

GEORGIA DEPARTMENT OF CORRECTIONS



**Standard Operating Procedures**

**Policy Name:** Health Assessment and Medical Diagnostics

**Policy Number:** 507.04.21

**Effective Date:** 2/10/2022

**Page Number:** 1 of 10

**Authority:**  
Commissioner

**Originating Division:**  
Health Services Division  
(Physical Health)

**Access Listing:**  
Level I: All Access

**I. Introduction and Summary:**

Upon arrival, an initial Health Assessment will be completed for offenders within seven (7) calendar days and probationers within fourteen (14) calendar days. This procedure is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders including private and county prisons.

**II. Authority:**

A. Ga. Comp. R. & Regs. 125-4-4-.04;

B. GDC Standard Operating Procedures (SOPs): 507.04.19 Receiving Screening, 507.04.20 Orientation of Offenders for Access to Health Services, 507.04.23 Medical Classification and Profiling, 507.04.25 Health Screening-Offender Transfers, 507.04.28 Chronic Care, 507.04.61 HIV Antibody Testing, 507.04.73 Ectoparasite Control, 507.04.85 Informed Consent, 507.04.87 Advanced Directives, 507.04.89 Do Not Resuscitate (DNR) Order, 507.05.03 Guidelines for Dental Treatment, 508.14 Mental Health Reception Screening, and 508.15 Mental Health Evaluations;

D. NCCHC 2018 Adult Standards: P-E-04, P-E-05, and P-E-06; and

E. ACA Standards: 5-ACI-6A-01, 5-ACI-6A-10, 5-ACI-6A-25, 4-ALDF-4C-22, 4-ALDF-4C-24, and 4-ACRS-4C-07.

**III. Definitions:**

A. **Licensed Health Care Provider** - A physician, dentist, nurse practitioner, physician assistant, registered nurse, dental hygienist, clinical nurse specialist, or licensed practical nurse.

B. **Clinician** - A physician, nurse practitioner, physician's assistant, mental health counselor, medical social worker, clinical psychologist and/or clinical nurse specialists.

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- C. **Health Assessment** - A systematic collection of data, both subjective and objective, incorporating the past medical history and review of all body systems to determine the patient's current state of health.
- D. **Qualified Mental Health Professional** - MH/MR Unit Managers, Psychiatrists, Psychologists, Licensed Nurses, Licensed Professional Counselors, Licensed Master or Clinical Social Workers, and Licensed Marriage and Family Therapists, Mental Health Counselors and Mental Health Behavior Specialists.
- E. **Advisory Committee on Immunization Practices (ACIP)** - The Advisory Committee on Immunization Practices (ACIP) comprises medical and public health experts who develop recommendations on the use of vaccines in the civilian population of the United States. The recommendations stand as public health guidance for safe use of vaccines and related biological products.
- F. **US Preventative Services Task Force (USPSTF)** - The U.S. Preventive Services Task Force, a sub-committee of the Agency for Healthcare Research and Quality, authorized by Congress, is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.

**IV. Statement of Policy and Applicable Procedures:**

A. Initial Receiving Health Screening

1. As soon as possible upon arrival, all offenders entering Georgia Department of Corrections (GDC) facilities will receive a health screening by a Licensed Health Care Provider or a medical/nursing assistant or correctional officer trained to complete the screening.
2. Refer to SOP 507.04.19, Receiving Screening for guidelines on completing the receiving health screening.

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**B. Offender Orientation:**

1. Upon arrival, all offenders entering a GDC facility will be oriented verbally and in writing regarding access to health services by facility personnel.
2. Refer to SOP 507.04.20, Orientation of Offenders to Health Services for additional information.
3. Upon arrival, offenders will be asked to read and sign a General Consent for Medical Treatment (Form P82-0001.01 English Version/P82-0001-02 Spanish Version) or other approved form. This will serve as consent to perform non-invasive examinations, procedures, and treatments (i.e., physical examinations, vaccinations, and lab work, etc.) until the offender's release from GDC. Refer to SOP 507.04.85, Informed Consent for additional information.

**C. Diagnostic Process Tracking:**

1. A master tracking log of the diagnostic process through completion of all activities, including the initial screening that will be maintained by the medical staff.
2. The Responsible Health Authority or designee will assign a health care team member to monitor the appropriate Clinical Diagnostic Tracking Log (P03-0005.01 for males and P03-0005.18 for females) or other approved tracking log, to document that all diagnostic procedures are completed within designated timeframes.

