

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.30.49	<b>Page</b> 1 of 4
	<b>Original Effective Date:</b> 05/15/03	<b>New Effective Date:</b> 10/01/16
	<b>Supersedes:</b> 500.30.49	<b>Dated:</b> 02/09/15
	<b>Administrator's Approval:</b> Jim Schwochert, Administrator	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Initial Health Assessment		

**POLICY**

The Division of Adult Institutions shall ensure all new admission inmate patients receive an initial health assessment by a provider upon admission to the Department of Corrections.

**REFERENCES**

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2014 – P-E-04 Initial Health Assessment  
DAI Policy 500.30.35 – Optometry Services  
DAI Policy 500.30.55 – Chronic Disease Services  
DAI Policy 500.40.06 – Routine Dental Treatments  
DAI Policy 500.70.01 – Mental Health Screening, Assessment and Referral

**DEFINITIONS, ACRONYMS, AND FORMS**

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DOC – Department of Corrections

DOC-2077 – Health Transfer Summary

DOC-3018 – Intake Screening/Medical History

DOC-3019 – Physical Exam-Male

DOC-3019A – Physical Exam-Female

DOC-3020 – Problem List

DOC-3023 – Prescriber's Orders

DOC-3050 – Medical Classification

DOC-3054 – Eyecare Examination Form

Health Assessment – Assessment of an individual's health status that provides the initial database for health care to be recommended during incarceration. Health assessment provides essential information for the diagnosis of health conditions that are preventable or treatable and continuity of care for chronic health conditions.

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New Admission – Has not had an assessment within Corrections greater than 12 months.

Significant Medical Condition – Patients including, but not limited to, those who are known to have conditions such as diabetes, cardiac disease, seizure disorders, asthma and end stage liver disease, those with cancer or immunosuppression, dialysis patients, and those who have had recent hospitalization admissions or surgery.

## **PROCEDURE**

### **I. General Guidelines**

- A. All inmate patients shall receive an initial health assessment as soon as possible but no later than ten (10) days of admission to the DOC. It is appropriate to complete an assessment earlier for inmate patients with acute illness or more complex health needs.
- B. The health assessment shall be completed by an ACP.

### **II. Health Assessment and Plan of Care**

- A. The initial health assessment shall include, but is not limited to:
  1. Review of the health history including the DOC-2077 – Health Transfer Summary and the DOC-3018 – Intake Screening/Medical History.
  2. Review of the inmate patient's height, weight and vital signs.
  3. Collection of additional information to complete the medical, dental, and mental health histories taken during the receiving screening and any subsequent encounters.
  4. Review and collection of laboratory and diagnostic tests including those for screening of communicable diseases as needed.
  5. Review of prior significant findings and problems identified by a community provider if available.
- B. During the initial assessment, an initial problem list shall be documented on DOC-3020 – Problem List.
- C. The diagnostic and therapeutic plan of care shall be documented on DOC-3019 – Physical Exam-Male or DOC-3019A – Physical Exam-Female.
- D. The ACP shall complete a DOC-3050 – Medical Classification for housing, work, activity, or activity restrictions and any identified medical contraindications.
- E. Any orders for further diagnostic evaluations, referrals, and/or treatment for a health condition shall be discussed with the inmate patient and written on DOC-3023 – Prescriber's Orders and justified in documentation.
- F. Inmate patients with diagnosed chronic conditions or medical conditions requiring continued care shall be scheduled for follow-up care. See DAI Policy 500.30.55.

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### III. Optometry Screening

- A. An optometry screening shall be completed by trained HSU staff and documented on DOC-3054 – Eyecare Examination Form. The optical screening includes:
1. Testing for color blindness.
  2. Snellen Vision screening.
- B. A referral to optical shall be completed for refractory concerns not corrected by the inmate patient's current corrective lenses and anyone with contact lenses based on DAI Policy 500.30.35.

### IV. Oral Screening and Examination follow DAI Policy 500.40.06.

### V. Mental Health Screening and Examination follow DAI Policy 500.70.01.

### VI. Readmissions

- A. The inmate patient's health status shall be:
1. Reviewed and updated with current health information if less than or equal to 12 months.
  2. A complete assessment shall be performed if the inmate patient has significant health changes or if it has been greater than 12 months since the initial health assessment.
- B. If the previously completed health assessment is updated, a note shall be made on the bottom right hand corner of the second page of DOC-3019 – Physical Exam-Male or DOC-3019A – Physical Exam-Female including an updated date, time and ACP signature indicating it was reviewed.

**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Ryan Holzmacher, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Name		
<b>Original Effective Date:</b>	<b>DAI Policy Number:</b> 500.30.49	<b>Page</b> 4 of 4
<b>New Effective Date:</b> 00/00/00	<b>Supersedes Number:</b>	<b>Dated:</b>
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Initial Health Assessment		
<b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b>		

**REFERENCES**

**DEFINITIONS, ACRONYMS, AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. Inmate

III. Other