

**STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS**

**Health Care Policy
No. HCP16**



28 July 2020

**INSTITUTIONAL SERVICES / HEALTH CARE POLICIES
Health Care Policy – Care and Treatment of Patients
Health Screens and Health Appraisals**

1. **AUTHORITY:** The Secretary of the Department of Public Safety and Corrections, [La. R.S. 36:404](#).
2. **REFERENCES:** [La. R.S. 15:831](#); ACI Standards [5-ACI-6A-04](#) "Continuity of Care," [5-ACI-6A-05](#) "Referrals," [5-ACI-6A-07](#) "Treatment Plans," [5-ACI-6A-21](#) "Health Screens," [5-ACI-6A-22](#) "Health Screens," [5-ACI-6A-24](#) "Health Screens," [5-ACI-6A-25](#) "Health Appraisal," and ACI "[Glossary](#)" (5th ed. 2019); and Department Regulations [AM-C-4](#) "Medical Reimbursement Plan," [HCP2](#), "Health Authority," [HCP15](#) "Continuity of Care," [HCP21](#) "Communicable & Infectious Disease, Infection Control Program," [HCP28](#) "Mental Health Screening, Appraisal, & Evaluation," [HCP32](#) "Dental Services," [HCP34](#) "Chronic Care/Special Needs," and [IS-B-2](#) "Initial Classification & Reclassification Plans."
3. **PURPOSE:** This regulation provides a system for evaluating the health needs of offenders entering the DPS&C system or transferring between Department facilities, and during their periods of incarceration in the Department; is to ensure the health and safety needs of the facility, the offender, staff, and other offenders are met; and also is to ensure offenders receive the proper housing and activity assignments.
4. **APPLICABILITY:** Deputy Secretary, Chief of Operations, Department Medical/Mental Health Director and Health Authority, Regional Wardens and Wardens, Facility Health Authorities, Facility Health and Mental Health Directors, Health Care Professionals, Facility Health Care Practitioners/Providers, Facility Health Care Personnel/Staff. Each Warden shall ensure appropriate unit written policies and procedures are in place to comply with the provisions of this policy.
5. **POLICY:** The Secretary's policy is offenders shall receive appropriate physical and mental health care services necessary to foster each offender's restoration and maintenance of acceptable levels of wellness.
6. **DEFINITIONS:**

- A. Continuity of Care:** Health care provided on a continual basis beginning with the offender's initial contact with health care personnel and all subsequent health care encounters, including referrals to community providers for off-site care during an offender's incarceration and when discharged from the facility.
- B. Facility:** A place, institution, building (or part thereof), set of buildings, or area (whether or not enclosing a building or set of buildings) which is used for the lawful custody and/or treatment of individuals.
- C. Health Appraisal:** A health assessment which includes a review of previous health records, data collection, including any laboratory results or diagnostic tests, vital signs, and any other information necessary to provide health care.
- D. Health Authority:** The health administrator, health unit, health section, or individual responsible for the provision of health care services at an institution, system of institutions, or facility. For example, the responsible, treating physician may be a health authority, as may be the Facility Medical Director. The Health Authority arranges for the availability of health services. The responsible clinician/physician determines which services are needed. The health authority and the Warden provide the administrative and other support to make the needed services accessible to offenders.
- E. Health Care Personnel/Staff:** Individuals whose primary duty is to provide health services to offenders in keeping with their respective levels of health care training, licensure, certification, or experience.
- F. Health Care Practitioners/Providers:** Clinicians trained to diagnose and treat patients, such as physicians, dentists, psychologists, licensed professional counselors, licensed social workers, podiatrists, optometrists, nurse practitioners, and physician assistants.
- G. Health Care Professionals:** Staff who perform clinical duties, such as health care practitioners/providers, nurses, licensed professional counselors, social workers, and emergency medical technicians, in accordance with each health care professional's scope of training and applicable licensing, registration, certification, and regulatory requirements.
- H. Health/Medical Screen/Receiving Screen:** A structured inquiry and observation to prevent offenders who pose a health or safety threat to themselves or to others from being admitted into the general population and to identify offenders who require immediate medical attention. A health/medical screen may be initiated at the time of an offender's facility

admission, at scheduled intervals, or at other times as appropriate and clinically indicated and by reasonable medical judgment, by health care personnel or by a health-trained correctional officer.

