

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Assessment of Patient

POLICY # A - 2

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SUBJECT: Intake Physical Exam and PULHEAT System

EFFECTIVE DATE: December 2011

SUPERCEDES DATE April 2007

PURPOSE

To provide guidelines on conducting a physical exam and PULHEAT assessment.

POLICY

A complete history and physical examination will be accomplished at the Reception and Diagnostic Center by appropriate health professionals, as soon as possible, and no later than (7) calendar days after admission. Each inmate in the Division of Prisons will be assigned a health profile resulting in an activity grade which indicates the inmate's overall ability to participate in work, education, recreation, and other activities.

PROCEDURE

I. SCOPE OF EXAMINATION

This examination will consist of the following actions:

- A. An outpatient health record will be originated by completing a form DC-385, Report of Medical History; form DC-385A, HIV Screening Supplemental Sheet; form DC386, Report of Medical Examination; form DC-387, Chronological Record of Medical Care; DC-386B- Activity Restriction Sheet, and place them in a DC-394, Outpatient Health Record.
- B. Physiological measurements will be accomplished to include height, weight, temperature, pulse, blood pressure, near and far vision, and the results recorded on form DC-386.
- C. Laboratory screening test in accordance with guidelines set forth by the DOP Medical Director.
- D. The tetanus/diphtheria (Td) vaccine status of the inmate will be assessed. The date of the last vaccination if known will be documented on the DC-386. Inmates reporting a history of not receiving a Td vaccine in the past 10 years are to be educated on the purpose of the vaccine, its contraindications and adverse reactions, and given the vaccine information sheet (VIS) published by the Center for Disease Control (CDC). After obtaining the inmate's written consent on the Immunization Record/TB Skin Test form, DC-928, the nurse will administer the Td booster vaccine and appropriately document on the DC-386 and DC-928.
- E. A mantoux skin test for TB will be administered and recorded on the form DC-386 and the DC-928, TB Skin Test Record. (See section CP-4 for actions necessary when test results are positive or for procedures to manage past positives.)
- F. The inmate and his outpatient health record will be made available to the examining clinician (physician or physician extender) during his next scheduled clinic. The examining clinician will complete the clinical evaluation and record the results on DC-386. The examining clinician will review the results of the history and examination and make appropriate entries concerning abnormalities, assign the inmate's initial health profile, and indicate any activity restrictions and medical aftercare notices.
- G. In the case of are-admitted inmate (including returned escapees and parole violators) who has received a documented health assessment within the previous twelve months, the prior results are reviewed and tests, examinations, etc. updated as needed. However, if the prior health assessment, tests, and examinations are unavailable, a complete intake physical examination should be repeated.

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II. HEALTH PROFILE

Each facility should not have more than 1.0% of assigned inmates at any given time without a completed PULHEAT profile.

The profile system set forth in this Policy is based primarily upon the function of body systems and their relation to life in the North Carolina correctional setting for inmates. The functions of the various organs, systems, and integral parts of the body are considered. Since the analysis of the individual's medical, physical, mental and dental status plays an important role in assignment and welfare, not only must the activity grading be executed with great care, but clear and accurate documentation of deviations from normal are essential.

Each facility will be evaluated and given a P-U-L-H-E-A-T-D-M-R profile based on the available accommodations, programs, and services at the facility. Inmate housing assignments should match the inmate's profile with the facility profile.

- A. For ease in accomplishing and applying the profile system, these categories have been designated: "P-U-L-H-E-A-T-D-M-R". Numerical or alphabetical designations are used to reflect different levels of functional capacity on each factor. The basic purpose of the profile is to provide an index to overall functional capacity. Therefore, the functional capacity of a particular organ or system of the body, rather than the defect per se, will be evaluated carefully in determining the numerical designation.
- B. Aids such as X-ray films, electrocardiograms, and other specific tests which give objective findings will also be given consideration. The factor to be considered, the parts affected and the bodily function involved in each of these factors are set forth below:
 1. The current level of functioning should be assigned for each of the following categories:

