DEPARTMENT OF CORRECTIONS

Policy:	**500.050**
Title:	**Health Screenings and Full Health Appraisals**
Effective Date:	**3/20/18**

PURPOSE: To identify and meet the health care needs of incarcerated offenders/residents.

APPLICABILITY: All facilities

DEFINITIONS:

Commissioner examination – a physical examination or mental health assessment ordered by the commissioner or the commissioner's designee.

Initial health screening – a procedure of structured inquiry and observation to detect mental and physical health issues on initial offender/resident intake and intra-system transfers. It is designed to evaluate and determine immediate health care needs of the offender/resident entering a facility. It provides basic information to ensure the safety of the offender/resident and to identify the immediate health care needs of the offender/resident, as well as the potential vulnerability to sexual violence and/or tendencies to engage in sexually aggressive behaviors.

Initial physical examination – a comprehensive health appraisal that provides essential information necessary for the diagnosis of health conditions, which is completed on all offenders/residents incarcerated at a DOC facility for 30 days or more unless otherwise directed.

Intra-system transfers – offenders/residents transferred within the DOC system, including all offenders/residents on the DOC count who are housed out-of-facility (HOF) as well as offenders/residents on writs.

Periodic physical examination – a periodic health appraisal requested by the offender/resident, and conducted annually for those under 19 or above 50 years of age and once every two years for those 19 through 50 years of age.

Release physical – a procedure requested by the offender/resident prior to release from incarceration.

PROCEDURES:

A. Offenders/residents who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention need medical clearance prior to intake to a department facility. (When offenders/residents have been referred to an emergency department, their admission or return to the facility is predicated upon medical clearance.)

B. Initial health screening

1. The initial health screening must be completed within 24 hours following an offender's/resident's intake to a department facility. A health-trained or qualified staff must complete the initial health screening and Sexual Violence Prevention (PREA) Checklist (attached). Minnesota Correctional Facility-Willow River/Moose Lake is considered one facility, two sites. The initial health screening is not required upon transfer to the Challenge Incarceration Program (CIP) site. See also Policy 202.040, "Offender

Intake Screening and Processing," Policy 202.041, "Juvenile Facility Admissions," Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response," and Policy 500.1261 "Health Care for Juvenile Residents and Youthful Offenders."

2. All in-transit offenders/residents receive a health screening by health-trained or qualified health care personnel on entry into the DOC system. Findings are recorded on a screening form that accompanies the offender/resident to all subsequent facilities until the offender/resident reaches the final destination. Health screenings must be reviewed at each facility by health-trained or qualified health care personnel. Procedures are in place for continuity of care.

3. The intake health screening for offender/resident transfers commences upon arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recording on a Health Screening form (attached) approved by the health authority. The health screening must include the following:
   a) Inquiry into:
      (1) Any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, weakness, weight loss, loss of appetite, fever, night sweats, and/or other symptoms that are suggestive of such illness);

      (2) Current medications;

      (3) Current treatment for medical or dental problems;

      (4) Any current medical or dental complaints;

      (5) Current illness and/or health problems, including communicable diseases;

      (6) Use of alcohol and/or other drugs, including the type(s) of drug(s) used, mode of use, amounts used, frequency of use, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions);

      (7) The possibility of pregnancy and history of any pregnancy problems (females only); and

      (8) Any other health problems designated by the responsible physician.

   b) Observation of the following:
      (1) General appearance and behavior, including the state of consciousness, mental status, appearance, conduct, tremors, and/or sweating;

      (2) Physical body deformities, ease of movement, etc.; and

      (3) Condition of the skin, including evidence of abuse and/or trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of possible drug abuse.

   c) Medical disposition of the offender/resident:

(1) General population;

(2) General population with prompt referral to appropriate health care service; or

(3) Referral to appropriate health care service for emergency treatment.

C. Initial physical examination

1. A comprehensive health appraisal for each offender/resident, excluding intra-system transfers, must be completed as defined below, after the offender's/resident's arrival at the facility. If there is documented evidence of an initial physical exam or health appraisal within the previous 90 days, a new health appraisal is not required except as designated by the health authority.