- I. Health Care/Health Care Services:** A system of preventative and therapeutic services which provide for the physical and/or mental well-being of a population. "Health care" includes, but is not limited to: Medical services, dental services, behavioral/mental health services, nursing services, pharmaceutical services, personal hygiene, dietary services, and environmental conditions.
- J. Health-Trained Personnel/Medically-Trained Personnel:** Correctional officers or other correctional personnel who may be trained, and supervised appropriately, to carry out specific duties with regard to the administration of health care services to offenders.
- K. Intersystem transfers:** Transfers from one distinct correctional system into another distinct correctional system. (i.e. local jail into a state facility)
- L. Intra-system transfers:** Transfers from facility to facility within one correctional system. (i.e. state prison facility to another state prison facility)
- M. In-transit transfers:** Transfers from one distinct correctional system to another distinct correctional system or from facility to facility within one correctional system **for short term or temporary purposes** (such as the temporary housing of local jail inmates in a state facility due to a riot or flood or other emergency reasons)
- N. Medical/Physical Examination:** An evaluation of an offender/patient's current physical condition and medical history and conducted by, or under the supervision of, a licensed health care professional.
- O. Mental Health Care Services:** The sum of all actions taken for the mental well-being of the offender population, including a range of diagnoses, treatment, continuity of care, and follow-up services.
- P. Mid-Level Practitioner:** A nurse practitioner or physician's assistant who is properly-licensed or credentialed to assume an expanded role in providing health care services under the supervision of a physician.
- Q. Referral:** The process by which an offender is introduced to a service which provides the assistance needed.
- R. Responsible Physician:** An individual licensed in Louisiana to practice medicine and to provide health care services to the offender population of

a facility and/or the physician at a facility with final responsibility for decisions related to reasonable medical judgments.

- S. Treatment Plan:** A written assessment of an offender's individualized needs, required services, and interventions, and which plan includes short-term goals and long-term goals, measurable outcomes, and the roles of health care personnel and non-health care personnel, for the purpose of providing the offender with necessary treatment(s) and services in accordance with the offender's identified needs and problem areas.

7. PROCEDURES:

A. INTAKE-RECEPTION FACILITY/INTER-SYSTEM HEALTH SCREEINGS AND HEALTH APPRAISALS:

- 1) Health care staff shall conduct intake health/medical screenings for offender transfers, excluding intra-system transfers and in-transit transfers (see Section B), upon the offender's arrival at the facility. Such health/medical screenings shall be performed by health-trained or qualified health care personnel.
- 2) All medical/health screen findings of an offender shall be recorded utilizing the Reception and Diagnostic Center (RDC) Intake Medical Screening ([Form HCP16-a](#)) approved by the Department Medical Director in consultation with the Department Nursing and Mental Health Directors.
- 3) The medical/health screening shall include at a minimum the following:
 - a. Inquiry into:
 - i. Any past history of serious infectious or communicable illness and any treatment or symptoms (for example, chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats which are suggestive of such illness) and medications;
 - ii. Current illness and health problems, including communicable/ contagious diseases and mental illness, including past hospitalizations;
 - iii. Special needs
 - iv. Dental problems;
 - v. Allergies;
 - vi. Prescription medications (including type, amount, and time of last use);

- vii. Use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use and history of any problems which may have occurred after ceasing use (for example, withdrawals, convulsions, etc.);
 - viii. The possibility of pregnancy and history of problems (females only);
 - ix. Any past or current history of mental illness, thoughts of suicide or self-injurious behavior attempts;
 - x. Any other health/mental health problems designated by the responsible physician
 - xi. Private insurance coverage in accordance with [La. R.S. 15:831](#).
 - b. Observation of the following:
 - i. Behavior, including state of consciousness, mental status, appearance, conduct, tremors, breathing, sweating, etc.;
 - ii. Body deformities, ease of movement, and related issues;
 - iii. Skin condition, including trauma markings, bruises, lesions, jaundice, rashes, infestations, recent tattoos, and needle marks and other indications of past and current drug use and abuse; and
 - iv. Mouth, teeth, and gums, looking for obvious dental problems.
 - c. Medical disposition of the offender:
 - i. General population; or
 - ii. General population with prompt referral to appropriate health care services; or
 - iii. Referral to an appropriate health care service for emergency treatment.
- 4) Offenders who are unconscious, semi-conscious, severely bleeding, or otherwise in need of immediate or emergent medical attention, shall be referred as clinically indicated.
- 5) When offenders are referred to an emergency department, their admission or return to the facility shall be predicated upon written medical clearance.

