1.0 PURPOSE

To establish guidelines for the provision of preventive health services to the State's incarcerated population.

2.0 REFERENCES AND DEFINITIONS

.1 Reference

a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.

.2 Definitions:

a. Mantoux test: an intradermal injection of Purified Protein Derivative (PPD) to test for the presence of Tuberculosis (TB) (skin test cannot distinguish between TB infection and disease).

3.0 POLICY

Preventive health services shall be available to all patients meeting Health Care Division standard-screening criteria for the provision of the service.

4.0 PROCEDURES

.1 Physical examinations shall be administered on the following schedule:

a. Annually - patients with chronic medical conditions and those aged fifty (50) years and over.

b. Every three years – patients under fifty (50) years of age without chronic disease.

.2 All patients shall have their blood pressure and weight measured annually.

.3 All patients shall have an annual TB screening consisting of a Mantoux test, those with a history of + PPD and subsequent negative CXR shall have an annual symptom screening per policy.

NOT-CONFIDENTIAL
.4 All newly PPD positive patients and those with a history of a positive PPD with negative CXR and no prior history of INH drug treatment shall be offered INH therapy.

.5 All patients shall be provided HIV screening upon request or after participation in high-risk activities.

a. Screening shall be provided through the facility's Health Care Section – patients shall receive counseling by health care staff and shall sign DOC 0402 Informed Consent for HIV Antibody Blood Test.

b. Patients requesting anonymous testing shall be referred to the Department of Health (DOH) AIDS Research and Seroprevalence Program.

c. Treatment shall be offered in accordance with Department guidelines and community standards of care.

.6 Patients shall be provided testing for sexually transmitted diseases upon request and after a sexual assault or participation in high-risk activities.

a. Treatment shall be offered in accordance with community standards of care.

.7 Hepatitis screening shall be available for any patient requesting testing.

a. Treatment shall be offered in accordance with Department guidelines and community standards of care.

.8 Immunizations – the following shall be available to patients meeting Departmental guidelines for the vaccine:

a. Diphtheria/Tetanus Pertussis (Tdap)

b. Hepatitis A & B Vaccine

c. Influenza

d. Measles/Mumps/Rubella (MMR)

e. Pneumovax

NOT-CONFIDENTIAL
f. Varicella

.9 Women's preventive health services shall include:

a. Annual pelvic examination with screening for STDs based on patient’s history and age > twenty (20) years.

b. PAP Smear age > twenty-one (21) years every three (3) years until age sixty-five (65).

c. Mammography on the following schedule:

1. Aged forty (40) forty-nine – (49) years (high-risk group) - schedule a mammogram annually

   A. High risk group is defined as – prior personal history of breast cancer and/or a first degree relative with breast cancer.

2. Aged forty (40) forty-nine – (49) years (not high-risk) – check with patient to see a if previous baseline study with normal results was performed. If the response is yes, no further testing is needed until age fifty (50). If response is no, the case shall be reviewed with a provider to determine clinical need for testing at this age.

3. All patients aged fifty (50) – seventy-four (74) years – schedule a mammogram annually.

.10 Preventive health screen testing shall be ordered as follows:

a. Hemoccult - annually for all patients over fifty (50) years of age.

b. Fasting blood sugar - all patients over forty-five (45) years of age and every three (3) years thereafter for non-diabetic patients.

c. Lipid profile - all patients over thirty-five (35) years of age and every three (3) years thereafter.
5.0 **SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

**RECOMMENDED APPROVAL:**

[Signature]

Medical Director

[Signature]

Date: 9/22/14

Health Care Division Administrator

[Signature]

Date: 10/11/14

**APPROVED:**

[Signature]

Director

Date: 10/31/14

NOT-CONFIDENTIAL