health status of persons held in penal institutions shall be carried out during periodic mandatory medical examinations, outpatient visits to the medical unit, dynamic observation of persons with chronic diseases.

The list of chronic diseases subject to dynamic observation, as well as the rules for organizing the provision of medical care to persons with chronic diseases, the frequency and timing of observation, the mandatory minimum and frequency of diagnostic tests are approved by the authorized body in the field of healthcare.

64. Periodic compulsory medical examination shall be carried out once a year. Convicts held in institutions of extraordinary or complete security (with cell confinement) and minors in educational colonies are subject to examination twice a year.

65. Persons held in institutions, DC undergo periodic compulsory medical examinations annually to ensure dynamic monitoring of the state of health, timely identification of the initial signs of diseases, prevention and non-proliferation of infectious and parasitic diseases.

66. The schedule of preventive medical examinations is approved by the head of the penal system. In accordance with the schedule, an examination of persons held in institutions by the doctors of medical institutions is organized with the involvement of specialists from health care subjects.

67. The arrival of persons in the medical unit of the penal system for undergoing periodic compulsory medical examination is ensured by the head of the detachment or the senior in the corps.

68. In the course of periodic mandatory medical examinations, the following shall be carried out: a collection of anamnestic data, anthropometric examination (height, body weight), a gynecological examination of women with taking a smear for cytological examination, determination of visual acuity and hearing, blood test (determination of the erythrocyte sedimentation rate (hereinafter referred to as ESR), hemoglobin, leukocytes, blood sugar according to indications), a general urine test, electrocardiography (hereinafter referred to as ECG), fluorography (X-ray) of the chest organs - 2 times a year, for women - palpation of the mammary glands, digital examination of the rectum, an examination by a general practitioner, phthisiologist, psychiatrist, dentist (dental surgeon), an examination by doctors of other specialties (according to indications).

The results of the periodic compulsory medical examination are entered into the outpatient's medical record.

69. If necessary, to identify diseases at early stages and prevent the development of diseases, risk factors that contribute to the occurrence of diseases, the formation and promotion of health, screening studies shall be carried out among the target groups of persons held in penal institutions in the order, volume and frequency of these studies,

determined by the authorized body in the field of healthcare. The results of the screening tests carried out are entered into the medical record of the outpatient.

70. In the absence of the necessary specialist in a health facility, a patient is referred for consultation to a medical organization of the territorial health authority for RP within the guaranteed volume of medical care and in the compulsory health insurance system for receiving specialized medical care on an outpatient basis by referral from primary health care specialists.

To receive planned specialized medical care on an outpatient basis in medical organizations of a territorial health authority, persons detained in penitentiary institutions are delivered to a medical organization by appointment at a specified time in accordance with the work schedule of a medical organization of territorial health care, accompanied by a medical worker and in accordance with the established procedure for removal and security.

On the recommendation of specialized specialists, the patient is given the prescribed procedures and examinations in accordance with subparagraph 3) of Article 195 in the conditions of a medical facility.

If necessary, the patient is sent for inpatient treatment to a health care subject within the guaranteed volume of medical care and in the compulsory health insurance system.

71. To protect the health of convicts, to prevent infectious and parasitic diseases, persons sent to work at food, water supply, medical units, hospitals, maternity wards, orphanages undergo preliminary compulsory medical examinations in accordance with paragraph 3 of Article 86 of the RPN Code within the framework of the guaranteed volume of medical care.

For each employee who is subject to prior mandatory medical examination, a personal medical record is entered. The procedure for issuing, recording and maintaining personal medical books is determined by the state body in the field of sanitary and epidemiological well-being of the population.

Employers do not admit to work persons who have not passed mandatory medical examinations and are recognized as unfit for work for health reasons. The results of compulsory medical examinations are entered into personal medical books.

Persons assigned to temporary work in the catering unit (daily dress) are subject to mandatory physical examination and can perform work not related to the preparation and distribution of food, washing dining room and kitchen utensils, inventory and equipment.

Paragraph 3. Organization of medical and preventive care in medium-security institutions for the maintenance of minors

72. Medical assistance to convicted minors shall be provided in accordance with subparagraph 3) of Article 195 of the Code.

Outside the institution, medical care shall be provided according to RPN within the guaranteed volume of medical care and in the compulsory medical insurance system.

73. To provide specialized medical care to convicted minors, the following shall be carried out:

1) attachment of juvenile convicts to the organization of primary health care at the location of the institution;

2) rendering practical assistance in organizing and carrying out anti-epidemic measures at the place of deployment of educational colonies.

74. During the period of admission to the DC, minors undergo examination for diphtheria carriage and helminth carriage. In case of positive results of bacteriological research, a full range of therapeutic and prophylactic and sanitary-anti-epidemic and sanitary-prophylactic measures shall be carried out concerning bacterial excretors. Juveniles who have been diagnosed with helminths undergo deworming, which can be interrupted during transfer and completed in an institution. According to indications, vaccinations shall be carried out with the ADS-M vaccine.

Preventive examination of the chest organs in minors shall be carried out by fluorographic method from 15 years of age and older. Children under 14 years old are annually staged a Mantoux test.

75. The head of the medical unit, who is a member of the commission that accepts newly admitted convicted minors, gives recommendations on rational employment, referral to vocational and general education.

At the same time, persons are identified who need treatment and prevention of dependence on psychoactive substances by a psychiatrist or educational and psychological influence of a psychologist together with an educator.

76. Twice a year, all convicted minors undergo preventive medical examinations by health care workers and include a set of medical and other measures aimed at preventing the occurrence of diseases and their early diagnosis, followed by dynamic observation and recovery, as well as, anthropometric measurements, weighing and laboratory tests and fluorographic examination. If necessary, they are sent to medical organizations at the place of attachment.

On the basis of data on the state of health and physical fitness, minors are distributed for physical education into groups: basic, preparatory, special.

The rules, volume and frequency of preventive medical examinations of target population groups are developed and approved by the authorized body in the field of healthcare.

77. The medical staff of the institution selects convicted minors who, for health reasons, need a health-improving regime, medical supervision and enhanced nutrition, into health-improving groups created at hospitals of medical units.

Minors are sent to health-improving groups: physically weakened and underweight, who have undergone various serious illnesses, injuries, surgical operations; having deviations in the state of health of a persistent nature, assigned to a special accounting group and subject to constant dispensary observation. The head of the medical unit draws up a list of persons enrolled in the health group and approves it with the head of the institution. The length of stay in a health group is determined by a doctor and is up to thirty working days. If there is a medical indication, the period of stay is extended. During this period, convicted minors are kept in the hospital of the medical unit. The daily routine for minors of the health group is determined by the head of the medical unit. They can go to school and are employed as occupational therapy. Classes in medical and physical culture are conducted under the supervision of a medical worker.

In the medical records of an outpatient patient of this category of persons, appropriate records are made, reflecting weight control, daily regimen, drug and vitamin therapy, physiotherapy exercises, labor use.

78. All convicted minors are subject to consultation by a psychiatrist while in quarantine.

Treatment of patients with mental, behavioral disorders (diseases) associated with the use of psychoactive substances in educational colonies is combined with the labor process, education in a general education school under the guidance of personnel trained for work and communication with persons with mental, behavioral disorders (diseases) associated with using psychoactive substances.

All work with this category of convicted minors shall be carried out by a psychiatrist in close cooperation and business communication with an educator and a psychologist. They organize comprehensive activities to promote a sober lifestyle among minors, the harmful effects of the use of psychoactive substances and ways to prevent it.

Paragraph 4. Organization of medical care for women

79. The tasks of the medical unit of the institution for the medical care of women are:

- 1) prevention of complications of pregnancy, childbirth and the postpartum period;
- 2) antenatal (intrauterine) protection of the fetus;
- 3) prevention and treatment of gynecological diseases.

80. The medical unit carries out:

- 1) dispensary observation of women with gynecological diseases and pregnant women;

- 2) psycho-preventive preparation for childbirth;
- 3) organization of the work of the "school of mothers";
- 4) sanitary and educational work.

The medical unit controls:

the correctness of the labor use of women (exemption of pregnant and lactating mothers from night and overtime work, work in hazardous work and on weekends for the periods provided for by labor legislation);

availability and sanitary condition of hygiene rooms, their provision with standard equipment;

nutrition for pregnant women and nursing mothers.

81. Obstetric care for pregnant women in institutions, DC, shall be carried out in maternity hospitals (departments), perinatal centers of territorial health organizations at the location of institutions, DC in the direction of PHC specialists.

Before discharge from the obstetric hospital, women in the postpartum period undergo a fluorographic examination to timely identify patients with tuberculosis.

82. All pregnant women are subject to dispensary observation. Pregnant women with obstetric pathology or extragenital and diseases are allocated to the "risk" groups.

During the initial medical examination of a pregnant woman:

1) collect anamnesis, paying attention to the nature of the secretory, menstrual function, the course and outcome of previous pregnancies and childbirth;

2) perform a general and special obstetric examination, including ultrasound, measure weight and blood pressure;

3) carry out laboratory tests (general analysis of blood, urine, trepanemal test TPHT or EIA in the first and second half of pregnancy, determination of the group and Rh-belonging of blood, the study of vaginal discharge);

4) are examined by a therapist and dentist.

