

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-A-08**

SUBJECT: COMMUNICATION ON SPECIAL NEEDS PATIENTS

POLICY: Health care needs are to be considered in decisions regarding the inmate's assignment to institutions, work and programming. This consideration is to ensure that inmates with health care problems or limitations are not placed in facilities that are unable to provide health care appropriate for individual needs; and that an inmate who has restrictions is not assigned work or programming that presents a risk of further injury or physical/mental debilitation. Finally, health status information is to be communicated to the Classification and Transfer Division and the institution in a manner that facilitates inmate movement and does not compromise confidentiality of health information.

REFERENCE: NCCHC Standard P-A-08  
ODOC Health Services - Facility Screening Criteria  
ODOC Health Status Training Manual

PROCEDURE:

- A. Inmate Health Status is found in the Corrections Information System.
- B. A Health Status determination is to be completed when:
  - 1. the initial Health Assessment is completed.
  - 2. a new health condition is identified which results in the need for further diagnostic procedures, specialty consults, activity limitations, facility restrictions, health care follow-up, special housing requirements, other special needs, or, work restrictions.
  - 3. an identified health condition is resolved or stabilized, or at the time a change in restrictions has been instituted.
- C. To complete the Health Status:
  - 1. Verify the name pulled up by the system based on the "Offender ID" that was entered.
  - 2. The date is automatically entered into the "current evaluation" field by the system on the date(s) any changes have been made.
  - 3. The "medical communication" field is automatically entered by the system based on what other information has been entered.

## Communication on Special Needs Patients

4. "Keep at current location" field will display an "N" (no) as the default mode. If an inmate must be kept at the current institution, the health services staff may change this field to a "Y" (yes). Inmates should be kept at their "current location" under the following circumstances: pending diagnostic testing, pending specialty consultations or any other situations where a transfer out of the facility might delay diagnostic testing and/or treatment.  
  
Enter a "Y" (yes) into the "keep at current location" field if the inmate should stay at the current facility. Enter a date into the "re-evaluate" field corresponding to the date that the service would be completed. Once the service is complete, the health services staff must delete the "Y" (yes) and enter an "N" (no) to return to the default mode.
  5. Enter any significant information which you believe should be immediately noticed into the "comments" field.
  6. Select a restriction by entering a "1" as indicated. The "comment" fields are used when more detailed information is needed. A date must be made into the "eval date" field indicating the date that the restriction will be re-evaluated.
- D. See the "ODOC Health Services - Facility Screening Criteria" for information on clearing inmates for assignment to institutions.
- E. After all the necessary data has been entered, press F10 to print a copy for the health care record and another for the institution assignment office if indicated.
- F. A copy of the Health Status is filed on the right side of the first section of the health care record. Previous Health Status forms are filed immediately under the most current.
- G. A query of outdated health status forms are available and printed daily at each facility's designated computer. Each institution is responsible for ensuring a system is in place to update these as indicated per this procedure.
- H. A query of specific health status information may be printed by following these steps:
1. Sign on to the DOC400.
  2. Page down to "Health Status Report Selection" and enter into that screen.
  3. Enter an "R" into the "Report Request" field.
  4. Enter a "1" into the field for which you are selecting the information (page down for more options) and press F10 to print.

Effective Date: \_\_\_\_\_  
Revision date: February 2007  
Supersedes P&P dated: November 2006

**OREGON SUMMIT INMATE SCREENING CRITERIA**

These criteria will help you to understand and clarify the level of wellness that is needed to meet the Legislative intent of OAR 291-62-010 through OAR 291-62-080. Specifically, that it is a highly structured program based upon a military basic training model that involves intensive mental and physical training and substance abuse treatment. Otherwise eligible applicants with a physical and/or mental disability will be evaluated individually to determine whether they may successfully participate in the fundamental components of the Oregon SUMMIT Program.

**DENTAL:** Chart review by the Dentist. Note any who need immediate dentures or major work that cannot be done at SCCI. These inmates will be considered for a later platoon when their work is completed. Any inmate who refuses extensive dental work in order to be considered for SUMMIT must have a PAR with the attending dentist to assure that there is no coercion that may influence their decision and an informed refusal of treatment must be signed.

**MENTAL HEALTH:** An inmate who has received mental health services must be stabilized either on or off medication for a period of six months. Each of these applicants will be considered for Summit on an individual basis.

**ORTHO:** Any mobility problems and the accommodation that would need to be made if they were to participate in daily pt and running up to two miles per day on hilly ground.