**D. Health Assessment during the Diagnostic Process:**

1. An initial Health Assessment will be completed as soon as possible and no later than seven (7) calendar days for offenders and fourteen (14) calendar days for probationers after arrival at the facility.

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2. A Licensed Health Care Provider will complete the Medical History Form (P25-0003.01) or other approved form, in the presence of the offender on day one (1) but no later than day two (2) of arrival. The Clinician (MD, NP, PA) will review the Medical History Form and note any clinically significant abnormalities that require follow up during the physical exam.
3. On the first day of arrival, the Licensed Health Care Provider may initiate the Diagnostic Intake Orders Form (P25-0003.03) or other approved form. The Clinician is responsible for reviewing and signing the Diagnostic Intake Order Form. On day one, the nurse will complete the Diagnostic Nursing Progress Note (P25-0003.04) or other approved form, which documents a brief summary of care initiated and provided.
4. Laboratory/diagnostic tests will be obtained as indicated by ACIP Guidelines and as follows:
  - a. GDC Prisons:
    - i. Complete blood count with differential and platelet count.
    - ii. Comprehensive Metabolic Panel (CMP).
    - iii. PPD skin test (Mantoux method) unless verified previous positive skin test results obtained).
    - iv. RPR with FTA or equivalent, if reactive.
    - v. Human Immunodeficiency Virus (HIV) antibody test following HIV pre-test counseling.
    - vi. Urinalysis (dipstick) with microscopic, if clinically indicated.

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- vii. Chest x-ray if clinically indicated (e.g., active symptoms of TB, history of previously positive TB skin test, known or suspected pulmonary or cardiac disease).
  - viii. EKG if there is known or suspected symptoms of cardiac disease or if determined to be clinically indicated by the examining Clinician.
  - ix. Digital Rectal Exam (DRE) with Fecal Occult Blood Testing (FOBT) and Prostate Specific Antigen (PSA) for offenders aged fifty (50) or above, or as indicated for high-risk populations.
  - x. Oral swabs for DNA testing of all offenders convicted of a felony entering a state prison as advised by security personnel.
  - xi. Additionally, for Juveniles (less than 18 years of age or below), a Clinician should obtain a thorough vaccination history, including review/ update of the GRITS database. The Clinician should refer to guidelines published by the Advisory Committee on Immunization Practices (ACIP) to determine which, if any immunizations are needed to complete the series.
  - xii. Lung cancer screening as indicated by the US Preventative Services Task Force (USPSTF) guidelines.
- b. Additional clinical testing for females in a GDC facility will include:
- i. Serum pregnancy test unless post-menopausal or history of hysterectomy;
  - ii. Pap smear will be completed as outlined in SOP 507.04.36, Periodic Physical Exams.
  - iii. Testing for sexually transmitted infections (e.g., gonorrhea and

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chlamydia);

- iv. Breast Cancer Screening as outlined in SOP 507.04.36, Periodic Physical Examinations:
- c. Probation Detention Centers, Residential Substance Abuse and Treatment Facilities (RSAT) and Integrated Treatment Facilities (ITF):
  - i. PPD skin test (Mantoux method) unless verified previous positive skin test results obtained.
  - ii. RPR with FTA or equivalent, if reactive.
  - iii. Human Immunodeficiency Virus (HIV) antibody test following HIV pre-test counseling.
  - iv. Chest x-ray if clinically indicated (e.g., active symptoms of TB, history of previously positive TB skin test, known or suspected pulmonary or cardiac disease).
  - v. EKG if there is known or suspected symptoms of cardiac disease or if determined to be clinically indicated by the examining Clinician.
  - vi. Digital Rectal Exam (DRE) with Fecal Occult Blood Testing (FOBT) and Prostate Specific Antigen (PSA) for offenders aged fifty (50) or above, or as indicated for high-risk populations.
- d. Additional guidelines for females in a Probation Detention Center will include:
  - i. Females with a sentence ***less than 180 days***: Verbal gynecologic history. Testing will be ordered as clinically indicated by the Clinician.

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- ii. Females with a sentence ***greater than 180 days*** guidelines as outlined for state prisons (Section 4.b. above).