2. Offenders/residents housed outside of DOC facilities for 90 days or more must also receive a health appraisal upon return.

3. If a physician examination is not indicated, staff must document the reason in the offender's/resident's medical file.

4. A nurse practitioner, physician's assistant, or physician must conduct the examination, diagnostic screening, testing, and follow-up as ordered by the provider, referencing Minnesota DOC standing orders as indicated. The complete initial physical examination must be reported on the Summary Report form (attached).

5. Health appraisals include the following:

a) Within 14 days after arrival at the facility:

(1) A review of the earlier receiving screening;

(2) Collection of additional data to complete the medical, dental, mental health and immunization histories;

(3) Laboratory or diagnostic tests to detect communicable disease, including venereal diseasse and tuberculosis;

(4) A record of height, weight, pulse, blood pressure, and temperature; and

(5) Other tests and examinations as appropriate.

b) Within 14 days after arrival for offenders/residents with identified significant health care problems:

(1) Medical examination including review of dental and mental health status (for those offenders/residents with significant health problems discovered on earlier screening, including such examples as cardiac problems, diabetes, communicable diseases, etc.);

(2) Review of the results of the medical examination(s), tests, and identification of problems by a health care practitioner or other qualified healthcare professional, if such is authorized in the medical practice act;

(3) Initiation of therapy, when appropriate; and

(4) Development, and implementation, of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

c) Within 30 days after arrival for offenders/residents without significant health care problems:

(1) Medical examination including review of dental and mental health status (for those offenders/residents without any significant health problems discovered on earlier screening);

(2) Review of the results of the medical examination(s), tests, and identification of problems by a health care practitioner or other qualified healthcare professional, if such is authorized in the medical practice act;

(3) Initiation of therapy, if/when appropriate; and

(4) Development, and implementation, of a treatment plan, if indicated, including recommendations concerning housing, job assignment, and program participation.

D. Periodic and release physical examinations
Health services staff must conduct periodic and release physical examinations when requested by offenders/residents. Health services staff must use the Summary Report form to conduct the periodic and release physical examinations.

E. Commissioner examination
Health services staff must conduct physical or mental health examinations when ordered by the commissioner/designee.

F. Staff must complete a Sexual Violence Prevention (PREA) Checklist upon an offender's/resident's:

1. Admission;
2. Transfer;
3. Writ return;
4. Non-department admission; and
5. All other delegations.

G. A sexual assault forensic exam must be performed at a local emergency medical facility by a non-DOC practitioner (sexual assault nurse examiner).

H. Health screenings and health appraisals must be documented in each offender's/resident's medical record. Health services staff must perform annual documentation audits, which are retained in the registered nurse supervisor's files.

INTERNAL CONTROLS:

A. Health screenings and health appraisals are documented in each offender's/resident's medical record.

B. Health services staff performs annual documentations audits; which are maintained in the registered nurse supervisor's files.

ACA STANDARDS: 2-CO-4E-01; 4-4362; 4-4363; 4-4365; 4-4366; 4-4367; 3-JTS-4C-22; 1-ABC-4E-20; 1-ABC-4E-21; 1-ABC-4E-23; 1-ABC-4E-24; 1-ABC-4E-26

REFERENCES:
Minn. Stat. §241.01, subd.3a
Division Directive 500.520, "Tuberculosis Prevention and Control for Offenders"
DOC Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"
Policy 202.040, "Offender Intake Screening and Processing"
Policy 202.041, "Juvenile Facility Admissions"
Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"
Policy 500.1261 "Health Care for Juvenile Residents and Youthful Offenders"
Prison Rape Elimination Act (PREA), 28 C.F.R. §115 (2012)

REPLACES:
Division Directive 500.050, "Health Screenings and Full Health Appraisals," 10/18/16.
All facility policies, division directives, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS:
Health Screening form (MINNCOR form)
Summary Report form (MINNCOR form)
Sexual Violence Prevention (PREA) Checklist (available in COMS)

APPROVED BY:
Deputy Commissioner, Facility Services
Deputy Commissioner, Community Services
Assistant Commissioner, Facility Services
Assistant Commissioner, Operations Support