- 6) When a health screening is conducted by health-trained personnel, licensed health care staff shall perform a subsequent review of any positive findings by the health-trained personnel.
- 7) Written procedures and screening protocols shall be established and provided by the facility health authority and facility medical and mental health directors in collaboration with the facility's Warden.
- 8) Facility health care practitioners shall conduct a comprehensive health appraisal on every inter-system transfer within **thirty (30) days** of an offender's arrival at the facility or within **fourteen (14) days** of the offender's arrival at the **facility if the offender has identified significant health care problems.**
- 9) Health appraisals shall be a uniform process determined by the Department Medical Director in collaboration with the Department Nursing and Mental Health Director and the facility medical directors.
- 10) These appraisals are performed routinely at EHCC-RDC, LCIW-RDC, RLCC-RDC, LSP/Death Row, and occasionally at other facilities, utilizing the RDC Health Appraisal and Treatment Plan ([Form HCP16-b](#)).
- 11) For offenders with a documented health appraisal within the previous ninety (90) days, a new health appraisal is not required, except as determined by the Facility Medical Director.
- 12) Facility health appraisals and data collection and recording shall include the following:
 - a. A review of the documentation of the earlier receiving health screen;
 - b. The collection of additional data to, and shall, complete the medical, dental, behavioral/mental health history, and immunization history;
 - c. Laboratory or diagnostic tests to detect communicable/contagious disease, including sexually transmitted diseases, HIV, tuberculosis, and Hepatitis;
 - d. The recordation of height, weight, pulse, blood pressure, and temperature;

- e. A medical examination, including review of mental and dental status, by qualified health care personnel;
- f. Other tests and/or examinations, as clinically indicated and appropriate within reasonable medical judgment;
- g. The development and implementation of an offender's written treatment plan, which shall include recommendations concerning housing, job assignment, and program participation, as clinically indicated and within reasonable medical judgment;
- h. The initiation of therapy, as clinically indicated and appropriate within reasonable medical judgment, for the offender; and
- i. A review of the results of the medical examination and tests and the identification of any problems by a physician or mid-level practitioner.

B. GENERAL HEALTH SCREENINGS/INTRA-SYSTEM TRANSFERS/IN-TRANSIT TRANSFERS:

- 1) Intra-system transfer health screenings shall be conducted by healthcare personnel/staff upon the offender's arrival at the facility utilizing the Intra-Facility Health Screening ([Form HCP16-c](#)) on the following offenders:
 - a. All Intra-system transfers from one Department facility to another Department facility and;
 - b. All In-transit transfers
- 2) Offenders housed within a facility with consolidated medical services do not require an additional health screening for an intra-system transfer that is only within the same prison facility. (For example, transferring from HRDC into Hunt general population).
- 3) All findings shall be recorded on the screening form approved by the Department Health Authority, and at a minimum shall include the following:
 - a. Inquiry into:
 - i. Current treatment of medical or dental problems;

- ii. Current medications; and
 - iii. Current medical or dental complaints.
 - b. Observation of:
 - i. General appearance and behavior;
 - ii. Physical deformities; and
 - iii. Evidence of abuse or trauma.
 - c. Medical disposition:
 - i. General population;
 - ii. General population with appropriate referral to health care service; and
 - iii. Referral to appropriate health care service emergency treatment if clinically indicated and appropriate within reasonable medical judgment.
- 4) Offenders who are unconscious, semi-conscious, severely bleeding, or otherwise in need of immediate or emergent medical attention, shall be referred as clinically indicated.
 - 5) When offenders are referred to an emergency department, their admission or return to the facility shall be predicated on written medical clearance.
 - 6) When screening is conducted by trained custody staff, licensed health care staff shall perform a subsequent review of any positive findings by the trained custody staff
 - 7) Health screens shall be reviewed at each institution by health-trained or health care personnel.
 - 8) The Facility Medical Director and or Facility Health Authority shall provide written procedures and policies to ensure continuity of care for offenders.

s/James M. Le Blanc
Secretary

Forms: [HCP16-a](#) : RDC Initial Intake Medical Screening
[HCP16-b](#) : RDC Health Appraisal and Treatment Plan
[HCP16-c](#) : Intra-Facility Health Screening

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This supersedes Health Care Policy No. HC-13 dated 10 February 2009 and Page One dated 20 December 2002.

