


Idaho Department of Correction 	Standard Operating Procedure Division of Education and Treatment Operational Services	Control Number: 401.06.03.034	Version: 2.0	Page Number: 1 of 6
		Title: Health Assessment		Adopted: 10-9-1998 Reviewed: 3-26-2009

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BOARD OF CORRECTION IDAPA RULE NUMBER 401

Medical Care

POLICY STATEMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

POLICY DOCUMENT NUMBER 401

Hospitalization, Institutional Clinical Services, and Treatment

DEFINITIONS

Standardized Definitions List

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Facility Medical Director: The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

Health Assessment: The process whereby an individual's health status is evaluated, including questioning the patient about symptoms.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

Physical Examination: An objective, hands-on evaluation of an individual that involves the inspection, palpation, auscultation, and percussion of a patient's body to determine the presence or absence of physical signs of disease.

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PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures for a program to ensure (1) that offenders receive initial and periodic health assessments in a timely manner, (2) periodic health assessments are conducted by appropriately qualified healthcare professionals, and (3) significant periodic health assessment findings receive timely interventions by appropriately qualified staff.

SCOPE

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services, and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, **and** in *National Commission on Correctional Health Care (NCCHC) standards P-E-04, Initial Health Assessment and P-E-12, Continuity of Care During Incarceration.* (See section 4 of this SOP.)

Note: Also see SOP [401.06.03.044](#), *Continuity of Care during Incarceration.*

Contract Medical Provider

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and *NCCHS standards P-E-04 and P-E-12* are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standards P-E-04 and P-E-12*, **or** as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

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Note: Also see SOP 401.06.03.044, *Continuity of Care during Incarceration*.

Note: Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

Facility Medical Director

The facility medical director and facility health authority (or designees) will be jointly responsible for training staff and establishing contract medical provider procedures and systems of control to ensure that healthcare services staff are appropriately trained to perform the duties described in this SOP.

Facility Health Authority

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP, and
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP **and NCCHC standards P-E-04 and P-E-12** are accomplished as required.

Note: Also see SOP 401.06.03.044, *Continuity of Care during Incarceration*.

In addition, to the above responsibilities, the facility health authority and the facility medical director (or designee) will be jointly responsible for training staff and establishing contract medical provider procedures and systems of control to ensure that healthcare services staff are appropriately trained to perform the duties described in this SOP.

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GENERAL REQUIREMENTS

1. Introduction

The assessment of an individual offender’s health status provides the initial baseline for healthcare to be recommended during incarceration. The health assessment provides essential information for (1) the diagnosis of health conditions that are preventable or

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treatable, (2) the continuity of care for chronic health conditions, (3) classifying healthcare (i.e., determining the frequency and content of follow-up health status assessments during the offender's incarceration), and (4) classifying the offender (i.e., determining which institution to house the offender, and determining the offender's work and activity assignments or restrictions).

2. Guidelines

Health assessments will be done as indicated.

- The physical examination portion of the health assessment shall be performed by a physician, physician assistant, or nurse practitioner.
- The data collected and reviewed during the health assessment shall be recorded in the offender's healthcare record at the time the assessment occurs.
- Housing, work, activity, or other restrictions necessary due to the offender's health condition shall be communicated to security staff via the forms and protocols described in IDOC-approved contract medical provider policy and procedure.
- Within 24 hours of completing the health assessment, pertinent medical information will be entered in the IDOC's current electronic medical data management system (e.g., *Reflections* or the *Corrections Integrated System [CIS]*). **Check with the health authority (or designee) for the appropriate system.**
- Orders for further diagnostic evaluation, referral, and/or treatment of a health condition shall be prescribed on the appropriate order sheet, with justifying information documented in the progress notes.

Full Health Assessment

Newly committed offenders and offenders who have not been incarcerated in the previous 90 days at an IDOC-operated facility--will receive a full health assessment as soon as possible but no later than seven (7) days of admission. The full health assessment will include, but will not be limited to:

- A review and collection of additional information to amplify any positive findings noted during receiving screening;
- The collection and review of laboratory and diagnostic tests to detect communicable disease, particularly tuberculosis and other communicable diseases as determined in consultation with the State of Idaho's Central District Health Department (i.e., Idaho Health District 4);
- The recording and review of height, weight, pulse, blood pressure, and temperature;
- A physical examination including,
 - ◆ for women, a pelvic examination which includes a Papanicolaou (pap) smear, gonorrhea culture, and Chlamydia and
 - ◆ for men over 50, a prostate exam;
- A mental health screening;
- A dental screening;

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- A review of healthcare records information received from any correctional facility having custody of the offender immediately prior to incarceration at an IDOC facility;
- A review of prior significant findings and problems identified by a community practitioner (if available); **and**
- The initiation of therapy and immunizations when appropriate.

Modified Health Assessment

Offenders re-entering an IDOC facility within ninety (90) days of release from an IDOC-operated facility--will receive a modified health assessment. The modified health assessment will include, but will not be limited to:

- A review of the healthcare record;
- A review of receiving screening results;
- A collection and review of laboratory and diagnostic tests to detect communicable disease;
- The recording and review of height, weight, pulse, blood pressure, and temperature; **and**
- A review of healthcare records information received from any correctional facility having custody of the offender immediately prior to incarceration at an IDOC-operated facility.

Reassessments

Offenders Under 40

Any offender under 40 years of age shall be offered the opportunity of reassessment every five (5) years.

Offenders 40 to 50

Any offender 40 to 50 years of age shall be offered the opportunity of reassessment (inclusive of mammograms) every two (2) years.

Offenders 50 and Over

Any offender 50 years of age or over shall be offered the opportunity of reassessment (inclusive of mammograms and prostate exams) on a yearly basis.

Conditions Requiring Special Interest

If an offender's health condition requires special interest, the health assessment may be more frequent as warranted.

3. Informing the Offender of the Results

The offender shall be informed within two (2) weeks of the results of the health assessment and provided recommendations for further evaluation, referral, testing or treatment, if any.

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4. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

REFERENCES

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-E-04, Initial Health Assessment

National Commission on Correctional Health Care (NCCHC), *Standards for Health Services in Prisons*, Standard P-E-12, Continuity of Care during Incarceration

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