With a burdened obstetric history, the pregnant woman is examined for toxoplasmosis, according to indications she is examined by specialist doctors.

Visits to the obstetrician-gynecologist are appointed:

1) I half of pregnancy - once a month;

2) II half of pregnancy up to 30 weeks - 2 times a month;

3) after 30 weeks of pregnancy, weekly;

4) with a burdened obstetric history, a woman's illness or a pathological course of this pregnancy (which does not require hospitalization), the frequency of examinations is decided individually, laboratory tests shall be carried out as necessary and in a larger volume.

From the moment pregnancy is established, a woman is transferred to an easier job, with her:

1) an explanatory conversation about the observance of the rules of personal hygiene, work and rest, about the importance of preventive vaccinations, including tuberculosis;

2) physical training by a group method according to a special set of exercises;

3) classes with sick pregnant women (with diseases of the heart, blood vessels, with toxicosis of pregnancy) on an individual basis;

4) psychoprophylactic preparation for childbirth - weekly (6 lessons);

5) from 14-16 weeks of pregnancy, training in the "school of mothers".

Women are subject to the hospitalization in medical organizations for examination and treatment:

1) in the pathological course of pregnancy (severe forms of toxicosis, threatening miscarriage, dropsy of pregnant women, nephropathy, preeclampsia, bleeding from the genital tract, Rh-conflict pregnancy, threat of premature birth);

2) with extragenital diseases (heart defects, hypertension, hyperthyroidism, diabetes, anemia, leukemia, cystitis);

3) practically healthy women, in whom the course of labor may be complicated (scar on the uterus, transverse or oblique position of the fetus, multiple pregnancies, intrauterine fetal death, uterine myoma);

4) if it is impossible to clarify the diagnosis of the disease, complications on an outpatient basis.

83. After discharge from the hospital, medical supervision shall be carried out by the medical personnel of the special institution and examinations shall be carried out:

1) the first medical examination - in 7-10 days;

2) the second medical examination - after 1 month;

3) the third medical examination - after 2 months.

At the first medical examination, an extract from a medical organization is examined, complaints are identified, a vaginal examination is performed according to indications. A conversation is held on the observance of the rules of personal hygiene. Consultative examinations by specialist doctors are prescribed for medical reasons. In the second case, complaints are detected, laboratory tests are prescribed according to indications.

In the physiological course of pregnancy and the postpartum period, after the third examination after 42 days, the woman is removed from the dispensary registration. The general practitioner/paramedic supervises the health of the postpartum woman.

84. Revealing of gynecological diseases shall be carried out when contacting an obstetrician-gynecologist with various complaints and during annual preventive examinations.

All women in the institution are subject to medical examination, who are examined by an obstetrician-gynecologist at least once a year.

If diseases are detected (or suspected of their presence), the doctor conducts:

- 1) collecting anamnesis;
- 2) general and gynecological examination of patients;
- 3) taking smears for bacteriological and cytological studies.

85. Patients subject to planned hospitalization undergo preliminary examinations at the place of attachment.

Convicted women with diseases that cannot be treated in the hospital of the medical unit of the institution are sent to territorial medical organizations for the provision of specialized medical care in inpatient conditions through the Portal of the Hospitalization Bureau.

According to article 79 of the Code, a woman has the right to abortion.

86. Gynecological patients are subject to regular observation and examination.

Women are subject to hospital treatment for medical indications: malignant neoplasms of the female genital organs, with impaired reproductive system function (violation of the ovarian-menstrual cycle, dysfunctional uterine bleeding, endometriosis), as well as with benign neoplasms requiring surgery, exacerbation of inflammatory diseases of the female genital organs, pathological climacteric syndrome.

The frequency and timing of visits, the duration of observation are determined by the doctor individually for each patient, depending on the nature, clinical stage of the disease and the characteristics of its course.

Paragraph 5. Organization of medical care for the children of convicted women held in the Child care center

87. The orphanage is located in an isolated area of the institution. The territory of the child care center is fenced off, equipped with areas isolated from each other (by the number of groups) for walking and sleeping children in the fresh air throughout the year.

The orphanage is designed to accommodate 30-150 children in isolation of group rooms.

The management of the orphanage is headed by the head of the pediatrician, who is in charge of medical and educational activities.

88. To properly organize health-improving and educational work, age groups are organized in the Child care center.

The number of groups and the age composition of children in groups are established depending on the presence of children, their age and taking into account their psychophysiological development.

Distribution of children by age in groups:

- 1) the first group - up to 10 months (with the allocation of a subgroup of children up to 4 months);

2) the second group - from 10 months to 1.5 years;

3) the third group - from 1.5 years to 3 years.

In the first and second groups, the number of children should not exceed 10, in the third - no more than 13.

If in any of the age groups the number of children exceeds these norms, then parallel groups are created.

89. The organization of the correct physical and neuropsychic development of a healthy child shall be carried out to provide medical care for children; prevention and treatment of infectious and somatic diseases.

91. The medical staff of the Child care center shall provide:

1) rational feeding of children under 1-year-old and adequate nutrition for children over 1-year-old;

2) carrying out preventive vaccinations for children in the prescribed age periods;

3) carrying out hardening procedures, physical education;

4) carrying out activities related to the organization of quarantine work, isolation of sick children in the Child care center;

5) sanitary and educational work with mothers and staff of the Child care center;

6) accounting and reporting.

91. For the rational feeding of children, health workers provide:

1) maximum preservation of breastfeeding;

2) timely transfer of the child to mixed and artificial feeding, in case of a lack of breast milk;

3) taking into account the age and individual characteristics of the child, the introduction of juices, fruit purees, vitamins, various types of complementary foods into the diet;

4) monitoring the compliance of the food received by the child with his physiological needs for the main food ingredients;

5) introduction of accounting for the state of health and individual characteristics of the child, nutritional conditions, environment.

To assess the effectiveness of nutrition, a uniform increase in body weight and growth is monitored, corresponding to the norms.

Children of the "risk" group are especially distinguished - premature babies, from multiple pregnancies, born with large bodyweight, suffering from malnutrition. The question of the diet of such children is decided strictly individually.

92. Preventive vaccinations shall be carried out in accordance with article 85 of the Code. In this case, the following activities shall be carried out:

1) planning of vaccination work for a year, quarter, month;

2) examination of children on the day of vaccination with compulsory thermometry

;

3) compliance with sanitary and hygienic measures of the rules of asepsis (a separate room, sterilization of vaccination instruments);

4) clear registration of the preventive vaccinations carried out with the determination of the duration of the medical challenge.

93. Hardening shall be carried out in compliance with the following conditions:

1) taking into account the individual characteristics of the child when choosing a hardening method;

2) the complex use of all-natural factors and hardening procedures;

3) gradualness in increasing the strength of the impact of a natural factor;

4) systematic hardening, which shall be carried out all year round, but its types and methods change depending on the season and weather;

5) calm, joyful mood of the child during the hardening procedure.

Physical education of children of the first year of life shall be carried out in the form of individual lessons, including massage and gymnastics.

For children over one-year-old, physical education is organized in the form of outdoor games, as well as a complex of gymnastic exercises (walking on a boom, a slide, stepping over a bench).

The health status of children is assessed using a comprehensive methodology with the involvement of specialist doctors. The result of this work is the unification of children in groups of homogeneous health conditions, which will facilitate the implementation of recreational activities.

94. All children newly admitted to the orphanage are subject to the immediate and thorough medical examination.

Medical examination of children shall be carried out in the following terms: 1 month of life - daily, from 1 to 6 months - 1 time in two days, from 6 months to a year - 1 time in five days, from 1 year to 3 years - 2 times in a month.

The data of examination and psychophysical development of children are recorded in the history of the child's development.

Specialists from medical organizations are involved in consulting weakened children and children with deviations in health. Upon admission to the Child care center, all children undergo anthropometric measurements, then these measurements are taken for children under 1 year of age once a month.

Weighing of healthy children shall be carried out up to 4 months - every other day, from 4 months to 1 year - 2 times in 5 days, from 1 year to 1 year 6 months - 1 time in 10 days, from 1 year 6 months to 3 years - 2 times per month. Weighed infants are weighed before and after each meal to determine the adequacy of the meal.

95. To prevent the introduction of infectious diseases, all children over two months of age newly admitted to orphanages are quarantined for 21 days.

Children under the age of two months are placed for 3-5 days in a semi-box of a quarantine room. Bypassing quarantine, children with acute serious and infectious diseases are sent to medical organizations, and the latter shall be kept in the isolation ward before hospitalization.

For quarantine, a special room is organized outside the Child care center, the number of beds in which must be at least 15% of the regular number of places in the Child care center.

The quarantine department has a reception room with 2-3 semi-boxes, rooms for keeping children with their mothers, a bathroom, a toilet with a flush, a veranda and a separate area for children to walk.

In the quarantine department, the daily routine is built for each child separately, and the educational work is in accordance with the age and state of health of the child.

During the quarantine period, children and mothers are examined for the carrier of diphtheria, the intestinal group (typhoid fever, paratyphoid, dysentery), helminthiasis, tuberculosis and syphilis, with a blood test for a trepanemal test TPHT or EIA, girls and mothers for gonorrhoea. Subsequent additional examinations shall be carried out in the presence of clinical and epidemiological indications.