P	-	Physical Capability
U	-	Upper Extremities
L	-	Lower Extremities
H	-	Hearing
E	-	Eyes (vision)
A	-	Activity Grade
T	-	Transportation Demand
D	-	Dental
M	-	Mental Health Status
R	-	Retardation
 2. Current activity grade, category A, is assigned by the physician, physician extender, dentist, psychiatrist, licensed clinical social worker or psychologist based upon his overall assessment of the inmate's total profile.
- C. This overall functional assignment reflects consideration of physical, dental and mental health status.
- D. Guidelines for the utilization of this overall activity grade ("A") are set forth in the Attachments to this section. These guidelines are examples of the types of factors to be considered, but by no means the only considerations.
- E. The intent of the overall activity grade ("A") is to insure that the inmate's health needs are met and that the overall activity grade is as liberal as is reasonably consistent with those needs. Inmates should not be excluded from working privileges unless a bonafide health reason exists to do so. Activity grades are to be based on medical considerations. Inmate requests for activity grade changes should only be considered if consistent with the medical findings and result in higher levels of activity. Custody or programming requests for changes in activity grade should be considered only when consistent with the inmate's medical condition, and result in a more appropriate activity grade. Under no circumstances, for any purpose, should an activity level be changed when not medically indicated. The deliberate assignment of an inappropriate activity level is fraudulent, a violation of this policy, and will subject all DOP personnel involved to disciplinary action.

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- F. When re-evaluation of an inmate's activity grade is appropriate, changes in the PULHEAT Profile are to be documented on a new DC-386, Report of Physical Examination, and filed in Section III of the outpatient health record. All PULHEAT changes are to be entered on the OPUS MS02 Screen within 24 hours.

III. OVERALL ACTIVITY GRADE ASSIGNMENT

- A. Overall activity grade assignment may be made at any time an inmate has an encounter with health care personnel if that encounter indicates a change. An encounter is interpreted as a face-to-face meeting between a health care provider and an inmate, designed for the purpose of delivering health care. The assignment or change in any grade, however, can only be made by a physician, physician extender, dentist, psychologist, licensed clinical social worker or psychiatrist.
- B. Initial activity grade assignment will be made at the time of admission processing and should be accomplished based upon the actual results of the inmate's health assessment.

IV. HEALTH CATEGORIES

- A. P - Physical capacity or stamina: This factor concerns general physical capacity. It normally includes conditions of the heart; respiratory system; gastrointestinal system; genitourinary system; nervous system; allergic, endocrine, metabolic, and nutritional diseases; diseases of the blood and blood forming tissues; dental conditions; diseases of the breast; and other organic defects and diseases which do not fall under other specific factors of the system. In arriving at the profile under this factor, it may be appropriate to consider strength, endurance, height-weight-body build relationship, agility, energy, and muscular coordination. See the attachments to this section for disease specific guidelines.
- B. U - Upper extremities: This factor concerns the hands, arms, shoulder girdle, and upper spine (cervical, thoracic and upper lumbar) in regard to strength, range of motion, and general efficiency.
- C. L - Lower extremities: This factor concerns the feet, legs, pelvic girdle, lower back musculature, and lower spine (lower lumbar and sacral) in regard to strength, range of motion, and general efficiency.
- D. H - Hearing and ears: This factor concerns auditory acuity and diseases and defects of the ear.
- E. E - Eyes: This factor concerns visual acuity, disease and defects of the eye.
- F. A - Activity grade: This overall factor concerns institutional assignment and limitations affecting an inmate's ability to participate in various activities to include work, recreation, education, etc.
- G. T - Transportation: This factor concerns the designation as to whether special transportation requirements exist due to the inmate's condition.
- H. D - Dental: This factor concerns all dental or dental related health issues.
- I. M - Mental Health Status: This factor concerns an individual's mental health status and the presence of any sign of mental health disorders.
- J. R - Retardation: This factor concerns the extent of intellectual impairment or adaptive behavior deficit.

V. ASSIGNMENT OF HEALTH GRADES

Numerical designations are assigned after evaluating the individual's functional capacity in each category: P-U-L-

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H-E-A-T-D-M-R. The "A" category defines the activity grade, which indicates the inmate's overall ability to participate in work, education, recreation, and other activities. See Attachment A for specific guidelines on how to assign activity grades.

- A. A profile containing a numerical designator "5" indicates special conditions as defined and may or may not limit or restrict work or program assignment.
1. A temporary designation of a pregnant inmate will be shown as "5" in the "P" category.
 2. A temporary designation for an inmate in an inpatient Mental Health facility will be shown as "5" in the "M" category.
 3. A temporary designation for an inmate who requires special attention while in transit will be shown as "5" in the "T" category.

VI. PROFILING PREGNANT INMATES

A. Intent

The intent of these provisions is to protect the fetus and the mother while placing the least restrictions on the inmate.

