

Health Assessment .....	1
I. Health Assessments.....	1
A. Intersystem and new arrival health assessments are conducted on all inmates: ...	1
B. Periodic Health Assessments (4-4367).....	1
II. Physical Examination (PE) and Laboratory Requirement Guidelines.....	2
III. References.....	3
IV. Action.....	3
Referenced Forms .....	4
Attachments.....	4

<b>Section-14 Health Services</b>	<b>OP-140115</b>	<b>Page: 1</b>	<b>Effective Date: 02/01/2017</b>
<b>Health Assessment</b>	<b>ACA Standards: 2-CO-4E-01, 4-4354, 4-4365, 4-4366, 4-4367</b>		
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## Health Assessment

### I. Health Assessments

A. Intersystem and new arrival health assessments are conducted on all inmates:

1. Upon reception at the appropriate assessment and reception center;
2. Upon intersystem transfer to an Oklahoma Department of Corrections (ODOC) facility or contract facility;
3. Upon return of a Global Positioning Satellite Surveillance Program (GPS) offender; or
4. Upon return of a community sentencing offender to higher security.

These health assessments are to be completed in accordance with [OP-140113](#) entitled “Health Assessment for Inmate Transfers” and [OP-140114](#) entitled “Screening New Arrivals.” Health screenings and assessments will be reviewed at each receiving facility by a health care provider, registered nurse or licensed practical nurse upon transfer.

### B. Periodic Health Assessments (4-4367)

To ensure continuity of care, health care providers provide periodic health assessments for inmates. Inmates with documented health problems will receive follow-up assessments as determined by the health care provider. (4-4366) The health assessment will be documented on the “Initial Intake/Periodic Routine Physical Examination” ([DOC 140114C](#)).

1. Periodic health assessments will be conducted:
  - a. Every three years for inmates age 18 to 39;
  - b. Every one to three years for inmates age 40 to 64; and

Section-14 Health Services	OP-140115	Page: 2	Effective Date: 02/01/2017
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- c. Annually for inmates 65 and older.
    - 2. All refusals of the periodic health assessment will be documented on the “Waiver of Treatment/Evaluation” ([DOC 140117D](#)).
    - 3. All inmates age 50 - 75 will be offered an annual Fecal Occult Blood Testing (FOBT) to screen for digestive system problems such as abnormal growths (polyps) or cancer in the colon or rectum. Acceptance or refusal of the Fecal Occult Blood Testing will be documented on the “Fecal Occult Blood Testing Education/Acceptance/Waiver” ([DOC 140117C](#)). The “Fecal Occult Blood Testing Education/Acceptance/Waiver” is not required if the inmate is refusing his/her periodic health assessment.
  - C. All intersystem, new arrivals and periodic health assessment will include, but not limited to:
    - 1. Completion of the “Initial Intake/Periodic Routine Physical Examination” ([DOC 140114C](#)) by the health care provider. and
    - 2. The results of all examinations, tests, and the identification of problems will be reviewed by the health care provider.
  - D. Health assessments for chronic illnesses will be in accordance with [OP-140137](#) entitled “Chronic Illness Management.”
- II. Physical Examination (PE) and Laboratory Requirement Guidelines
- Screening and preventive interventions consist of history taking and preventive interventions. Periodic PE and laboratory guidelines are guidelines that are intended as quality-practice recommendations.
- A. Periodic PE guidelines address the following:
    - 1. Obtaining initial/interval history, including family history of disease.
    - 2. Performing age/gender - appropriate physical exam and laboratory.
    - 3. Providing preventive screenings
  - B. The “Periodic Physical Examination/Laboratory Requirements and Physical Examination/Laboratory Requirements on Return from GPS Guidelines- Male” ([Attachment A](#), attached) and the “Periodic Physical Examination/Laboratory Requirements and Physical Examination/Laboratory Requirements on Return from GPS Guidelines-Female” ([Attachment B](#), attached) is a list of requirements to assist the health care provider in preventive health care.
  - C. Prompt and thorough follow-up will be completed and documented when signs and/or symptoms of illness or disease are detected.

### III. References

Policy Statement No. P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-140113 entitled "Health Assessment for Inmate Transfers"

OP-140114 entitled "Screening New Arrivals"

"American Academy of Family Physicians," November 1996, Revision 5.4, August 2003

"Current Practice Guidelines in Primary Care," 2009

United States Preventative Services Task Force

### IV. Action

The chief medical officer is responsible for the compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140115 entitled "Health Assessment" dated January 4, 2016

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140114C</a>	“Initial Intake/Periodic Routine Physical Examination”	<a href="#">OP-140114</a>
<a href="#">DOC 140117C</a>	“Fecal Occult Blood Testing Education/Acceptance/Waiver”	<a href="#">OP-140117</a>
<a href="#">DOC 140117D</a>	“Waiver of Treatment/Evaluation”	<a href="#">OP-140117</a>

<u>Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	“Periodic Physical Examination/Laboratory Requirements and Physical Examination/Laboratory Requirements on Return from GPS Guidelines- Male”	Attached
<a href="#">Attachment B</a>	“Periodic Physical Examination/Laboratory Requirements and Physical Examination/Laboratory Requirements on Return from GPS Guidelines - Female”	Attached