Syphilis shall be treated for children if:

1. the mother of the newborn did not receive treatment or received inadequate treatment (after 32 weeks or non-penicillin antibiotics) during pregnancy (regardless of the presence of signs of the disease in the child).

2. if the child has a positive treponemal test result and at least one of the following criteria is present:

- manifestations of congenital syphilis during a physical examination or radiography of long bones;
- positive reaction of non-treponemal tests in the cerebrospinal fluid, pleocytosis or hyperproteinuria (in the absence of other reasons);
- detection of 19S IgM in the IFA -abs or TPHT test, detection of IgM by EIA.

1. if the mother has received full specific treatment, but the titers of non-treponemal tests are equal to or less than four times the titer in the mother.

Syphilis shall not be treated for children:

1. Children born to mothers who received adequate specific treatment before pregnancy, who still have positive non-treponemal tests with persistently low titers at the time of delivery (RMT <1: 2, RPR <1: 4),

2. if the child's non-treponemal tests are negative, or their titers do not exceed the titers of the mother's non-treponemal tests.

Adequate treatment of the mother should be considered therapy carried out in accordance with the clinical form and duration of syphilis, with strict adherence to single and course dosages and the frequency of administration of antibiotics.

96. The department for isolation of children with infectious forms of diseases, organized for the number of beds in the amount of 15% of the number of beds in the Child care center, should be located in a room isolated from groups, and have a separate entrance. It consists of a reception room, 1-2 boxed wards, a bathroom, a bath and a box for temporary isolation of the child. The department should have a veranda, as well as a green area for children to walk.

The quarantine unit and the isolation unit for children with infectious diseases are provided with all the necessary equipment and care items.

97. The daily routine in groups and subgroups is established in accordance with the age and individual characteristics of children. In each group, recreational and educational activities shall be carried out according to the age of the children, ensuring their normal development.

98. In the absence of breast milk from the mother, dry adapted milk formulas are used.

99. For weakened children, sanatorium groups are organized in orphanages with the creation of conditions and regimes conducive to the health of children.

100. On the same day, the head of the Child care center informs the head of the medical unit of the institution about each case of an infectious disease. For children who have had contact with infectious patients, all necessary anti-epidemic measures are taken. They are allocated in a separate group and placed in a separate room.

In the group where the sick child was identified, the current disinfection shall be carried out, and after the final diagnosis is established, the final one. When acute intestinal infection is detected, children, the attendants of this group and the workers of the catering department are examined for the intestinal group.

101. Children with chronic pathology are taken for dynamic observation. Depending on the nature of the disease, they are given anti-relapse treatment, specific and restorative therapy. From time to time, children are subject to in-depth examination with the involvement of pediatric specialists.

The sanitary and educational work is organized by the head of the orphanage and shall be carried out in the form of posting bulletins on sanitation and hygiene, seasonal disease prevention, conducting a "school for mothers", lectures and talks on medical topics.

102. Children with organic lesions of the central nervous system, congenital deformities and other diseases that are not subject to referral to general-profile child care centers are transferred to special child care centers or medical organizations.

103. Children transferred to close relatives of convicted women, as well as to children's institutions of health authorities, are provided with a full set of underwear, clothing and footwear for the season, which must be donated to the children's organization or relatives.

104. Upon the release of women who have children with them, they are issued, against receipt, a birth certificate of the child and an extract from the history of the child's development, which contains information on the child's health, preventive vaccinations and previous illnesses. If, when a woman is released, the child is sick and needs hospitalization, then with the mother's consent, he is placed with her in the nearest medical organization.

Section 6. Organization of medical care for persons held in minimum security institutions

105. Compliance with preventive and anti-epidemic measures, sanitary and epidemiological supervision in institutions of minimum security shall be carried out by subdivisions of sanitary and epidemiological supervision.

106. To provide medical assistance to convicts, medical units and first-aid posts function as part of minimum security institutions. The medical unit includes an outpatient clinic and an isolation ward for 1-2 beds with a washbasin and a toilet, a room for eating. The norm for the area of wards is at least 6 square meters per bed.

107. Convicts held in institutions of minimum security, to receive medical care within the guaranteed volume of medical care and medical care in the compulsory medical insurance system, are assigned to health care providers who provide medical care at the location of institutions on a general basis for citizens of the Republic of Kazakhstan.

If it is necessary to provide specialized medical care in inpatient conditions, in the direction of a health care subject, the convicts are hospitalized in medical organizations within the guaranteed volume of medical care and medical care in the compulsory health insurance system.

In the absence of specialized specialists, relevant departments, patients are sent to nearby health care entities.

Paragraph 7. Organization of medical care for persons held in institutions, DC during transportation and release from places of detention

108. Before dispatch, the persons held in the institution undergo a mandatory medical examination to determine their suitability for the conditions of the attire.

Non-transportable patients cannot be transferred (except for patients with tuberculosis).

109. When transporting seriously ill convicts, medical workers are assigned to accompany them. If there are patients among the sent convicts who need specialized medical care, if necessary, a doctor is allocated for escort. The head of the guard of the convoy carriage accepts convicts, who have a doctor's conclusion on the possibility of escorting indicated on the accompanying sheet.

110. Medical personnel assigned to escort convicts:

1) participates in the reception of convicts on guard, a few hours before boarding convicts in the carriage, together with the head of the carriage and a representative of the railway medical service, checks the sanitary condition, dishes for eating, water tanks, the availability and quality of products, containers intended for storing food;

2) provide medical assistance to convicts en route;

3) upon detection of patients who fall ill along the route and need specialized medical care or the occurrence of acute infectious diseases, through the head of the carriage, takes measures to hospitalize them in the nearest hospital or medical organization and take the necessary anti-epidemic measures by the forces of the sanitary and epidemiological supervision groups of the internal affairs bodies...

111. The provision of the necessary medical assistance on the way to convicts, in the absence of accompanying medical workers, shall be carried out by the forces of the nearest medical organizations by telegrams from the chiefs of military guards.

112. A person who refuses to eat is sent to trial, to investigative bodies and places of deprivation of liberty, separately from other persons held in the institution, by DC (in a separate cell of a special carriage or special car), accompanied by a medical worker.

If further refusal to take food along the route will threaten the health and life of this person, then, according to the written opinion of the accompanying medical worker, he is sent to one of the nearest medical organizations with the provision of the necessary medical care.

113. On the facts of poor-quality medical examination before dispatch or unjustified refusal to admit a patient to medical institutions, an official investigation shall be carried out.

114. The transportation of women with pregnancy over 6 months or with children aged from one month to two years, the mentally ill and seriously ill shall be carried out in special wagons, isolated from the rest of the convicts, accompanied by medical workers assigned by the sending authorities. When medical workers travel in special carriages, they are provided with a place for rest in the conductor's compartment and bedding. In the absence of the need for constant medical supervision of the convicted person, medical workers are allowed to follow in the neighboring carriage, about which a note is made in the certificate of his file.

115. The frequency of visits by medical workers to accompanying persons is determined by the sending authority. Transportation of convicts with leprosy shall be carried out in specially equipped carriages.

116. Upon release from the institution, DC, a person in need of specialized medical care in inpatient conditions, is hospitalized in medical organizations, as well as before being sent to institutions of minimum safety and being released from the institution, to

exclude an infectious disease, as well as to resolve the issue of the possible independent travel to the place of residence, the convict undergoes a medical examination with a fluoro-radiographic, regardless of the date of the previous examination, clinical and laboratory examinations. The results of the examination are entered into the medical record of the outpatient patient.

117. Convicts contained in the DC, who have not undergone compulsory treatment, as well as those requiring special treatment in medical and preventive institutions (disabled persons of groups 1 and 2, persons with disabilities, are not subject to transfer to institutions of minimum security, and also are not transferred to perform maintenance work). for whom compulsory treatment has not been completed, who are under dispensary observation with psychiatric pathology, who are under dispensary observation for chronic diseases with frequent exacerbations that impede the full volume of labor use, patients with active tuberculosis, as well as persons observed in dispensary registration groups for tuberculosis with large residual changes, HIV infections of clinical stages 3-4, (with clinical manifestations of the disease, low CD4 levels and high viral load), patients with infectious diseases in the acute stage, patients with infectious diseases in the acute stage, systemic diseases and).

118. If a convicted person to be released, due to his illness, mental state and physical disabilities, cannot independently follow the chosen place of residence, the head of the medical unit notifies the head of the institution, who allocates the required number of accompanying persons.

119. The corpse of the deceased during the transfer of the convict and his belongings shall be handed over to the nearest body of internal affairs in transport. In this case, an internal investigation is being conducted.

120. Upon release from the institution, the DC of persons who need to be sent to boarding homes for the elderly and disabled, the administration of the institution, the DC, no later than three months before release, submits to the local executive bodies in the field of social protection of the population the necessary documents for these persons for placing them after release in the corresponding boarding houses in the absence of a sequence in them, or for placing them on a queue in these organizations of a stationary type.

Paragraph 8. Organization of emergency medical care in institutions and DC

121. Emergency medical care shall be provided in an emergency and urgent form for acute illnesses and conditions that threaten life, depending on the manpower and resources.