**SPECIAL NEEDS:** Treatment plan needs to be current and they should be scheduled to see the practitioner for a medication review if their meds are due to expire. They also will need to have at least a one week supply of medications when they arrive at SCCI.

**VISION:** NEAR \_\_\_\_\_ \*Note with or without glasses.  
FAR \_\_\_\_\_  
If the inmate meets the criteria as defined in Health Services P&P #P-G-11.1, PLEASE try to schedule them to be seen by the Optometrist at OSP for an exam and have their glasses ordered before transport to SCCI.

## POWDER RIVER CORRECTIONAL FACILITY SCREENING CRITERIA

These criteria are to help screen prospective individuals for our Alternative Incarceration Program (AIP). While all of our residents are involved in programming, we still have to send most of our people out to work in jobs in the community and with the Forest Service for Measure 17 compliance. Many of these jobs require much physical exertion and working on uneven ground at high altitudes. Our medical staff hours of operation are 6:30 am to 8:00 pm Monday through Friday and 6:00 am to 5:00 pm on weekends. We have limited on-site Dental services provided two days a week. We do not have on-site CTS services.

**DENTAL:** Dental Services are available at PRCF two days each week.

**MENTAL HEALTH:** Inmates that have a mental health diagnosis or taking meds for mental health issues should be stabilized for 90 days prior to being qualified for transport and also cleared by a mental health provider.

**MEDICATIONS:** We use mostly KOP meds at PRCF. We do have limited med lines due to our hours of operation. Insulin dependent diabetics that are stable can be sent to PRCF. We also have capabilities for inmates requiring CPAP.

**MEDICAL:** PRCF will take individuals that have chronic medical conditions that are stable and do not require follow up with specialists; our community does not have many MD's with specialty qualifications. We have various special needs clients but again most are stable and require only periodic follow up by the practitioner as described in P&P. Any questions about specific illnesses can be dealt with as the needs arise with PRCF medical staff.

## MILL CREEK CORRECTIONAL FACILITY INMATE SCREENING CRITERIA

### WORKING CONDITIONS:

Inmates are assigned to a variety of jobs that include but are not limited to uneven terrain, thick vegetation, highways, and parks. Inmates often operate dangerous power equipment, are exposed to dust and other allergens, and do heavy lifting.

These work assignments frequently take inmates miles away from any correctional or community health care facility.

### HEALTH CARE AVAILABLE AT MCCF:

Because MCCF is a work facility, health care available is very limited. Nurses are available to see patients by appointment Monday through Friday from 5:30 am to 9:30 am. A provider clinic is available one morning per week. Telephone triage is available for emergencies by calling the clinic at SCI or OSCI/OSP when SCI is closed between the hours of 10:30 pm and 5:30 am.

#### **Dental:**

Non emergent dental services are available by appointment through SCI Health Services.

#### **Mental Health:**

An individual being screened for transfer should have no significant mental illness, as mental health services are not readily available.

#### **Medications:**

MCCF uses the inmate self administration (FISA) system. Individuals who are on controlled medication or NFISA because of previous noncompliance would not be appropriate due to the limited number of medical staff hours.

#### **Medical:**

MCCF will take individuals that have chronic medical conditions which are stable and only require periodic follow up by the practitioner as described in P&P.

If you are unsure whether or not an inmate is appropriate for assignment to MCCF because of a medical condition, please contact the Health Services staff at SCI.

## OREGON STATE PENITENTIARY MINIMUM INMATE SCREENING CRITERIA

Inmates are assigned to a variety of jobs which include but are not limited to: uneven terrain, thick vegetation, highways and parks. Inmates often operate dangerous power equipment, are exposed to dust and other allergens and do heavy lifting.

These work assignments frequently take inmates miles away from any correctional or community health care facility. Inmates assigned to OSP Minimum must have no medical limitations/restrictions and be able to perform full work duties.

### CRITERIA:

1. No adverse orthopedic conditions: Inmates must be able to tolerate the many physical demands required to perform a variety of tasks. Consult with your physician if necessary, prior to transfer, to assure that orthopedic conditions are resolved.
2. No seizure activity within the last year. This requires a review and clearance by a DOC practitioner. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
3. Stable cardiac conditions. This is to be reviewed and cleared by a DOC practitioner. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
4. Inmates with hypertension may be assigned to OSP Minimum if they are responsible to take medications as ordered. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
5. Stable and mild asthma or chronic lung problems. Their condition must be well controlled, and the inmate(s) must be cleared to perform full work activities.
6. No severe allergy/hay fever conditions. This is to be reviewed and cleared by a practitioner based on the following criteria; no prior hospitalizations, no prior nebulizer treatments; demonstrated appropriate use of any required inhalers.
7. No systemic bee sting reaction.
8. No significant mental illness.
9. No insulin dependent diabetics.
10. No work restrictions such as no outside work, light/moderate duty, lifting limits. This includes any restriction, which prevents a full range of work activities.