B. Physical Profile - (P)

A physical profile for pregnant inmates will be issued as follows:

1. Under physical profile "P", a numerical grade of "5" will be used to indicate pregnancy.
2. On the DC-386, section 6.0, list diagnosis as "pregnancy, estimated delivery date as determined by the appropriate health care clinician (i.e., midwife, physician extender, or physician).
3. A "P" profile grade of "5" will indicate the following limitations:
 - a. Work restrictions will be defined by the appropriate health care clinician
 - b. Exempt from all immunizations except influenza and tetanus-diphtheria unless otherwise ordered by the clinician.
 - c. No assignment to program/activity where nausea, easy fatigability or sudden light-headedness would be hazardous to inmate or others
 - d. During last 3 months of pregnancy, inmate must rest 15 minutes every 4 hours (sitting in a chair with feet up is acceptable). Program/activity week should not exceed 40 hours.

C. Program/Activity Assignment

An inmate who is experiencing a normal pregnancy may continue programs/activities until delivery. They may participate in programs/activities for full shifts, if medically indicated. Work may include normal housekeeping and other light duties. Those inmates experiencing unusual and complicated problems (e.g., pregnancy - induced hypertension) will be evaluated by the appropriate healthcare clinician and may be excused from all programs/activities. When medically indicated, the inmate will be admitted to the infirmary or to a hospital.

D. Exemption From Program/Activity

A pregnant inmate will not be exempt from program/activity solely on the basis of her pregnancy. There must be certification by a qualified healthcare clinician that the pregnant inmate should be excused from

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program/activity.

E. Responsibility

1. Inmate - Will seek medical confirmation of pregnancy. If pregnancy is confirmed, will comply with the instructions issued by medical personnel.
2. Medical Personnel - A healthcare clinician will confirm pregnancy. If confirmed, will initiate prenatal care of the patient and issue physical profile.

F. Physical Profiles

A "P" grade of "5" will be assigned for the duration of the pregnancy and post-partum period. Upon termination of pregnancy, a new "P" grade will be issued reflecting revised physical status.

VII. PERIODIC HEALTH ASSESSMENT

Periodic health examinations are required to provide a review of the major organ systems for the detection of disease taking into account the inmate's age and risk factors. Due dates for the inmate's periodic health assessment will be determined by the inmate's incarceration date.

- A. Any inmate taking prescribed long-term medications shall be assessed periodically by a clinician as defined by the appropriate disease guidelines.
- B. Every inmate under age 50 shall have a physical examination equal to the intake processing exam at intervals of a minimum of every five years and be documented in the medical record. The examination shall include laboratory studies consistent with current Health Services policy.
- C. Every inmate age 50 and above shall have a physical examination equal to or greater than the intake processing examination each year. The examinations shall include the following:
 1. Mammogram - Females
 2. Prostate Exam - Males
 3. Laboratory studies consistent with current Health Services policy.
- D. Pap Smears for females will be done annually until such time as there are documented three annual normal and then repeated in accordance with current Health Services policy.
- E. Periodic health assessments will be documented on the DC-386.



12/1/11

Paula Y. Smith, M.D., Director of Health Services Date

SOR: Deputy Medical Director

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GUIDELINES FOR CLASSIFYING HEALTH CATEGORIES AND CODES

These guidelines are not intended to be substituted for the independent clinical judgement of the health care professional making the decision on a health profile.

Categories, Codes and Factors: *All categories with numerical designation of 2 or above **MUST** have activity restriction sheet completed and an explanation on restriction be noted on HS51 screen.

A. (P) Physical Capacity:

Refer to disease specific guidelines, if none apply use the following as a general guide.

- P – 1 Normal physical stamina: Include all young and middle age adults who are in good health. It would also include vigorous adults over 65, those well compensated inmates, controlled chronic diseases, those with chronic diseases that do not generally affect stamina, and amputees with fully functional prostheses. In general, if the inmate had no disability or restriction of his/her activities prior to incarceration they would be in this classification.
- P – 2 Minimal physical stamina deficit: Inmates with minor disabilities, chronic diseases that are generally under control but at times may require professional intervention, conditions that may require some restriction of work or sports activity. Inmates in this classification should generally be able to work 8 hours a day.
- P – 3 Moderate physical stamina deficit: Inmates with poorly controlled chronic diseases, significant permanent complications, moderately severe disabilities, or poor exercise tolerance. They generally require ready access to medical care. Inmates in this classification maybe able to work up to 8 hours a day but may require restriction to a shorter work day.
- P – 4 Severe physical stamina deficit: Inmates with poorly controlled chronic diseases, end-stage disease, severe physical disability. These inmates require continuous or frequent medical care and should be housed in a chronic disease facility. They generally can only participate in activities special suited to their limitations. They require medical approval for all transfers.
- P – 5 Pregnant inmates

B. (U) Upper Extremities – *Includes shoulder girdle, neck, and upper back*

- U – 1 No significant disability: This includes inmates with previous history of or ongoing musculoskeletal (M/S) disorders that are not currently causing any disability and are not significantly exacerbated by activity involving the upper extremities.
- U – 2 Minimal disability: Inmates with M/S disorders that are causing minor disability and/or may be exacerbated to a minor degree by physical activity involving the upper extremities. i.e. mild cases of tenosynovitis, carpal tunnel syndrome that is control by splinting, early arthritis of the hip joints, etc.