122. Emergency medical care shall be provided in the scope of the ambulance, first aid, primary care and specialized, including high-tech medical care, depending on the manpower and resources.

Upon detection in the institution of patients with suspicion of the presence of a dangerous infectious disease, as well as persons in need of emergency medical care, the medical worker (in his absence, the duty officer) immediately calls the ambulance team.

In urgent cases, in the presence of a threat to the patient's life, in the long absence or inability of the ambulance team to arrive, the duty officer takes measures for the urgent delivery of the patient to the nearest medical organization. All exports are compulsorily recorded in the register of exports to medical organizations of the local government health authority in the form in accordance with Annex 10 to these Rules.

To provide emergency medical care at any time of the day in the procedural and dressing (operating room) outpatient clinic, there are drugs used for emergency care in acute conditions, sterile surgical instruments, disposable syringes, and sterile dressing materials in constant readiness.

In the ambulance treatment cabinets, there is a table indicating the main symptoms of the corresponding diseases, a list of medicines for the provision of emergency medical care according to the drug formulary.

In constant readiness, there is portable storage (bag or case, suitcase) with a set of tools for providing emergency medical care outside the medical unit.

123. Involvement of a medical worker of an institution, DC to perform work not related to the medical and sanitary provision is not allowed.

124. All medicinal products intended for current consumption and property for the provision of emergency medical care are stored in special cabinets in rooms under lock and key. The premises must be sealed.

It is allowed to store medications and other consumable property in the outpatient clinic in an amount not exceeding the ten-day requirement. Before dispensing medicinal products to a patient, each time the compliance of the dispensed medicinal product with the prescribed one and its expiration date are checked.

Paragraph 9. Organization of specialized medical care in inpatient and inpatient conditions

125. Indications for hospitalization, including urgent ones, are conditions requiring round-the-clock observation and treatment of specialized medical care in inpatient conditions.

In the regions where medical and prophylactic institutions of the penal system are located, according to the profile of the disease, they are hospitalized on an emergency basis in this medical facility with a subsequent request for a dress.

126. Taking into account transportability, the patient is hospitalized in the nearest medical organization of the corresponding profile.

If it is necessary to carry out measures of a medical nature along the route, as well as if such a need arises, the patient (victim) is accompanied by a medical worker who

has a package with medicines and instruments. In the direction for emergency hospitalization, information on the condition of the evacuee and the assistance provided is summarized. The medical staff is not included in the convoy, does not protect and supervise the sick convict while he is in the medical organization, but only performs the function of medical escort.

127. When examining patients to establish the diagnosis of a disease, the doctor of the medical unit uses the data of anamnesis, medical documents, examination results, data of laboratory, radiological and functional research methods. In necessary cases, data on the existing diseases are requested from medical organizations at the place of residence before their arrest and conviction.

Specialized medical care in inpatient and inpatient conditions shall be provided for diseases requiring constant medical supervision, intensive round-the-clock care, an integrated approach to diagnosis and treatment, the use of complex methods of examination and treatment using the latest medical technologies. In medical institutions, inpatient daycare departments can be created.

128. The admission of patients to the inpatient or inpatient day care unit of the medical unit shall be carried out if there is a doctor's conclusion in the outpatient's medical record on the need for inpatient examination and treatment. Data on newly admitted to the hospital are recorded in the register of patients admission and hospitalization refusals, in the established form approved by Order No. 907.

The hospital of the medical unit is intended for:

- 1) examination and treatment of patients in accordance with the protocols of diagnosis and treatment;
- 2) the necessary inpatient follow-up care for patients discharged from somatic hospitals;
- 3) temporary isolation of infectious or suspected infectious disease patients before their referral to a specialized hospital;
- 4) inpatient treatment of non-transportable patients until their condition improves and their referral to a somatic hospital;
- 5) premises of persons subject to specialized medical care in stationary conditions according to the plan of dispensary observation or referred to the health-improving group;
- 6) accommodation of patients subject to release from serving punishment due to illness, if it is impossible to find them in a hostel and there are no indications for referral to a somatic hospital.

If necessary, the extension of the course of specialized medical care in inpatient and inpatient conditions shall be carried out by the decision of the MAC.

The hospital of the medical unit shall be used only for medical reasons.

129. The head of the institution, DC ensures the deployment of the required beds and their effective use.

130. For each patient, an inpatient medical card of the established sample is kept in accordance with Order No. 907.

The medical unit notifies the head of the detachment (senior in the corps) about all cases of emergency or planned hospitalization to the hospital, as well as discharge from it.

All deaths of persons detained in the institution, DC, are registered in the register of deaths in the form, in accordance with Annex 11 to these Rules.

An official check shall be carried out for each fact of the death of persons detained in the institution by the DC.

131. Patients who pose a danger to others, infectious (except HIV), infectious skin, mental diseases) are kept separately.

Patients admitted to the hospital are subject to compulsory sanitization. Depending on the patient's condition, full or partial sanitization shall be carried out.

If necessary, the patient's linen is disinfected. Clothes and footwear are stored in a specially designated hospital room, the patient's underwear is washed and returned to him upon discharge.

Medical doctors visit patients daily. Diary entries for patients are made 1 time in three days in cases of mild disease and daily in moderate and severe cases.

The head of the medical unit examines the patient at least once a week, on the first day of the patient's admission and before discharge.

Medical appointments, body temperature measurement, anthropometric examinations are performed by the paramedic on duty (nurse).

The patient is assigned to bed, semi-bed or general regimen. Bed rest is prescribed for patients with increased body temperature, severe general weakness, symptoms of intoxication, half-bed rest - for patients whose treatment requires the restriction of motor activity, general - for patients whose treatment does not require the restriction of motor activity.

During the hospital stay, the patient undergoes an examination, in which all methods of instrumental and laboratory research are used in the conditions of the medical unit. For consultations, doctors of medical organizations are involved. Routine consultations shall be carried out on schedule, and in urgent cases - at any time of the day.

Surgical intervention, transfusion of blood, its components, and the use of invasive diagnostic methods are used with the written consent of patients.

Patients suffering from mental, behavioral disorders (diseases) recognized by the court as incapable, surgery, blood transfusion, invasive diagnostic methods shall be carried out with the written consent of their legal representatives.

In cases where the delay in performing a surgical intervention, transfusion of blood and its components, invasive diagnostic methods threatens the patient's life, and it is not possible to obtain the consent of the patient or his legal representatives, the decision is made by the doctor or council, followed by informing the patient or his legal representatives about the measures taken...

132. The volume of medical care in a hospital is determined by the availability of specialist doctors and equipment working in the medical unit in accordance with the requirements for the equipment of a medical facility and its purpose.

133. The hospital is equipped with a ward for the isolation of patients with infectious diseases and mental disorders. The ward is intended for temporary isolation (before being sent to the hospital) of infectious patients (including those with tuberculosis) and patients with diseases suspected of being infectious, providing them with first aid, caring for and monitoring patients and taking tests necessary to diagnose the disease.

The current and final disinfection shall be carried out in the ward on time. The medical staff in the ward uses specially designated gowns and strictly adheres to all personal hygiene rules.

134. In the hospital of medical unit there is an orderly on duty around the clock.

Paragraph 10. Organization of specialized medical care in inpatient conditions for convicts, sick with somatic diseases and suffering from mental, behavioral disorders (diseases) in medical institutions

135. Specialized medical care shall be provided by multidisciplinary hospitals under the direction of medical specialists. For medical reasons, the patient can be transferred to the medical organization of the local government health authority to receive specialized or high-tech medical care.

When sending convicts suffering from somatic, mental illnesses for inpatient treatment, the head of the institution in which the convict is located, preliminarily requests a permit (order) for hospitalization within 3 working days after the examination of the institution's WCC from the head of the territorial body of the penal system. The territorial body of the penitentiary system, within three working days, requests a permit (order) for hospitalization of the convict from the head of the authorized body of the penal correction system in the form, in accordance with Annex 12 to these Rules.

The authorized body of the penal system provides a permit (order) for convicted patients for hospitalization within five working days.

Every month, by the twenty-fifth day, information about convicted patients who have undergone inpatient treatment is submitted to the authorized body of the penal

system by psychiatric and somatic hospitals, indicating the diagnosis upon admission and discharge, the outcome of treatment and the bed-days spent.

136. Simultaneously with the request, a detailed discharge summary is sent from the convict's medical documentation, indicating all concomitant diseases and the conclusion of the head of the medical department of the institution on the need for inpatient treatment in the form, in accordance with Annex 13 to these Rules. In the conclusion, anamnestic and clinical data indicating the presence of the disease are indicated. When referring patients with mental, behavioral disorders (diseases), an opinion of a psychiatrist of the institution on the need for inpatient treatment is additionally sent, information about whether the convict was previously observed in an organization providing medical assistance in the field of mental health to persons with mental, behavioral disorders (diseases) whether previously passed outpatient or inpatient forensic psychiatric examination.

The consent (receipt) of the patient for hospitalization is required (except for the cases specified in Article 137 of the Code), in the form, in accordance with Annex 14 to these Rules.

In case of refusal of hospitalization, a statement is taken from the patient addressed to the head of the institution about the refusal, which is stored in the medical history or medical record of the convict's outpatient. If the patient, due to his condition, is not able to adequately assess his condition, hospitalization shall be carried out for medical reasons.