5. Physical Examination:

- a. Upon arrival, the initial physical examination (PE) will be performed by an MD, NP, or PA within seven (7) calendar days for offenders and fourteen (14) calendar days for probationers. An *abbreviated* PE will be performed in the absence of identified medical conditions; a *complete* PE will be performed for identified medical conditions. (Reference GDC Diagnostic Flow sheets/ attachments).
- b. A review of the Medical History Form (P25-0003.01) or other approved form. The Clinician will confirm any clinically significant abnormalities noted in the history, including verification of TB related information.
- c. Complete Physical Examination:
  - i. Documentation of height, weight, complete set of vital signs and examination of all body systems, including pelvic exam for women and genitourinary and rectal exam for men (as noted in Section 5, above).
  - ii. The Clinician will document any abnormal clinical findings and/or laboratory/diagnostic test results on the Diagnostic Physical Examination Form (P25-0003.02) or other approved form. All abnormal findings require explanations in the spaces provided. Once completed, this form should be filed in the History/Physical/Profile section of the health record.
  - iii. The Clinician will document identified permanent medical problems on the Problem List (PI-2009) along with the date noted. Problems listed may include diagnoses (e.g., hypertension) or symptoms (e.g.,

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chest pain) for which additional clinical evaluation/work-up is in progress.

- iv. The Clinician will develop a treatment plan of care to include additional diagnostic tests, medications, therapeutic diets, consultations, enrollment into chronic clinics and patient education. This information will be documented on the Diagnostic Treatment Plan Form (P25-0003.05) or other approved form and filed in the History/Physical/Profile section of the Health Record.
- d. Abbreviated Physical Examination:
- i. Documentation of height, weight, complete set of vital signs and examination of all body systems.
  - ii. The Clinician will document the assessment on the Diagnostic Physical Examination form (P25-0003.02), or other approved form. Abnormal findings will result in a complete Physical Examination, including the elements listed above.
  - iii. For all offenders with a sentence ***less than 180 days***, all medical conditions will be managed with focused healthcare encounters by the Clinician. This will not require enrollment in a Chronic Care Clinic. Corrective lens, hearing aids, special shoes/ footwear, prosthetic devices, assistive mobility devices, and/or appliances will not be provided routinely.
6. Dental screening: Dental screening will occur during the receiving screening, within seven (7) calendar days of arrival for state prisons and fourteen (14) days for PDC's, RSAT's, and ITF's.



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7. Mental Health Screening:

- a. On the day of arrival at a GDC Diagnostic Facility, a Qualified Mental Health Professional will complete the Mental Health Reception Screen (M30-01-01) on all newly arrived offenders.
- b. Refer to SOP 508.14, Mental Health Reception Screening for additional information.
- c. For identification and treatment of offenders with alcohol and drug abuse problems a Risk and Needs Assessment will be performed by counseling staff as outlined in SOP 107.04.

8. Immunizations: Immunizations will be provided as outlined within the ACIP guidelines and given during the diagnostic process, as needed, and repeated as required periodically, and documented into the GRITS database:

E. Medical Profiling and Classification:

1. Once data collection is complete, the Clinician will integrate the clinical information onto a comprehensive Problem List and Treatment Plan.
2. Refer to SOP 507.04.23, Medical Classification and Profiling for additional information for completing the Health/Activity Profile Form (PI- 2051) or other approved form. The Health/Activity Profile Form or other approved form will be reviewed and signed by the responsible Clinician and information entered into SCRIBE.
3. The Clinician will review the offender's medical problems and treatment plan. This encounter will include notification of HIV antibody post-test results and appropriate counseling in accordance with SOP 507.04.61, HIV Antibody Testing. This encounter may take place at the time of the physical exam, as

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long as all previously requested laboratory/diagnostic test results have been obtained and filed in the health record.

F. Transfers to Permanent Facility:

1. Offenders may be transferred to a permanent facility once the medical profiling and classification process is completed in accordance with SOP 507.04.25, Health Screening-Offender Transfers.
2. The responsible Clinician will notify the Warden/Superintendent or designee of offenders who are placed on medical hold and therefore should not be transferred out until the medical evaluation is complete.

**Note:** Forms associated with this SOP may be found on GDC Intranet on Captiva/Resources/Health Services Documents/02 Physical Health/Health Record Manual/Ancillary Forms.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.