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- U – 3 Moderate disability: Inmates with M/S disorders that are causing moderate disability and/or may be exacerbated to a significant degree by physical activity involving the upper extremities; loss of use of one arm; or cervical radiculopathy with moderate ongoing symptoms.
 - U – 4 Severe disability: Inmates with severe restrictions or total loss of use of both arms, severe forms of cervical radiculopathy, and/or any activity involving the upper extremities causes severe symptoms.
- C. (L) Lower Extremities: *Includes pelvis and lower back.*
- L – 1 No significant disability: This includes inmates with previous history of or on going musculoskeletal (M/S) disorders that are not currently causing any disability and are not significantly exacerbated by activity involving the lower extremities.
 - L – 2 Minimal disability: Inmates with M/S disorders that are causing minor disability and/or may be exacerbated to a minor degree by physical activity involving the lower extremities. Includes inmates with functional prosthesis that are able to ambulate without assistive devices, mild forms of arthritis, mild chronic low back pain, foot disorders that are minimally symptomatic, etc.
 - L – 3 Moderate disability: Inmates with M/S disorders that are causing moderate disability and/or may be exacerbated to a significant degree by physical activity involving the lower extremities; requires assistive devices (cane, crutches, walker) to ambulate; or lumbar radiculopathy/chronic degenerative back pain with moderate on going symptoms.
 - L – 4 Severe disability: Inmates with severe restrictions or total loss of use of both legs who are unable to ambulate, severe forms of lumbar radiculopathy/chronic degenerative back pain, and/or any activity involving the lower extremities causes severe symptoms.
- D. (H) Hearing - Ears, hearing auditory and acuity.
- H - 1 No obvious loss of hearing.
 - H - 2 Total unilateral hearing loss; other normal, mild bilateral loss (41-55DB).
 - H - 3 Total loss of hearing in one ear and moderate loss in the other; moderate bilateral loss with limited functional adjustment of limited correction.
 - H - 4 Bilateral loss, severe (71DB or more); deafness uncorrectable and/or lack of functional adjustment.

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- E. (E) Eyes - Eyes, vision, visual acuity.
- E - 1 No less than 20/50 with or without glasses; no gross visual field limitations.
- E - 2 Vision in better eye is between 20/50 and 20/200, may have unilateral blindness.
- E - 3 Better eye correctable to 20/200; 20 or less tunnel vision. May have unilateral blindness.
- E - 4 Less than 20/200 in better eye; total blindness.
- F. (A) Activity Grade (Overall functional grade)
- The inmates overall ability to function in work, training, sports/recreation, or academics taking into account both physical and mental disabilities. The activity grade should reflect the sum effect of the above ratings (PULHEAT) however the activity grade may be higher or lower then the lowest rating above.
- A - 1 Unrestricted activity; may do any work, recreation, and training complying with safety standards. No restrictions on housing.
- A - 2 Minor restrictions on work, sports/recreation, and training may be required. An Activity Restriction sheet must be completed. Inmates with L - 3 or 4 ratings that have no other restrictions may be in this level with specific restrictions on ambulation. There may be some minor restrictions on housing and/or requirements for handicap access when L - 3 or 4.
- A - 3 Moderate restrictions on work, sports/recreation, and training are required. There must be a Activity Restriction sheet should be completed. These inmates may require special housing, 24/7 nursing, ready access to emergency care. If such housing requirements are indicated they should be noted in the comment section of the Activity Restriction sheet. Notify medical prior to any facility transfers or major program changes.
- A - 4 Severe restrictions on work, sports/recreation, and training are required. These inmates generally can be involved only in activities specifically tailored to their individual conditions. If their status is excepted to last more then 4 weeks they should be housed at a Chronic Disease Facility. Approval of medical staff requires prior to any change in facility or program.
- A - 5 Unable to participate in any activity. Approval of medical staff required prior to any change in facility or program.

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G. (T) Transportation

Inmates who present special transportation needs or who require monitoring while in a transit status will be identified by a grade of "5" assigned to the "T" element. Otherwise, the "T" grade of "1" will be assigned.