137. When sick convicts with mental, behavioral disorders (diseases), patients with active tuberculosis are sent to inpatient treatment, personal files are sent simultaneously with them with the obligatory presence of an outpatient's medical card.

Sick convicts with mental, behavioral disorders (diseases), in need of specialized medical care in inpatient conditions, who have been diagnosed with active tuberculosis, undergo treatment in an infectious isolation ward of a psychiatric hospital, where they simultaneously receive anti-tuberculosis treatment.

138. Transportation of patients for inpatient treatment shall be carried out only if he is transportable, if necessary, accompanied by a medical worker of the sending authority. The need for the escort is determined by the head of the medical unit of the sending authority. The mentally ill, women with pregnancy over six months are compulsorily accompanied.

139. Patients are admitted to hospital treatment if they have:

1) the conclusion of the head of the medical unit of the sending authority on the need for inpatient treatment;

2) the conclusion of a psychiatrist on the need for examination and treatment in a psychiatric hospital;

3) permission (order) of the authorized body of the penal system;

4) the personal file of the convict with medical documentation.

140. Convicted persons who are subject to release from serving their sentence in accordance with article 161 of the Criminal Executive Code of the Republic of Kazakhstan are not returned to the institution where they were previously held after a court decision to release them and are transferred to medical organizations at the place of release.

141. Protection of those sentenced to imprisonment hospitalized in medical institutions shall be carried out in accordance with the Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated February 20, 2017 No. 36 дсп (registered in the State Register of Normative Legal Acts under No. 14922).

142. Convicted patients with sexually transmitted infections and parasitic infectious diseases are provided with treatment at the place of detention.

143. The examination of sick women and minors, male and female, by a special medical commission and the submission of materials to the court for release from serving a sentence in connection with illness shall be carried out at the place of detention.

144. In all cases of release from serving punishment of persons with socially significant diseases, in accordance with the order of the Minister of Health and Social Development of the Republic of Kazakhstan dated May 21, 2015 No. 367 "On approval of the list of socially significant diseases and diseases that pose a danger to others" (registered in the Register of State Registration of Normative Legal Acts No. 11512), except for patients with tuberculosis, the administration of the institution one month before release at the end of the term and within three working days after release on other grounds (parole, replacement of the unserved part of the sentence with a milder form punishment, act of amnesty, pardon) sends information to medical organizations at the place of residence of the person to be released, indicating his passport data, diagnosis, treatment performed with detachment from the health care subject at the location of the institution.

145. Measures for the release of a tuberculosis patient shall be carried out in accordance with the order of the Minister of Internal Affairs of the Republic of Kazakhstan dated August 19, 2014 No. 530 "On approval of the Rules for the organization of anti-tuberculosis care in the institutions of the penal system, the List of diseases that are the basis for exemption from serving the sentence, the Rules for medical examination of convicts submitted for release from serving a sentence in connection with illness" (registered in the State Register of Normative Legal Acts No. 9762).

146. Upon arrival of a person released from an institution with socially significant diseases to the place of residence, medical organizations assign him to the subjects of

health care. After attachment, medical organizations within a month send to the institution information on registration for the dispensary.

**Paragraph 11. Organization of rehabilitation treatment and medical rehabilitation.
Examination of temporary disability**

147. The examination of temporary incapacity for work in the institution, DC shall be carried out by the doctor of the medical unit, hospital. The task of the examination of temporary incapacity for work is to determine the signs of temporary disability in convicts, in the case of detection of persistent disorders of the body's functions caused by diseases, the consequences of injuries and defects in persons; they are sent to the MAC.

148. Upon establishing the fact of temporary incapacity for work and the need to be released from work due to illness for undergoing outpatient treatment, an entry is made on the release from work and the appointment of treatment in the relevant medical documentation, a registration coupon for the reasons for temporary incapacity for work is filled out.

The attending physician issues a sheet and (or) a certificate of temporary disability at a time for three calendar days (in the period of increased incidence of influenza in the population - for six days. Extension of the sheet of temporary disability for more than six days and any subsequent extensions are made by the attending physician after the MAC.

Exemption from work in absentia is not allowed; examination of the patient is also mandatory when extending the release from work and before going to work.

In those institutions where the DC where one doctor or paramedic works, an exemption is given for the entire period of the disease with its obligatory justification.

149. In case of acute illnesses with a favorable labor prognosis, the exemption is granted until the restoration of working capacity. In acute diseases with a tendency to transition to a chronic state, dismissal from work is issued until the time when the labor prognosis becomes favorable.

If, according to the conclusion of the MAC, there are no grounds for sending the convicted person to a medical and social examination (hereinafter referred to as MSE) in order to establish disability, but the working conditions worsen the clinical course and prognosis of the disease, a conclusion of the MAC is issued on a temporary transfer to an easier job. The term is established by MAC depending on the severity of the course and complications of the disease.

150. If the convict is found to have persistent disorders of the body's functions after a complex of diagnostic, therapeutic and rehabilitation measures, the administration of the institution, the DC forms and submits to the territorial subdivisions of the authorized body in the field of social protection of the population at the location of the

institution, the DC documents for the examined person in accordance with the Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated January 30, 2015 No. 44 "On approval of the Rules for conducting medical and social expertise" (registered in the State Register of Normative Legal Acts No. 10589).

151. The administration of the institution, DC, taking into account the next period of re-examination, presents disabled persons for re-examination (re-examination).

152. The administration of the institution, the DC decides the question of the time and place of the ITU.

153. The ITU shall be carried out in the presence of the convicted person. The administration of the institution, DC provides escort and safety of representatives of territorial divisions of the authorized body in the field of social protection of the population

Section 12. Organization of medical care in case of bodily injury, trauma and poisoning

154. All medical examiners admitted to the institution are examined for bodily injuries.

155. The medical worker informs the head of the institution, MI, about each fact of medical examination for bodily injury (as a result of industrial injuries, accidents), which is immediately transferred to the duty assistant of the head of the institution, MI.

156. Upon detection of bodily harm, the administration of the institution, the MI, immediately notifies the prosecutor's office of the facts of causing bodily harm to persons detained in the institution, the MI, as well as those who filed a complaint about the infliction of bodily harm on them. All facts are recorded in the register of trauma cases in the form, in accordance with Annex 18 to these Rules.

In the event of a request for bodily harm or the discovery of bodily harm on the body of the person addressed, the duty shift as part of the duty assistant to the head of the institution, an employee of the operational service and a medical worker draws up an act of bodily harm (examination) or bodily harm to oneself. In all cases of treatment or detection of bodily harm by the prosecutor's office, internal affairs bodies, a resolution is issued to appoint a forensic medical examination.

157. Measures to prevent bodily injury, injury and poisoning among persons held in an institution, DC, shall be carried out by all services.

158 Over the fulfillment of the requirements of regulatory legal acts of the Republic of Kazakhstan to ensure the proper maintenance of persons held in an institution, medical equipment, prevention of injuries and poisoning, accidents, constant monitoring shall be carried out by the heads of institutions, services and medical workers:

1) systematic conduct of classes with subordinates to fulfill the requirements of orders and instructions;

2) labor use of persons held in an institution, DC in accordance with their qualifications and state of health;

3) systematic conduct of classes with persons held in an institution, DC, to study the basic safety rules, familiarize themselves with personal prevention of injuries and poisoning, study and practice first aid techniques (in the order of self-help and mutual assistance) in case of injuries, poisoning and accidents;

4) technical briefing and registration of admission to certain types of work;

5) carrying out sanitary and educational work;

6) constant monitoring of persons with poor physical development and chronic diseases, determination of labor recommendations for them and control of their labor use;

7) study of the circumstances and causes of injuries and poisoning with the development of specific measures to prevent them;

8) the provision of medical care to persons held in an institution, MI, employees, medical workers at risk of contracting HIV infection, in accordance with Annex 19 to these Rules.

159. According to the work plan of the medical unit of the institution, medical personnel, medical workers monitor the sanitary and hygienic working conditions of persons held in the institution, medical personnel, compliance with the rules of labor protection and industrial sanitation, the availability and completeness of first-aid kits and sanitary bags, the state of drinking water supply at work, availability of overalls, the sanitary condition of the territory, workplaces. The results of inspections are drawn up by acts of inspections and instructions to the administrations of workshops, sections and objects of a labor organization of persons held in the institution, MI, indicating specific terms for eliminating the identified deficiencies.

In the event of gross violations of sanitary and hygienic rules at work, the results of the survey are reported directly to the management of the institution for immediate measures to be taken to eliminate them. If measures are not taken to eliminate the deficiencies, the head of the medical unit reports to the higher medical head.

160. Production facilities are provided with medical services in the following order:

1) all workshops, independent sites, workshops and facilities for organizing the work of persons held in an institution, DC, are equipped with first aid kits. First-aid kits are replenished by medical workers at the expense of production;

2) in each production team working in a remote area, workshop or group of teams for the provision of first aid, one of the convicts is allocated, specially trained for this, whom the medical unit of the institution provides with a sanitary bag with medicines and dressings;

3) if the injured person at work needs urgent medical care, delivery of him to the medical unit or the nearest medical organization is organized.