11. No inmates whose newly diagnosed or suspected but yet undiagnosed conditions requiring interview/evaluation/monitoring by nursing staff.
12. No inmates requiring nursing treatment/monitoring.

**SOUTH FORK FOREST CAMP INMATE SCREENING CRITERIA**

**BACKGROUND**

**WORKING CONDITIONS:**

Inmates are assigned to a variety of jobs that include but are not limited to: uneven and steep terrain, thick vegetation, highways, and parks. All inmates are required to report to the forest fire crews during the summer months. Inmates operate dangerous power equipment, are exposed to dust and other allergens, and frequent and heavy lifting (greater than 50 pounds) as a daily routine.

Daily work assignments take inmates miles away from any correctional or community health care facility especially during the fire season.

**HEALTH CARE AVAILABLE AT SFFC:**

SFFC is a strict work camp; health care is available on a very limited basis. Nurses are available to see patients by appointment on Tuesday and Thursday from approximately 0600 to approximately 1030am. A provider clinic is available one morning per week. Telephone triage is available for emergencies and routine questions by calling the clinic at CRCI seven days a week from 0500 to 2130. The Health Service Manager is available for contact after designated clinic hours.

**CRITERIA:**

1. No adverse orthopedic conditions: Inmates must be able to tolerate the many physical demands required to perform a variety of tasks. Consult with providers if necessary, prior to transfer, to assure that orthopedic conditions are resolved or stable.
2. No "Special Needs" conditions EXCEPT: Over 50, TB medications, Hepatitis C (not on treatment). If a Special Needs condition exists, such as "exercise induced asthma," please have the provider evaluate risk factors or contact CRCI health care staff for clarification.
3. No severe allergy/hay fever conditions: that require prescribed medications. This is to be reviewed and cleared by a practitioner based on the following criteria: no prior hospitalizations, no prior nebulizer treatments.
4. No unstable Mental Health issues: No medications or counseling are available at this facility.
5. Special diets: Not available at SFFC.



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6. No work restrictions: such as “no outside work, light/moderate duty, lifting limits.” This includes any restriction, which prevents a full range of work activities.
7. No conditions that are acute or newly diagnosed or undergoing diagnostic evaluations or conditions that require interview/evaluation/monitoring by nursing staff.
8. No inmates requiring nursing treatment/monitoring more than the scheduled Nursing coverage.
9. No conditions requiring outside consultations: Those will be transferred back to CRCI until such time that the outside appointments are completed and clearance given.

If health care staff are unsure whether or not an inmate is appropriate for assignment to SFFC because of a medical condition, please contact the Health Services staff at CRCI.

**Snake River Correctional Minimum (SRCM)  
Minimum Screening Criteria**

1. Upon receipt of counselor referral, candidates are screened by HS Management staff to determine if SRCM placement is medically appropriate.
2. Inmate/patient must have no med line medications, with the exception of INH/B6.
3. Inmate/patients health status must be stable, with no urgent medical issues that may require more than minimal medical intervention.
4. Medical restrictions must be noted, if work restrictions exist, these are passed to the Work Skills Coordinator for review.
5. Nursing staff is available Monday thru Friday for routine sick call and refill line. Provider clinic is held weekly.

**WARNER CREEK CORRECTIONAL FACILITY  
INMATE SCREENING CRITERIA**

BACKGROUND

WORKING CONDITIONS:

Inmates are assigned to work in a variety of conditions which include, but are not limited to: uneven and rocky terrain, forests, highways, parks, and hills covered with thick sagebrush. Inmates may operate dangerous power equipment, be exposed to dust and other allergens, and may be required to do heavy lifting. Inmates may be exposed to extreme weather conditions, such as ambient temperatures in excess of 80 degrees F. and winter weather conditions that include sub-zero temperatures.

HEALTH CARE AVAILABILITY AT WCCF:

Health Services is open from 0600—2230 Monday through Friday and from 1000—2030 on Saturday and Sunday. A provider clinic is available for two hours twice a week. Dental services hours have not been finalized. There is one volunteer ambulance service and one hospital in Lake County—the third largest county in Oregon. There are no Mental Health services available to the facility at this time other than on-call State providers.