Monitoring may include medical attention, medication, and assessment.

H. (D) Dental

D - 1 Inmates who have no pressing dental requirements and are suited for transfer to any facility. This grade is based upon a visual dental screening with the diagnosis indicating minimal routine maintenance dental treatment, and adequate masticatory function.

D - 2 Are those inmates who need routine treatment and whose care can be postponed for a period of time. The inmate is suitable for transfer to any facility. This grade will not change if the inmate signs a DC-442, Refusal of Health Care.

Examples:

1. Incipient caries
2. Prophylactic treatment
3. Periodontal Class I conditions

D - 3 Are those inmates who need extensive comprehensive dental treatment including, but not limited to: teeth requiring extraction; edentulous in one or both arches without dentures; partially edentulous in one or both arches without partials and with moderate to severely impaired masticatory function; rampant decay and other conditions resulting in chronic pain or discomfort. This dental grade will not change if the inmate signs a DC-442, Refusal of Health Care.

Examples:

1. Penetration of caries into dentin
2. Prosthesis based on Section 301.2, Part C, HCPM
3. Periodontal Class II or Class III conditions

D - 4 Are those inmates who require immediate attention and need extensive comprehensive dental care and/or whose health may be endangered by them leaving the institution. Approval of dental staff prior to facility transfer or major program change.

Examples:

1. Traumatic injury - facial fracture
2. Suspected neoplasm
3. Acute infection, pain, or cellulitis
4. Periodontal Class IV conditions

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If, in the opinion of the dentist, the inmate's dental condition affects his/her medical condition, the Facility Health Authority is to be notified.

Normally, the dental grade will have no effect on the inmate's overall activity capability. The only exceptions might occur in Dental Grades 3 and 4 and solely at the discretion of the dentist. All dental grades may be occasionally temporarily excused from work or other activities, but these occurrences are not to affect the inmate's overall activity grade.

I. (M) Mental Health Status

M - 1 No disorder or impairment in adaptive functioning. No limitations on activities or assignments.

M - 2 Relatively mild impairment in functioning. Requires periodic treatment and monitoring on outpatient basis. No limitations on activities or assignments.

M - 3 Significant mental disorder though fairly well stabilized with moderate impairment in functioning. Needs ongoing treatment and monitoring. Notify mental health staff prior to facility transfer or major program change. Limitations on activities or assignments to be specified by mental health staff.

M - 4 Significant mental disorder manifesting symptoms that require ongoing intervention. Significant impairment in adaptive functioning that requires housing in a separate facility and consistent monitoring and treatment. Approval of mental health staff prior to facility transfer or major program change.

M - 5 Acutely mentally ill or suicidal and requires 24 hour monitoring and treatment. Approval of mental health staff prior to facility transfer or major program change.

J. (R) Retardation

R - 1 Normal intellectual functioning, no impairment in adaptive functioning, no limitations on activities or assignments.

R - 2 Relatively mild impairment in functioning. Normal duties and activities possible. May have minor difficulty adjusting to change.

R - 3 Significant intellectual impairment that results in adaptive behavior deficits. Requires special case management and assistance in orientation, program and work assignment. Approval of Case Manager prior to facility transfer or major program change.

R - 4 Significant intellectual impairment with accompanying behavioral problems that may periodically require housing in a special facility. Significant adaptive behavior deficits that require staff monitoring, support and re-training. Approval of mental health staff prior to facility transfer or major program change.

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ATTACHMENT B PAGE 1

CATEGORIES, DESCRIPTION/ASSIGNMENT CRITERIA

These are guidelines for criteria utilized to affect housing and activity assignment. These are "For Example" purposes and not to be considered all inclusive nor as a substitute for the clinical judgement of the health care professional making the determination.

<u>Category Code</u>	<u>Description/Assignment Work Limitation</u>	<u>Health Criteria</u>
A - 1	No assignment limitation.	No demonstrable anatomical or physiological impairment.
A - 2	May have assignment/work; limitations of a minor nature.	<ul style="list-style-type: none">• Minimum organic systemic disease, requires periodic monitoring (such as chronic disease clinic). Examples of conditions are:<ul style="list-style-type: none">• minor loss of digits,• minimal loss of joint motion,• flat feet, partial hearing or vision loss,• mild pulmonary insufficiency,• mild hypertension.• controlled endocrine disorder,• chronic gastrointestinal disease requiring dietary management.• Seizure disorder controlled with no convulsions in the past 12 months.• Stable diabetes.• HIV positive and asymptomatic, CD4\geq 500• Mild vascular insufficiency. Inmates on treatment for TB
A - 3	Limits assignment/work to facilities with health care capacity to treat limiting condition. Activity/work assignment must consider impact on limiting condition.	<ul style="list-style-type: none">• Health condition requires supervision or periodic follow-up; cases of established pathology• likely to require frequent outpatient care or hospitalization.• Moderate organic systemic disease. Examples of conditions are:<ul style="list-style-type: none">• chronic heart disease,• asthma with persistent problems,• uncontrolled hypertension, diabetes mellitus with complications,• epilepsy that is prone to convulsions, severe mobility impairments.• HIV positive/AIDS and symptomatic, CD4\leq 500.