161. In accordance with the labor legislation of the Republic of Kazakhstan, each accident related to work activity, which caused the employee (employees) to lose the ability to work, according to the medical opinion (recommendation), the materials of the investigation, is drawn up by an accident report.

The act of an accident, occupational disease or poisoning shall be attached to the personal file of the convicted person in accordance with the established procedure.

7) study of the circumstances and causes of injuries and poisoning with the development of specific measures to prevent them;

8) the provision of medical care to persons held in an institution, MI, employees, medical workers at risk of contracting HIV infection, in accordance with Annex 16 to these Rules.

161. According to the work plan of the medical unit of the institution, medical workers monitor the sanitary and hygienic working conditions of persons detained in the institution, medical personnel, compliance with the rules of labor protection and industrial sanitation, the availability and completeness of first-aid kits and sanitary bags, the state of drinking water supply at work, availability of overalls, the sanitary condition of the territory, workplaces. The results of inspections are drawn up by acts of inspections and instructions to the administrations of workshops, sections and objects of a labor organization of persons held in the institution, MI, indicating specific terms for eliminating the identified deficiencies.

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Chapter 4. Treatment and prophylactic measures for certain diseases and conditions

Paragraph 1. Organization of medical care in the field of mental health for persons with mental, behavioral disorders (diseases)

164. Before conducting a medical examination of persons detained in an institution, the DC doctor examines personal files and medical documentation to identify persons who, prior to arrest, are registered with an organization providing medical assistance in the field of mental health to persons with mental, behavioral disorders (diseases) (hereinafter referred to as OPMAMH), sent for forensic psychiatric examination or undergoing it.

If necessary, extracts from medical records of an outpatient patient and copies of acts of forensic psychiatric examinations from institutions where this examination was carried out are requested from the OPMAMH. Determination of the presence or absence of a mental disorder in the examined person is the exclusive competence of a psychiatrist for these purposes, it is necessary to involve psychiatrists of medical organizations of health authorities.

A detailed medical examination by a psychiatrist is necessary for persons who commit acts that give reason to suspect that they have mental disorders, often complaining of a neurotic nature or detecting behavioral deviations (emotionally excitable, often committing outwardly unmotivated acts that violate the regime of detention, conflict persons and persons prone to committing auto-aggressive and suicidal actions), as well as previously registered with the OPMAMH, recognized by the forensic psychiatric examination as sane, but having mental disorders.

The diagnosis of mental illness is made only by a psychiatrist. Registration for dispensary registration and removal from dispensary registration shall be carried out only by a commission decision of the MAC of the medical unit of the institution.

165. Persons referred for examination to a psychiatrist are divided into two groups:

1) advisory accounting group:

patients with neurotic disorders requiring temporary treatment rather than constant monitoring;

persons suffering from mental disorders in the presence of deep persistent remissions, in a state of compensation;

others, directed for examination by way of consultation, provided that they did not find any disturbances in the mental sphere.

Patients in this group are not subject to special registration.

2) dispensary registration group:

patients with all forms of mental, behavioral disorders (diseases) diseases, regardless of the stage of the process, including those with residual phenomena, persons with pathological personality development (psychopathy), oligophrenia, epilepsy, suffering from organic lesions of the central nervous system with one or another mental behavioral disorders (diseases);

persons suffering from severe forms of neuroses, reactive states.

166. Registration for dispensary registration and removal from dispensary registration shall be carried out only by the decision of the MAC of the medical unit of the institution.

167. For each patient, taken on consultative and dispensary registration, as well as for persons who are prescribed by the court compulsory outpatient observation and treatment for mental disorders that do not exclude sanity, a card of observation of a person with mental (narcological) disorders and a control card of a dispensary observation of a mental patient. When a convicted person is transferred to another institution, the card is attached to the personal file together with the outpatient's medical card.

168. Treatment of patients with the mental, behavioral disorder (disease) in an institution shall be carried out on an outpatient basis or in an inpatient setting of a medical unit. For persons who have been assigned a forensic psychiatric examination, therapeutic measures for a mental disorder shall be carried out only in an acute psychotic state, in the presence of seizures and severe decompensation. For persons who have been declared insane, medical measures shall be carried out in a hospital of the medical unit with their obligatory isolation and are examined by a psychiatrist of the institution every day. In the absence of a psychiatrist, treatment measures shall be carried out by the head of the medical unit or a general practitioner on the recommendations of a psychiatrist of medical organizations of the territorial health authority. The results of the examination are entered into the medical record of the inpatient. When a patient is discharged from a hospital, a detailed epicrisis is drawn up, which is transferred to the observation card for a mental (drug-addicted) patient.

169. Specialized inpatient medical care for persons with acute psychotic conditions and frequent decompensation of the disease, which does not stop for a long time in a medical unit, shall be provided in a psychiatric hospital (department) of the PS. Before the patient comes out of an acute state, records are made on him daily, then - at least once every 3 days. With a long stay of the patient in the hospital, a milestone epicrisis is drawn up every 3 months. When a patient is discharged from a hospital (department) , a detailed final epicrisis is drawn up with mandatory medical recommendations on his outpatient observation, treatment and rational employment.

170. An in-depth and all-around examination of patients in a hospital is mandatory when deciding whether to release a convicted person from serving a sentence in

connection with illness. The psychiatric examination shall be carried out by a medical commission consisting of doctors of institutions. The commission must include at least two psychiatrists.

This category of patients is not returned to the place of their previous detention but is in the hospital (department) until the final decision of the judicial authorities. If the convict is released and compulsory medical measures are applied to him by a court decision in a hospital with strict or enhanced supervision, he is transferred to it in the manner prescribed by the legislation of the Republic of Kazakhstan in the field of healthcare.

Paragraph 2. Organization of medical care in the field of mental health for persons with mental, behavioral disorders (diseases) associated with the use of psychoactive substances

171. Compulsory treatment of persons with a mental, behavioral disorder (disease) associated with the use of psychoactive substances shall be carried out based on a court decision in the medical unit by a psychiatrist-narcologist, if necessary, sent for inpatient treatment in a medical institution of the penal system.

172. Upon admission to an institution, convicts who have been prescribed compulsory treatment for mental and behavioral disorders (diseases) associated with the use of psychoactive substances are examined by a psychiatrist-narcologist, who at the first conversation acquaints the patient with the basic principles of organizing and conducting compulsory treatment in the institution. These convicts are registered in the dispensary. For each convict of this category, a control card of dispensary observation of a mentally (narcological) patient and a medical card of an outpatient narcological patient is entered. The treatment shall be carried out according to the clinical protocols of diagnosis and treatment. In the event of complaints, syndromes, or indications for hospitalization, the convicts are sent for inpatient treatment at a medical facility. After completion of the course of active treatment, people with mental, behavioral disorder (disease) associated with the use of psychoactive substances are prescribed supportive treatment.

173. Refusal of compulsory treatment is a malicious violation of the established procedure for serving a sentence, and after all methods of psychotherapeutic influence have been exhausted, penalties are applied to the convicted person in accordance with the penal legislation.

174. Anti-relapse therapy shall be carried out on convicts who have failed in treatment. Under the "breakdown" of treatment should be understood the use by convicts on compulsory treatment, alcohol, its surrogates, narcotic and other intoxicating substances.

175. During the period of compulsory treatment, convicts undergo dynamic observation and quality control of remission at least once a quarter for tests for the presence of narcotic substances in their bodies.

176. If a convict who is not subject to compulsory treatment is identified from a mental, behavioral disorder (disease) associated with the use of psychoactive substances, he is offered to undergo a course of therapy for mental, behavioral disorder (disease) associated with the use of psychoactive substances in voluntary okay.

In case of refusal from voluntary treatment, the medical commission consisting of the head of the medical unit of the institution, a psychiatrist (narcologist) and a general practitioner shall issue an opinion, based on which the administration of the institution petitions the court to apply compulsory medical measures.

177. The termination of compulsory treatment is made by a court on the proposal of the administration of the institution. The duration of compulsory treatment of persons with mental, behavioral disorder (disease) associated with the use of psychoactive substances is determined in accordance with Article 26 of the Criminal Executive Code and Article 96 of the Criminal Code of the Republic of Kazakhstan. In the absence of relapses of the disease and violation of the course of treatment, the medical commission prepares materials for the court to decide on the termination of compulsory treatment.

The basis for deciding on the termination of compulsory treatment is the conclusion of the medical commission.

After the court has withdrawn compulsory treatment, persons with a mental, behavioral disorder (disease) associated with the use of psychoactive substances are registered at the dispensary for 5 years.

178. In all cases of release from serving the sentence of convicts who were undergoing compulsory treatment for a mental, behavioral disorder (disease) associated with the use of psychoactive substances, the medical unit one month before release at the end of the term and within three working days after release otherwise grounds (parole, replacement of the unserved part of the sentence with a milder form, act of amnesty, pardon) sends an extract from the outpatient card of a person with mental, behavioral disorder (a disease associated with the use of psychoactive substances) to the medical organizations of the local government health authority at the place of residence of the person to be released its results.

179. In cases where treatment has not been completed by the time of release from a place of deprivation of liberty, the medical commission draws up a reasoned opinion on the need to continue it. Based on the conclusion, the administration of the institution may go to court with a proposal for the extension of compulsory treatment in the medical organization of the local government health authority.

