

Health Assessment	1
I. Health Assessments.....	1
A. Health assessments are conducted on all offenders:	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

Section-14 Health Services	OP-140115	Page: 1	Effective Date: 01/04/2016
Health Assessment	ACA Standards: 2-CO-4E-01, 4-4354, 4-4365, 4-4366, 4-4367		
Robert Patton, Director Oklahoma Department of Corrections		Signature on File	

Health Assessment

For the purpose of this procedure, the term “offender” will apply to anyone under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections.

I. Health Assessments

A. Health assessments are conducted on all offenders:

1. Upon reception at the appropriate assessment and reception center;
2. Upon intersystem transfer to a 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 Offender Transfers” and [OP-140114](#) entitled “Screening New Arrivals.” Health screenings and assessments will be reviewed at each facility by a QHCP upon transfer.

B. Periodic Health Assessments (4-4367)

To ensure continuity of care, qualified health care professionals provide periodic health assessments for offenders. Offenders with documented health problems will receive follow-up assessments as determined by the 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 offender’s age 18 to 39;

- b. Every one to three years for offenders age 40 to 64; and
 - c. Annually for offenders 65 and older.
2. All refusals of the periodic health assessment will be documented on the “Waiver of Treatment/Evaluation” ([DOC 140117D](#)).
 3. All offenders 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 offender is refusing his/her periodic health assessment.
- C. The health assessment will include, but not limited to:
1. Completion of the “Initial Intake/Periodic Routine Physical Examination” ([DOC 140114C](#)) by the qualified healthcare provider. and
 2. The results of all examinations, tests, and the identification of problems will be reviewed by the qualified healthcare 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. Obtain initial/interval history, including family history of disease.
 2. Perform age/gender - appropriate physical exam and laboratory.
 3. Provide preventive screenings
- B. The guidelines for “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 medical provider in preventive health care.

C. Prompt and thorough follow-up should be completed and documented when signs and/or symptoms of illness or disease are detected.

III. References

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

OP-140113 entitled "Health Assessment for Offender 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 October 30, 2014

Distribution: Policy and Operations Manual
Agency Website

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

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