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<u>Category Code</u>	<u>Description/Assignment Work Limitation</u>	<u>Health Criteria</u>
A - 4	Limits both assignment and work due to advanced nature of health problems. Careful consideration must be given to proximity of tertiary health care facilities. Requires strict limits on activity/work assignment.	Any significant functional limitation not specifically identified elsewhere; includes conditions described under M and R which require that limitations must be placed upon individuals activities as determined by the Mental Health Staff. The individuals will likely be in an inpatient setting
A - 5	No activity or work assignments.	Inmate who is totally disabled and cannot participate in gainful institutional activities, even when maximum assistance rendered.
Indicates special considerations:		
P - 5		Temporary grade assigned to pregnant female inmates.
M - 5		Inmate who is an inpatient in an acute care Mental Health facility.
T - 5		Inmate who requires special attention while in transit.

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HEALTH PROFILE CLASSIFICATION OF INMATES

MEANING OF NUMERICAL GRADES

		1	2	3	4
Physical Capability	Systemic disease:	none	minimal	moderate	severe
Upper Extremities	Bone, joint, muscle:	normal	defects	defects	defects
	Functional adjustment:	normal	good	limited	disabled
Lower Extremities	Bone, joint, muscle:	normal	defects	defects	defects
	Functional adjustment:	normal	good	limited	disabled
Hearing	Loss in one ear	normal	mild	moderate	deaf
	Loss in both ears	normal	deaf	deaf	deaf
Eyes (Vision)	Corrected	>20/50	>20/70	>20/200	<20/200
Activity Grade	Work/Activity restrictions:	none	minor	reasonable	strict
Transportation Demand					
Dental					
	Amount of dental decay:	minimal	moderate	rampant	cellulitis
	Number of teeth to be extracted:	none	up to 3	4 or more	cancers
Mental Health	Mental Illness:	none	mild	moderate	severe
	Functional Ability:	normal	good	limited	poor
Retardation	Mental Retardation:	none	mild	moderate	severe
	Functional Ability:	normal	good	limited	poor

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HEALTH PROFILE CLASSIFICATION OF INMATES

PNEMONIC: P U L H E A T D M R

P	PHYSICAL CAPABILITY, STAMINA
U	UPPER EXTREMITIES
L	LOWER EXTREMITIES
H	HEARING
E	EYES (VISION)
A	ACTIVITY GRADE
T	TRANSPORTATION DEMAND
D	DENTAL
M	MENTAL HEALTH STATUS
R	RETARDATION

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DISEASE SPECIFIC GUIDELINES

1. ASTHMA

I. (P) Physical Capacity

P – 1 Inmates with history of asthma who are not currently on medications and have not had a hospitalization or E.R. admission in the past 2 years; and/or who have mild to moderate wheezing once or twice a year with URI's.

P – 2 Inmates with Mild Intermittent Asthma or Mild Persistent Asthma.

P – 3 Inmates with Moderate Persistent Asthma.

P – 4 Inmates with Severe Persistent Asthma.

II. (A) Activity Grade - If there are no other PULHEAT restrictions, the following activity grades would apply for inmates with Asthma.

A – 1 All inmates with P – 1. No bunk restrictions.

A – 2 Inmates with P – 2 who have not had any hospitalizations or E. R. visits in the past 6 months. These inmates should be restricted from activities, which are known to aggravate their Asthma. If they have exercised induced bronchospasm, which cannot be controlled by medications, they should be restricted from activities that will likely induce their bronchospasm. If they are a non-smoker and a bed is available, they should be housed at non-smoking units. No bunk restrictions apply.

A – 3 Inmates with P – 2 and P – 3 that have had a hospitalization or E. R. visit in the past 6 months. All the above restrictions plus they should avoid hot (>80 F), humid, or dusty environments and exposure to smoke or strong fumes when possible. 24/7 nursing should be available with onsite nebulizers. No bunk restrictions.