180. In case of suspicion of the presence of a person held in an institution of the penal system, the external manifestations of which are similar to signs of any intoxication, his examination is made for the state of intoxication.

181. The examination shall be carried out by a psychiatrist-narcologist or by specially trained doctors of other specialties, it is allowed to conduct a medical examination by paramedics who have undergone special training at the OPMAMH. The results are formalized by the appropriate conclusion of a medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication in the form, in accordance with Annex 17 to these Rules.

182. If it is not possible to examine in full due to the severity of the patient's condition, tests for the presence of psychoactive substances in the exhaled air and biological media (blood, urine, saliva) are mandatory. The nature and sequence of biological tests shall be determined by a doctor (paramedic), depending on the characteristics of the patient's clinical condition.

183. The doctor (paramedic), performing the examination, in all cases, shall draw up the conclusion of the medical examination in the prescribed form. In the conclusion, information about the person being examined, his behavior, emotional background, speech, vegetative-vascular reactions, impaired consciousness, orientation, memory, coordination of movements, the state of the neurological and somatic sphere, the presence of the smell of a psychoactive substance in the exhaled air are detailed. It should be noted the complaints of the examined person, his subjective assessment of his condition. Without fail, if carried out, the results of laboratory tests are noted.

184. The main basis of a medical opinion on a condition associated with psychoactive substance use is clinical examination data. If the doctor doubts the clinical picture of drunkenness or disagreement of the person being examined with the conclusion of the survey, the examined person is examined for exhaled air and biological media (urine, blood, saliva).

185. Based on a medical examination, a conclusion is formulated, which characterizes the state of the person being examined at the time of the examination.

The doctor (paramedic), when drawing up a conclusion, based on the available clinical and (if necessary) laboratory data, establishes one of the following conditions:

- 1) sober;
- 2) the fact of the use of (any) psychoactive substance has been established, no signs of intoxication have been identified;
- 3) alcoholic intoxication by degrees (light, medium, severe);
- 4) a state of intoxication caused by the use of other psychoactive substances (drugs - opioids, cannabinoids, cocaine, sedatives, hypnotics, psychostimulants, hallucinogens , volatile solvents), with laboratory confirmation.

Paragraph 3. Organization of medical and preventive measures concerning persons who refuse to eat

186. When establishing the fact of refusal to take food as a sign of protest among persons detained in an institution, the DC, the management of the institution, the DC shall find out the reasons for the refusal to take food and notify the higher territorial body of the penal system, the person or body in charge of the criminal case, if this is a suspect, an accused, and also a prosecutor who supervises the legality of the execution of sentences.

187. A person detained in an institution, DC, who refuses to eat, is kept as separate from others as possible (in the event of a threat to the state of health in the hospital of the medical unit) and is under the supervision of a medical worker. Measures, including those of a compulsory nature, aimed at maintaining the health of a person who refuses to take food, if his life is in danger, shall be carried out based on a written opinion of a doctor and in the presence of a medical worker (except for forced feeding)

188. A list of persons under supervision due to refusal to eat is drawn up in the duty section of the institution. In the medical records, a record is made daily about the state of health of these persons.

189. Refusal to eat food for a suspect, accused or convict does not prevent them from being transported or escorted, as well as from participating in investigative actions and court hearings. If necessary, escorting or escorting shall be carried out accompanied by medical personnel.

190. If a person refusing to eat food is threatened by the deterioration of his health, the necessary measures are taken. These patients are interviewed about the health hazards caused by refusing to eat. If necessary, in case of deterioration in health, artificial feeding with a nutritional mixture through a tube shall be carried out with the appointment of drugs (glucose, vitamins).

The nutritional formula for tube feeding provides the required amount of proteins, fats, carbohydrates, vitamins and salts.

If necessary, medications are added to the nutritional formula, which the patient refuses to take.

191. In case of refusal of persons who have inflicted bodily harm from medical assistance, the possible consequences are explained to them in an accessible form.

192. Refusal of medical care with an indication of the possible consequences is made out by an entry in the medical documentation and signed by the person refusing medical care, as well as by the medical worker.

In case of refusal to sign the patient's refusal of medical care, an appropriate entry is made about this in the medical documentation and signed by a medical worker, an

act of refusal from medical care is drawn up, which is signed by a medical worker, an employee of the security and operational services.

Chapter 5. Organization of continuity of treatment of patients suffering from socially significant or other serious diseases, who are released from penal institutions.

193. In all cases of release from serving punishment of persons with socially significant diseases, in accordance with the order of the Minister of Health and Social Development of the Republic of Kazakhstan dated May 21, 2015 No. 367 "On approval of the list of socially significant diseases and diseases that pose a danger to others" (registered in the State Register of Normative Legal Acts No. 11512), except for patients with tuberculosis, the administration of the institution one month before release at the end of the term and within three working days after release on other grounds (parole, replacement of the unserved part of the sentence with a milder form punishment, act of amnesty, pardon) sends information to medical organizations at the place of residence of the person to be released, indicating his passport data, diagnosis, treatment performed with detachment from the health care subject at the location of the institution and attachment to the health care subject at the place of residence.

194. Measures for the release of a tuberculosis patient shall be carried out in accordance with the order of the Minister of Internal Affairs of the Republic of Kazakhstan dated April 7, 2015, No. 314 "On approval of the Rules for the provision of medical care to citizens whose freedom is restricted, as well as to persons serving a sentence by a court sentence in places of deprivation of liberty, placed in special institutions" (registered in the State Register of Normative Legal Acts No. 11206).

195. Medical organizations, after being attached to health care subjects who have been released from places of detention, within a month, send information to institutions about registration with dispensaries.

Annex 1
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

The form

Register of the initial survey and registration of the provision of medical care to persons held in special institutions (TDC, RC, SRA)

					Upon admissi	Time of call and	The nature	Hospital ization,		Signatur e of the person	
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No.	Full Name	Age	Receipt Date	Complaints	Complaints revealed the following	Arrival of a medical worker	of the medical care provided	name of the medical institution	Recommendations	on duty at the special institution	Note
1	2	3	4	5	6	7	8	9	10	11	12

Annex 2
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

The log of registration of appeals to the office of a medical worker of a special institution for _____ 20 ____.

No.	date and hour of the call or appeal	Full name of the patient, year of birth	Ward No.	For what reason was the appeal made	Call is initial, repeated, visit is active	Complaints about the state of health at the time of treatment, general condition, objective data. Diagnosis	Information about the provision of primary medical care, as well as by whom and when, where the patient was sent or an ambulance was called. assistance, call and arrival times	Notes of the doctor of the ambulance brigade about the further possibility of being kept in the TDF, in case of leaving the patient	Note
1	2	3	4	5	6	7	8	9	10

Note:

1. The register shall be maintained by a medical professional.
2. The log records all persons, without exception, who applied to the office of a medical worker for medical help.
3. Filling in all columns of the register is required. Entries shall be kept neat, legible and obscuring of entries is not allowed.
4. The pages of the magazine should be numbered, laced and stamped.

Used registers shall be stored in a special institution for five years from the date of the last entry, and then destroyed in the prescribed manner.

Annex 3
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Medical examination card No. _____

_____ name of the special institution of the internal affairs body

Full name _____

_____ Gender _____ Year of birth _____ Address _____

_____ Complaints upon admission _____

_____ Objective examination data: Height ____ Weight ____ BP ____ mm Hg. Physical examination data (to describe the skin for injuries, the presence of scars, abrasions, injection marks, tattoos, etc.)

_____ Examination data for organs and systems (musculoskeletal system, heart, lungs, genitourinary system) _____

_____ Psychoneurological status _____

Date of referral:

1. for X-ray fluorographic examination _____

Result _____

2. for HIV infection _____, result - _____

3. for syphilis _____, result _____

Results of other laboratory tests _____

Date and data of the final examination upon release or transfer to a pre-trial detention center

Name, initials of the medical worker who completed the medical examination card, signature.

Annex 4
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

The form

Stage acceptance log

Shelf life - 3 years

No.	Full Name	Date of Birth	Arrival date	The presence of body injury	Diagnosis	Survey performed (date and result)		
						RW	HIV	FG
1	2	3	4	5	6	7	8	9

Annex 5
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

Health certificate

Surname, name, patronymic

D.B.