CRITERIA:

1. Inmates must be able to tolerate the many physical demands required to perform a variety of tasks. Consult with your physician, if necessary, prior to transfer, to assure that orthopedic conditions are resolved. In certain cases, exceptions can be made, but must be cleared by the Health Services Manager in advance in order to provide accommodations.
2. No seizure activity in the last year. This requires a review and clearance by a DOC practitioner. Their condition must be well controlled and the inmate be cleared for full work activities.
3. Stable cardiac conditions. This is to be reviewed by a DOC practitioner and the inmate must be cleared for full work activities.
4. Inmates with hypertension may be assigned to WCCF, but the condition must be well controlled and the inmate compliant with medication self-administration and monitoring during sick call. The inmate must be cleared to perform full work activities.
5. No severe allergy/hay fever/reactive airway conditions. The inmate is to be cleared by the practitioner based on the following criteria: no prior hospitalizations, no prior nebulizer treatments, demonstrated appropriate use of any required inhalers.

6. No inmates taking psychotropic medications will be assigned to WCCF. Inmates taking mental health medications cannot be accommodated at WCCF.
7. Very limited special diets may be accommodated with advanced notice and permission of the Health Services Manager.
8. No insulin dependent diabetics. NIDDM who are well controlled and able to make appropriate food choices from the general food line will be accepted.
9. Some work restrictions may be accommodated, but must receive prior approval from the Health Services Manager or be of limited duration prior to assignment.
10. No inmates whose newly diagnosed or suspected but yet undiagnosed conditions requiring evaluation and monitoring by nursing staff.
11. No inmates requiring nursing treatment/monitoring more than the scheduled nursing coverage.
12. Inmates who require specialized medical consultations will be transferred to an appropriate facility.
13. No inmates with pending dental work.

**If you are unsure if it is medically appropriate to transfer an inmate of Warner Creek, please contact the Health Services Manager.**

**Work Capabilities**

Start Date: \_\_\_\_\_

Review Date: \_\_\_\_\_

No Work

- Lay-in
- No work allowed

Sedentary Work

- Full sedentary work
- 10 lbs. occasionally <1/3 time
- Negligible force frequently <2/3 time
- Sitting most of the time
- Walking or standing short time

Light Duty Work

- Full light work
- 20 lbs. occasionally <1/3 time
- 10 lbs. frequently <2/3 time
- Negligible force constantly
- Production rate pace
- Walking or standing 1/3 – 1/2
- Pushing/pulling arm leg controls
- Sitting

Medium Work

- \_\_\_\_\_ 20 – 50 lbs. occasionally <1/3
- \_\_\_\_\_ 10 – 25 lbs. frequently
- \_\_\_\_\_ 0 – 10 lbs. consistently

Environmental Restrictive

- Inside Secure Parameter
- Smoke
- Allergens
- Sunlight
- Hot/Cold
- Bees/Wasps
- Smooth ground only
- Incline
- Height
- Power equipment
- No sharp tools
- Quiet, low stress
- Other

Specific Adjustments:

- Upper extremity
- Lower extremity
- Positional/movement
- Hearing limitation
- Vision limitation
- Simple tasks
- Mobility impaired
- Stairs/ladders
- Prosthesis
- No Food Handling
- Around few people
- Access to drinking water
- No work from 10 PM to 6 AM
- Other