RDC Initial Intake Medical Screening

Facility: _____

Admission Date: _____

DOC # _____ NAME _____ RACE _____ DOB _____ AGE _____

PRIOR INCARCERATION: Y* N *WHERE/WHEN _____ TRANSFERRED FROM: _____

NKDA/FOOD ALLERGIES (describe reactions): _____

INSURANCE: _____

ADMISSION V/S: BP: _____ Pulse: _____ Resp: _____ Temp: _____ Height: _____ Weight: _____ SPO₂ _____

VISUAL ACUITY: Left Eye: 20/ _____ Right Eye: 20/ _____ Wears Glasses: Y N Has Glasses Here: Y N Wears Contacts: Y N

CURRENT MEDICATIONS and/or MEDICAL TREATMENT _____

MEDICAL CONDITIONS (Circle and/or Complete Current and Previous Conditions):

Cardiovascular Disease	Respiratory Disease	GI/GU	Blood Disorders	Infectious Disease	Reproductive
CAD / MI	COPD	Dialysis	Sickle Cell	HTV/AIDS	Abnormal PAP
CHF	Emphysema	Ostomy	Anemia	Genital Herpes	Abnormal Mammo.
HTN	SOB	GERD	Long Term Anticoagulation	Syphilis	LMP _____
CABG / Stent	Asthma	Hemorrhoids	Bleeding Disorder	Chlamydia	Pregnant Y / N
Neurological	Endocrine	Cancer	Leukemia	Hep A B C	EDD _____
Stroke / TIA	Diabetes	Chemotherapy		Staph/MRSA	
Seizure Disorder	Hyperthyroidism	Radiation & Type: _____			
	Hypothyroidism				

Other/Comments: _____

FAMILY HISTORY (Circle and/or Complete):

Cancer Cardiovascular Disease Diabetes Hypertension Mental Illness Renal Disease Respiratory Disease

Other/Comments: _____

SKIN ABNORMALITIES:

Jaundice: Y N

Trauma Markings: Y N

Needle Marks: Y N

Infestations: Y N

Indicate The Location of the Following:

Scars – S
Tattoos – T
Lesions – L
Bruises – B
Abscess/Boils – A
Rashes – R
Cuts – C

GENERAL CONDITION:

Behavior: _____

Level of Consciousness/Orientation: _____

General Appearance: _____ Conduct During Assessment: _____

Tremor Y / N Sweating Y N

Ease of Movement: _____ Deformities/Abnormalities: _____

Prostheses/Orthotics: Y N _____

Medical Equipment: Y N W/C Walker Cane Other _____

TB SCREENING (Indicate S/S Present Over the Past 3 Months):

Unexplained Weight Loss Y N Comments: _____

Loss of Appetite Y N _____

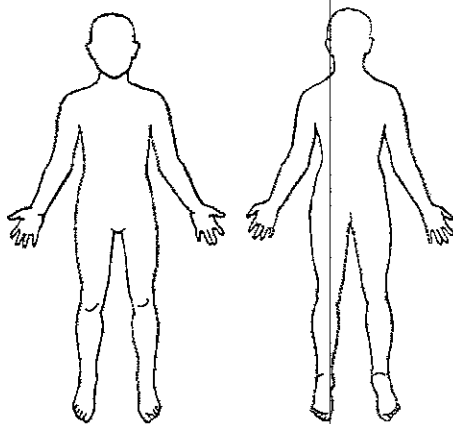
Fever/Chills/Night Sweats Y N _____

Productive Cough > 1 Month Y N _____

Coughing Up Blood Y N _____

Lethargy/Weakness/Fatigue Y N _____

OTHER: _____



FRONT

BACK

Comments/Describe Tattoos: _____

Health Care Provider Completing Form

DATE/TIME

Physician Review

DATE/TIME

RDC Initial Intake Medical Screening Form

Facility: _____ Admission Date: _____

PRIOR SURGERIES

DATE

HOPITAL / OUT PT CLINIC

PHYSICIAN

DENTAL CONDITION (Circle and/or Complete): Dentures: Y N Upper Lower Partial

Dental Problems/Comments: _____

SUBSTANCE ABUSE HISTORY: (Circle and/or Complete)

Smoke Cigarettes: Y N How long _____ Packs/day: _____ Quit Smoking (approx. date) _____

Alcohol: Y N How long _____ What type: _____ Freq./Amt.: _____ Last Use (approx. date): _____

Drug Abuse: Y N How long _____ What drug(s)/mode _____ Freq./Amt.: _____ Last Use (approx. date): _____

IV Drug Abuse: Y N Seizures/Convulsions/Other from Stopping Alcohol/Drugs: Y N

Substance Abuse Treatment: Y N Inpatient Outpatient

Other/Comments: _____

MENTAL HEALTH:

Current MH Treatment: Y N History of MH treatment: Y N Inpatient Outpatient Current Suicidal Ideation: Y N History of Suicide Attempts: Y N