Detachment

Diagnosis:

kept in the premises of the DC (WTR, SC)

allowed, not allowed

" _____ " _____ 20 _____

Annex 6
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Medical appointment log Shelf life - 1 year

No.	Full name	Date of Birth	Detachment, Ward	the date	Specialist doctor	Acceptance stamp	List of the head of the detachment
1	2	3	4	5	6	7	8

Annex 7
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Register of medical care in the premises of disciplinary isolators Shelf life - 5 years

No.	Full name	Date of Birth	Ward	Date and time	Complai nts	Diagnosi s	Doctor's (paramedi c	Received therapeut ic	Specialis t	Provisio n of the first first
-----	--------------	------------------	------	------------------	----------------	---------------	--------------------------------	-----------------------------	----------------	-------------------------------------

							c) appointm ent	appointm ent	consultat ion	aid med. help
1	2	3	4	5	6	7	8	9	10	11

Annex 8
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Register of the medical advisory commission (MAC) Shelf life - 5 years

No.	Full name	Date of Birth	Squad	Date of the MAC	M A C diagnosis	M A C decision	Note
1	2	3	4	5	6	7	8

Annex 9
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Certificate of MAC about the state of health

Surname, name, patronymic

year of birth

Detachment

Diagnosis:

Conclusion on working capacity

(able-bodied, disabled)

Referral to the institution of minimum security

(allowed, not allowed)

" _____ " _____ 20 _____

(last name, first name, patronymic of the medical worker),

Annex 10
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

**Register of exports to medical organizations of the local government health authority Shelf
life - 3 years**

No.	Full name	Date of Birth	Squad	Pickup date and time	Preliminary diagnosis	Final diagnosis	Provided medical assistance	Hospitalization (department)	Date and time of return to the institution	note
1	2	3	4	5	6	7	8	9	10	11

Annex 11
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Death register Shelf life - 25 years

No.	Full name	Date of Birth	Squad	Date and time of death	The place of death	Provisional cause of death	Clinical diagnosis	CRB No.	Forensic medical diagnosis	Result of an official investigation into the fact of death (decision to refuse to initiate a criminal case)
1	2	3	4	5	6	7	8	9	10	11

Annex 12
to the Rules for the provision of
medical care to persons with

limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

The form

To Deputy Chairman
of the PS Committee

Title _____ Full name _____

Request for duty

I hereby request you to send _____ convicted person for inpatient
treatment to a medical and preventive institution. _____ year of birth, article, term.

Annex: on _____ sheets.

Head of Department _____ title

Full name

Signature

Full name of executor

Tel.

Annex 13

to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

The form

Sample

Discharge epicrisis when referring to inpatient treatment

Convicted _____

(surname, name, patronymic)

Year of birth _____

By whom and when convicted (a) _____

Article of the Criminal Code of the Republic of Kazakhstan _____

Term _____ Start of term _____

End of term _____

Personal file No. _____

I. COMPLAINTS _____

II. ANAMNESIS OF LIFE _____

III. ANAMNESIS OF THE DISEASE _____

IV. OBJECTIVE STATUS

Data from physical research methods (by systems and organs)

1. General examination of the patient
2. Examination of the respiratory system
3. Examination of the circulatory system
4. Examination of the digestive system
5. Examination of the urinary system
6. Examination of the nervous system

V. MENTAL STATUS _____

Consultations of specialists, data from laboratory, X-ray and other studies (in dynamics)

Referral diagnosis:

Conclusion on the need for inpatient treatment:

Stamp place of Institutions

Deputy head of the

institution for treatment and prophylactic work

or head of the medical unit, hospital. _____ Full name, signature, date

Date

Attending physician: _____ Full name, signature, date

Annex 14

to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

The form

Sample

Ref. No. _____ date _____

To the head of the institution _____

PS for _____ region

Title Full name

Consent (receipt) of the patient for hospitalization

I, convicted _____

(surname, name, patronymic)

Year of birth _____

Article _____

Term _____

start _____

end _____

I hereby agree (disagree) to operative (inpatient) treatment in a medical institution

PS

Signature

Date

Visa of the head institutions _____

Full name, signature, date

Visa of the deputy head of the institution for treatment and prophylactic work or the head of the medical unit, hospital _____

Full name, signature, date, stamp of the institution

Annex 15
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions

The form

Injury register Shelf life - 5 years

No.	Full name	Date of Birth	Squad	Date and time of injury	Place and circumstances of the incident	First aid	Diagnosis	CRB No.	Ref. No. of notification to the prosecutor's office
1	2	3	4	5	6	7	8	9	10

Annex 16
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,

Post-exposure prophylaxis (hereinafter referred to as PEP):

Recommended in the following cases:

Subcutaneous or intramuscular penetration with a needle for intravenous or intramuscular injection, or using an intravascular device. In this case, the status of the patient - the source - is HIV-infected, or a person whose current serostatus is unknown, but there are risk factors for HIV infection.

Damage to the skin with a sharp instrument (lancet, etc.), a needle for intramuscular or hypodermic injection, or a surgical needle. Contact > 15 min involving mucous membranes or damaged skin. Source patient status is HIV-infected.

Anal or vaginal sex. The patient's status, source - HIV-positive with a positive result for viremia or serostatus is unknown, but there are risk factors for HIV infection. If the HIV-infected source patient is on ART, PEP should be started, HIV VL testing repeated and, if undetectable, PEP can be discontinued.

Receptive oral sex with ejaculation. Partner source status, HIV positive with a positive result for viremia.

Sharing consumables for injecting drug use. The partner's source status is HIV-infected.

In the institution, the DC is appointed a responsible person who coordinates activities aimed at preventing HIV infection, incl. prescribing antiretroviral drugs for post-exposure prophylaxis to affected individuals in conjunction with healthcare professionals working in the area of HIV prevention.

Healthcare organizations that carry out activities in the field of HIV prevention provide advice to medical workers of the institution, DC on PEP issues.

In the event of an emergency, medical workers immediately report this case to the head with registration in the register (form No. 135/y approved by order 907) and the transfer of the report in the prescribed form to the healthcare organization carrying out activities in the field of HIV prevention.

Reception of ARVs in an emergency should be started within less than 4 hours after contact, but no later than 48/72 hours after contact with biological material. The decision to initiate a PEP is based on the risk of infection and the HIV status of those involved in the emergency. To quickly establish the HIV status of the victim in an emergency and the person from whom the infection could occur, as well as the timely initiation of PEP, in the institution, the DC needs to have a stock of rapid tests and ARVs with round-the-clock availability. The duration of antiretroviral drug use is 4 weeks if there is no indication to stop it. For the period of observation (3 months),

persons at risk of HIV infection are advised to avoid unprotected sexual intercourse, not to donate blood, its components and preparations of organs and tissues; stop breastfeeding the baby.

Preferred ART regimens:

Tenofovir/Emtricitabine (TDF/FTC) + Dolutegravir (DTG)

Alternative ART regimens:

Tenofovir/Emtricitabine (TDF/FTC) + Darunavir (DRV/c) or Raltegravir (RAL).

Institutions, DCs plan and purchase antiretroviral drugs, rapid HIV tests in a timely manner to provide preventive treatment for victims in an emergency, based on likely needs.

In the case of sexual intercourse, complete screening for sexually transmitted diseases should be performed. Conduct a consultation on emergency contraception.

Observation:

- serological examination for HIV, HCV, HBV, pregnancy test (women) within 48 hours after exposure, then after 1 and 3 months.
- assessment of the PEP scheme portability.
- analysis for transaminases, PCR HCV, serological analysis for HCV one month later, if the source was HCV positive.

Test for HIV upon completion of PEP and after 1 month.

Annex 17
to the Rules for the provision of
medical care to persons with
limited freedom, as well as to
persons serving a sentence in
places of deprivation of liberty,
detainees, imprisoned and placed
in special institutions
The form

Conclusion of a medical examination to establish the fact of the use of a psychoactive substance and the state of intoxication

1. Surname, name, patronymic _____

Age (year of birth) _____

Date and exact time of the survey _____

Certified by whom (doctor, paramedic) _____

2. Reason for examination: suspicion of a state of intoxication while in an institution, being drunk at work, etc. (indicate the reason)

3. The appearance of the person being examined: the condition of clothing, skin, the presence of damage (wounds, bruises, etc.)

4. Behavior: tense, withdrawn, irritated, agitated, aggressive, euphoric, talkative, fussy, unstable mood, drowsy, inhibited, complaints about your condition (what exactly)

5. State of consciousness, orientation in place, time, situation and the self

6. Speech ability: connectedness of presentation, articulation disorders, blurred speech, etc.

7. Vegetative-vascular reactions (condition of the skin, mucous membranes of the eyes,

tongue, sweating, salivation) _____

Breathing: rapid, slow _____

Pulse _____ blood pressure _____

Pupils: constricted, dilated, reaction to light _____

Nystagmus when looking to the side _____

8. Motor spheres _____

Mimicry: sluggish, lively _____

Gait (staggering, spreading legs when walking), walking

turning (staggering when turning) Standing in the Romberg position

Precise movements (pick up a coin from the floor, finger-nose test)

Trembling eyelids, tongue, fingers _____

9. Are there signs of neuropsychic diseases, organic brain damage, physical exhaustion.

Past injuries (according to the subject) _____

10. Information about the last use of alcohol, other psychoactive substances: subjective, objective (according to documents and other sources)

11. Smell of alcohol or other psychoactive substance from the mouth

12. The presence of alcohol or other psychoactive substance in the exhaled air and biological media of the body:

a) the air was investigated on the device by the Rapoport method _____
Study time and results _____
re-examination _____

b) the biological environment (s) (urine, saliva, blood, washings from the superficial lips, facial skin, fingers) were examined

_____ methods _____ sampling time _____

Time and results of the study - _____

13. Other data of medical examination or submitted by _____

14. CONCLUSION (the state of the being examined is qualified in the wording provided for in clause 181 to this Rules): _____

Signature of the health worker who performed the examination _____

Acquainted with the result of the survey _____

(signature of the subject)

I am familiar with the results of the survey, but refused to sign

Attended by:

1. _____

Signature

2. _____

Signature