Exposure Crew: \_\_\_\_\_

Hep B Vaccine \_\_\_\_\_

Name: \_\_\_\_\_  
SID#: \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

|  | CCCF | CRCI | EOCI     | MCCF | OSCI  | OSP   | OSP-M | PRCF | SCCI | SCI  | SFFC | SRCI | TRCI | WCCF  |
|--|------|------|----------|------|-------|-------|-------|------|------|------|------|------|------|-------|
| <b>AVAILABLE SERVICES</b>                                    |      |      |          |      |       |       |       |      |      |      |      |      |      |       |
| Bee Sting Allergy - TX                                       | YES  | YES  | YES      | YES  | YES   | YES   | YES   | NO   | YES  | YES  | YES  | YES  | YES  | YES   |
| CPAP Unit  | YES  | YES  | Very Few | NO   | YES   | YES   | NO    | YES  | YES  | YES  | NO   | YES  | YES  | YES   |
| CTS Program Needs  | YES  | YES  | YES      | NO   | YES   | YES   | NO    | NO   | NO   | NO   | NO   | YES  | YES  | NO    |
| Dental-emergency needs                                       | YES  | YES  | YES      | YES  | YES   | YES   | NO    | NO   | NO   | YES  | NO   | YES  | YES  | NO    |
| Elevator Access  | NO   | YES  | NO       | NO   | To HS | To HS | NO    | NO   | NO   | NO   | NO   | NO   | NO   | N/A   |
| Handicapped accessible                                       | YES  | YES  | NO       | NO   | YES   | NO    | NO    | YES  | NO   | NO   | NO   | YES  | YES  | YES   |
| Hospice Beds   | YES  | NO   | NO       | NO   | NO    | YES   | NO    | NO   | NO   | NO   | NO   | NO   | YES  | NO    |
| Infirmery (# beds)   | 14 F | NO   | 8        | NO   | NO    | 22    | NO    | NO   | NO   | NO   | NO   | 16   | 16   | NO    |
| Mental Health Issues   | YES  | YES  | YES      | NO   | YES   | YES   | NO    | NO   | YES  | NO   | NO   | YES  | YES  | NO    |
| Accepts Mobility Restrictions                                | YES  | YES  | NO       | YES  | YES   | NO    | NO    | YES  | NO   | YES  | NO   | YES  | YES  | MINOR |
| Accepts Stairs Limitations                                   | YES  | YES  | NO       | NO   | YES   | NO    | YES   | YES  | NO   | NO   | NO   | YES  | YES  | NO    |
| O2 available   | YES  | YES  | YES      | NO   | YES   | YES   | NO    | NO   | YES  | NO   | NO   | YES  | YES  | NO    |
| O2 Concentrator  | YES  | NO   | YES      | NO   | YES   | YES   | NO    | NO   | NO   | NO   | NO   | YES  | YES  | NO    |
| Respiratory Isolation  | YES  | NO   | YES      | NO   | NO    | NO    | NO    | NO   | NO   | NO   | NO   | YES  | YES  | NO    |
| SMU (# beds)   | 10   | NO   | NO       | NO   | NO    | 50    | NO    | NO   | YES  | NO   | NO   | 22   | NO   | NO    |
| <b>SPECIAL CAPABILITIES</b>                                  |      |      |          |      |       |       |       |      |      |      |      |      |      |       |
| Sign Language Interpreter                                    | YES  | NO   | NO       | NO   | NO    | YES   | NO    | NO   | NO   | NO   | NO   | NO   | NO   | NO    |
| Spanish Interpreter  | Some | NO   | YES      | Some | YES   | YES   | NO    | YES  | NO   | Some | NO   | YES  | YES  | SOME  |
| Special Diets  | YES  | YES  | Some     | YES  | YES   | YES   |       | NO   | NO   | YES  | NO   | YES  | YES  | SOME  |
| Work Restrictions  | YES  | YES  | YES      | YES  | YES   | YES   | NO    | YES  | NO   | YES  | NO   | YES  | YES  | SOME  |
| 7 DAY med line   | YES  | YES  | YES      | NO   | YES   | YES   | NO    | YES  | YES  | YES  | NO   | YES  | YES  | YES   |
| Insulin Dependant diabetics                                  | YES  | YES  | YES      | NO   | YES   | YES   | NO    | YES  | YES  | YES  | NO   | YES  | YES  | YES   |
| <b>RESOURCE SERVICES READILY AVAILABLE IN THE COMMUNITY:</b> |      |      |          |      |       |       |       |      |      |      |      |      |      |       |
| *Cardiovascular  | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | B    | S    | B     |
| *Dental  | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | B    | S    | B    | NO    |
| *Endocrine   | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | S    | **NO | NO    |
| *Gastrointestinal (G.I.)                                     | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | S    | S    | B     |
| *Hematology  | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | S    | **NO | NO    |
| *Infectious Disease  | E    | E    | **NO     | E    | E     | E     | S     | B    | B    | E    | NO   | S    | **NO | B     |
| *Nephrology  | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | S    | E    | NO    |
| *Neurology   | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | S    | S    | NO    |
| *Oncology  | E    | E    | E        | E    | E     | E     | S     | B    | B    | E    | NO   | S    | S    | NO    |
| *Orthopedics   | E    | E    | B        | E    | E     | E     | S     | B    | B    | E    | NO   | B    | S    | B     |
| *OB/GYN  | S    |      |          |      |       |       |       |      |      |      |      |      |      | B     |

- B = Basic Service (e.g. Primary Care, general practice, internal medicine, general surgery, general orthopedics, etc.)
- S = Specialty Service (e.g. Cardiologist, Pulmonology, Neurology, Dermatology, Vascular Surgery, etc.)
- E = Expanded Service (Extensive specialized care or sub-specialists, e.g.; Cardio-vascular surgeons, Reconstructive surgery, Neurosurgery, Dialysis Center, Cancer treatment (surgery, radiation, chemo), retina specialists, etc.
- \*\* Available if inmate is able to cross state lines.