

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> October 20, 2015	<b>POLICY NO.:</b> COR.10.1E.04
	<b>CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.10.1E.04 (12/29/08)	
	<b>SUBJECT:</b>  <b>INITIAL HEALTH ASSESSMENT</b>	Page 1 of 4	

## 1.0 PURPOSE

The purpose of this policy is to establish guidelines to identify and meet the urgent or serious health needs of individuals admitted into the system.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes (HRS), Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. HRS, Section 353-13, Examination by Medical Officer.
- c. National Commission on Correctional Health Care, Standards for Prisons and Jails, (2014).

### .2 Definitions

- a. Clinically Significant Findings: Any deviation from the normal that significantly impacts the health, safety, and welfare of the patient.
- b. Health Assessment: A multi-step process whereby an individual's health status is evaluated, including questioning the patient about symptoms, performing a physical examination, vital signs, diagnostic testing, immunizations as needed and taking a comprehensive medical, dental and mental health history.
- c. Physical Examination: Objective hands-on evaluation of an individual. It involves the inspection, palpation, auscultation, and percussion of a patient's body to determine the presence or absence of physical sign of disease.
- d. Treating Clinician: A nurse practitioner, physician assistant, or physician.

## 3.0 POLICY

Health care professionals shall assess and plan for meeting the health needs of each individual patient.

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#### **4.0 PROCEDURES**

- .1 An initial Health Assessment shall be implemented within the first seven (7) days for prisons and fourteen (14) days for jails. This assessment shall consist of:
  - a. A complete medical, dental and mental health history completed by qualified health professionals.
  - b. A health care professional shall record vital signs including weight, height, blood pressure, pulse, respirations and temperature. Patient's weight and blood pressure are required annually and shall be recorded in the medical record.
  - c. A physical examination (as indicated by the patient's age, gender, risk factors) performed by a physician, mid-level provider or trained Registered Nurse.
    - i. The hands-on portion of the health assessment may be performed by an registered nurse only when the RN completes appropriate training that is approved or provided by the responsible physician.
    - ii. The treating clinician shall review all physical examinations with positive findings, when completed by other trained health professionals.
  - d. Administration of immunizations, when appropriate.
  - e. An intake exam or health assessment with any of the following findings shall be referred to a provider for acute care follow-up within three (3) days of the health assessment of the provider's next clinic whichever occurs sooner.
    - i. Diabetic with Blood Pressure (BP) >140/80
    - ii. Diabetic with broken skin on legs or feet (set up day wound check)
    - iii. History Asthma using inhaler > 2 times per week
    - iv. History of Diabetes AccuCheck Blood Sugar (BS) > 140 and/or + urine ketones (place on daily AccuCheck until seen in clinic)

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- v. History of hypertension BP >150/80 (place on daily BP checks until clinic visit)
- vi. History of Myocardial Infraction (MI), Cardio Vascular Disease (CVD) (obtain base line Electrocardiogram (EKG))
- vii. Patients with any positive findings upon health assessment
- f. An intake physical examination need not be repeated on individuals re-admitted into the system within a year of being released when the receiving screening shows no change in health status.
- g. Development of a problem list with diagnostic and therapeutic treatment plan for each problem. Completion of a Health Status Classification Form.
- h. Diagnostic tests for communicable diseases shall be performed unless there is documentation from the health department that the prevalence rate does not warrant it.
  - i. A Purified Protein Derivative (PPD) status check or update shall be performed on all inmates.
  - ii. Newly identified positive PPD's over 10 mm require a chest X-ray.
- i. Laboratory or diagnostic tests for disease such as pulse oximeter and peak flows for asthmatics and a urine dipstick shall be performed.
- j. Performance of a vision test.
- k. Review of the Medical/Mental Health Admission Screening Form by a health care professional.
- l. Scheduling of mental health and dental follow-up when necessary.
- m. Women's health exam including a Pap test, pregnancy test when warranted/requested, breast exam and determination regarding mammography need.

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**5.0 SCOPE**

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

APPROVAL RECOMMENDED:

Gary David Saldaña, MD      OCT 19 2015  
Acting Medical Director      Date

Willy U. Jr      OCT 19 2015  
Health Care Division Administrator      Date

M. R. [Signature]      10-20-15  
Deputy Director for Corrections      Date

APPROVED:

Adan P. Espino      OCT 20 2015  
Director      Date

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