History of Self-Injurious Behavior Attempts: Y N

Current Symptoms of: Psychosis Depression Anxiety Aggression

Other/Comments (Include locations and approx. dates of treatment if known): _____

OTHER PERTINENT FINDINGS: _____

DISPOSITION

GENERAL POPULATION

GENERAL POPULATION WITH REFERRAL TO M.D., M.H., DENTIST _____

URGENT REFERRAL TO E.R., M.H. ON CALL, PHYSICIAN ON DUTY/CALL (if off site, written clearance required before readmission to the institution) _____

Health Care Provider Completing Form

DATE/TIME

Physician Review

DATE/TIME

RDC Health Appraisal and Treatment Plan

Facility: _____ Admission Date: _____

DOC # _____ NAME _____ RACE _____ DOB _____ AGE _____

NKDA/FOOD ALLERGIES: _____

ADMISSION V/S: BP: _____ Pulse: _____ Resp: _____ Temp: _____ Height: _____ Weight: _____ SPO₂ _____

VISUAL ACUITY: Left Eye: 20/_____ Right Eye: 20/_____ Wears Glasses: Y N

Has Glasses Here: Y N Wears Contacts: Y N

Other/Comments: _____

HEARING: Hearing Impaired: Y N Left Ear: Partial Total (Deaf) Right Ear: Partial Total (Deaf) Hearing Aides: L R Both N/A

CURRENT MEDICATIONS: Y N Transfer Meds Available: Y N List Current Medications: _____

LABORATORY/TEST RESULTS: TST (Date Adm.): _____ TST (Date Read/Results): _____ CXR (Date/Results): _____

RPR (Date Drawn/Results): _____ Other: _____ Completed Childhood Immunizations: Y N

Nurse's Signature _____ Date _____

Reviewed By Provider/Physician or Mid-level Provider's Signature _____ Date _____

INITIAL PHYSICAL EXAM

Date: _____ V/S: B/P: _____ P: _____ R: _____ T: _____ Wt: _____ SPO₂: _____

-----TO BE COMPLETED BY PHYSICIAN OR MID-LEVEL PROVIDER ONLY-----

HEENT: _____

Heart: _____

Lungs: _____

Abdomen: _____

Neuro: _____

Extremities: _____

GU: _____

Current Complaints: _____

Impression: _____

FOLLOW UP:

Hearing Impaired Y N Referral for Hearing Aids? Y N N/A

OFF-SITE APPOINTMENTS: _____ (decision to keep off site appointments
may be deferred at receiving institutions)

FOLLOW UP AT PERMANENT INSTITUTION: _____

TREATMENT PLAN: (See physician order sheet for medications/treatments specific for this offender):

MEDICATIONS ORDERED: [] TREATMENTS: [] FOLLOW UP INDICATED: []

DUTY STATUS: _____ MEDICAL LEVEL OF CARE (LOC): circle LOC I LOC II LOC III

Physician or Mid-Level Provider's Signature _____

DATE/TIME _____

INTRA-FACILITY HEALTH SCREENING
FACILITY: _____

NAME: _____ DOC: _____ RACE: _____ DOB: _____

TRANSFERRED FROM: _____ NKDA/FOOD ALLERGIES: _____ PPD: _____

(CURRENT COMPLAINT)

	CURRENT TREATMENT/MEDICATION
MEDICAL: _____	_____
_____	_____
_____	_____
_____	_____
DENTAL: _____	_____
_____	_____
MENTAL HEALTH: _____	_____
_____	_____
_____	_____

GENERAL APPEARANCE/BEHAVIOR

Physical Deformities: _____ Diet: _____
Evidence of Abuse or Trauma: _____
Prosthetic Devices or Medical Equip: _____
Duty Status: _____

SCHEDULED FOLLOW UP (note dates and locations of any scheduled clinic, hospital, lab or x-ray appointments):

MENTAL HEALTH SCREEN (only for weekends or after hour transfers):

HX Suicide Behavior: _____ Current Suicide Ideation: _____

HX Out/In-Patient Psychiatric TX: _____

Current Signs of Psychosis, Depression, Anxiety or Aggression: _____

DISPOSITION:

- ☐ GENERAL POPULATION
- ☐ GENERAL POPULATION WITH REFERRAL TO MD, DENTIST, MENTAL HEALTH
- ☐ EMERGENCY REFERRAL TO: _____
- ☐ OFFENDER HAS BEEN INSTRUCTED ON PROCEDURES (for sick call, pill call, medical co-payments)

NURSE SIGNATURE: _____ DATE/TIME: _____