A – 4 Inmates with P – 4, who do not require supplemental oxygen. All the above restrictions including lower bunk. These inmates are to be housed at chronic care facilities. Work assignments, should be limited and designed for inmates with severe respiratory impairments. If their asthma becomes better controllable and they meet the criteria for P – 3 for at least 3 months, they may be upgraded to A – 3.

A – 5 Inmates with P – 4 who require supplemental oxygen. These inmates are to be housed in a chronic disease facility and only participate in programs specifically designed for patients requiring supplemental oxygen. Patients whose control improves and go at least 2 months without oxygen may be upgraded to A – 4.

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2. CARDIOVASCULAR DISEASE/HYPERTENSION

- I. (P) Physical Capacity – After processing, blood pressure values should be based on average readings over 4 or more weeks with at least one reading per week. If control of blood pressure improves and there are no other indications for higher levels of restriction, (P) may be lowered.
- P – 1 Inmates with hypertension who are controlled with or without medications and who do not have any symptoms or signs of active coronary artery disease or side effects from medications; and/or inmates with a history of myocardial infarction more than 5 years ago who do not have any symptoms or signs of active coronary artery disease.
 - P – 2 Inmates with hypertension which is moderately high (BP ranges 160–185/95–105) these inmates may have significant side effects from their medications, stable angina that is well controlled (having no pain) either with medications or surgical intervention, well compensated CHF; and/or had a myocardial infarction less than 5 years ago.
 - P – 3 Inmates with hypertension which is poorly controlled (186-220/106-120); these inmates may have unstable angina or CHF, shortness of breath with moderate excursion; and/or had a myocardial infarction, bypass surgery or stent placement in the past 6 months to a year.
 - P – 4 Inmates with hypertension which is severely out of control (>220/>120); these inmates may have unstable angina or CHF, shortness of breath at rest or with minimal activity; and/or had a myocardial infarction, bypass surgery or stent placement within past 60 days.
- II. (A) Activity Grade - If there are no other PULHEAT restrictions the following activity grades would generally apply for inmates with cardiovascular disease/hypertension.
- A – 1 Inmates with P – 1.
 - A – 2 Inmates with P – 2. These inmates should not be assigned jobs that require high levels of exertion. They should be housed at units where they have ready access to medical follow up within 48 hours but do not require 24/7 nursing. No bunk restrictions.
 - A – 3 Inmates with P – 3. These inmates should be housed at units with 24/7 nursing and ready access to emergency services. They should be restricted to activities that do not aggravate their symptoms. No bunk restrictions.
 - A – 4 Inmates with P – 3 and more severe or frequent symptoms. These inmates should be housed at chronic care facilities until their symptoms are better controlled. Bottom bunk restriction. Assignments should not involve any physical excursion except as a part of a medically ordered rehabilitation program.
 - A – 5 Inmates with P – 4. These inmates should be housed at either chronic disease facilities or in acute care facility if unstable. Bottom bunk restriction. Activity should be a part of a medically ordered rehabilitation program.

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3. COPD

I. (P) Physical Capacity

P – 1 Inmates with COPD who have an FEV 1 >75% of predicted

P – 2 Inmates with Stage I COPD (FEV 1 = 50 - 75% of predicted).

P – 3 Inmates with Stage II COPD (FEV 1 = 35 – 49 % of predicted).

P – 4 Inmates with Stage III COPD (FEV1 < 35% of predicted).

II. (A) Activity Grade - If there are no other PULHEAT restrictions the following activity grades would apply for inmates with COPD.

A – 1 All inmates with P – 1. No bunk restrictions.

A – 2 Inmates with P – 2 who have had no hospitalizations or E. R. visits in the past 6 months. These inmates should be restricted from activities, which are known to aggravate their COPD. If they have exercised induced bronchospasm, which cannot be controlled by medications, they should be restricted from activities that will likely induce their bronchospasm. They should be housed at non-smoking units if available. No bunk restrictions.

A – 3 Inmates with P – 3 and P – 2 that have had a hospitalization or E. R. visit in the past 6 months. All the above restrictions plus they should avoid hot (>80 F), humid, or dusty environments and exposure to smoke or strong fumes when possible. If available, they should be housed at units that are non-smoking and have 24/7 nursing and ready access to emergency care.

A – 4 Inmates with P – 4, who do not require supplemental oxygen. All the above restrictions including lower bunk. These inmates are to be housed at chronic care facilities. Work assignments, should be specifically designed for inmates with severe respiratory impairments. If their asthma becomes more controllable and they meet the criteria for P – 3 for at least 3 months they may be upgraded to A – 3.

A – 5 Inmates with P – 4 who require supplemental oxygen. These inmates are to be housed in a chronic disease facility and only participate in programs specifically designed for patients with requiring supplemental oxygen. Patients whose control improves and who can go at least 2 months without oxygen may be upgraded to A – 4.

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4. MUSCULOSKELETAL

I. (P) Physical Capacity

- P – 1 Inmates with mild or intermittent osteoarthritis which requires only PRN analgesics, well controlled inflammatory arthritis without significant deformities, minimal or well controlled carpel tunnel syndrome and similar mononueropathies, minimal or past history of tenosynovitis/bursitis; or who have fully functional prosthesis.
- P – 2 Inmates with mildly symptomatic osteoarthritis which requires frequent or continuous medication; well-controlled inflammatory arthritis with minor disabilities; mildly symptomatic carpel tunnel or similar mononueropathies, or tenosynovitis/bursitis; or who have prosthesis which minimally interfere with full function.
- P – 3 Inmates with moderately symptomatic osteoarthritis or inflammatory arthritis where physical activity significantly worsens symptoms or where there are deformities that moderately interfere with physical activity; moderately symptomatic carpal tunnel or similar mononueropathies, and/or tenosynovitis/bursitis in which normal activity significantly worsens the condition; or who have an amputation without a prosthesis or a poorly functional prosthesis, or require assistance devices to ambulate.
- P – 4 Inmates with severe forms of any musculoskeletal disorder wherein almost any physical activity severely worsens the symptoms or there is disability that precludes almost all-physical activity.

II. (A) Activity Grade - If there are no other PULHEAT restrictions the following activity grades would apply for most inmates with Musculoskeletal disorders.

- A – 1 All inmates with P – 1. No bunk restrictions.
- A – 2 Inmates with P – 2. These inmates should be capable of a full 8-hour workday. If there are any activities that should be avoided or limited, an Activity Restriction sheet must be completed. No bunk restrictions.
- A – 3 Inmates with P – 3 who are capable of doing 4 to 8 hours of physically non-strenuous work. There must be an Activity Restriction sheet completed detailing each inmates specific restrictions. These inmates should be housed at units that are capable of accommodating their disabilities.
- A – 4 Inmates with P – 3, who are only capable of 2 to 4 hours of physically non-strenuous work. There must be an Activity Restriction sheet completed detailing each inmates specific restrictions. These inmates should be housed at units that are capable of accommodating their disabilities.

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- A – 5 Inmates with P – 4. These inmates are to be housed in a chronic disease facility and only participate in programs specifically designed for patients with disabilities.

6. SEIZURES

I. (P) Physical Capacity

- P – 1 Inmates with history of seizures who are not currently on medications; inmates currently stable on medications and have had no seizures or changes in therapy in the past 12 months.
- P – 2 Inmates with a history of seizures who are not currently on medications and have not had a seizure in the past 6 months; or currently on medication no seizures or changes in therapy in the past 6 months.
- P – 3 Inmates who have had in the past 6 months either a seizure or significant change in therapy, but are not known to be uncontrollable.
- P – 4 Inmates whose seizures cannot be controlled either due to noncompliance or the severity of their disease and are at risk to have ongoing seizure activity.

II. (A) Activity Grade - If there are no other PULHEAT restrictions the following activity grades would apply for inmates with seizures.

- A – 1 All inmates with P – 1. No bunk restrictions.
- A – 2 Inmates with P – 2. These inmates should be restricted from activities, which might endanger themselves or others if they were to have a recurrent seizure, i.e. driving, unprotected heights or ladders, dangerous machinery. No bunk restrictions. After these inmates have gone 12 months without a seizure they should be upgraded to P – 1.
- A – 3 Inmates with P – 3. All the above restrictions plus bottom bunk. After these inmates go at least 6 months without a seizure or major change in therapy they should be upgraded to P – 2 and taken off lower bunk restriction.
- A – 4 Inmates with P – 4, who have seizures once a month or less often. All the above restrictions including lower bunk. These inmates should be housed at facilities with 24/7 nursing. Limited to work assignments where the risk of injury from a seizure would be minimal and they are observed constantly while working. If their seizures become controllable and they go at least 6 months without a seizure they may be upgraded to P – 3.
- A – 5 Inmates with P – 4 who have seizures more than once a month. These inmates are to be housed in a chronic disease facility and only participate in programs specifically designed for patients with frequent seizures. Patients whose seizure control improves and that go at least 2 months without a seizure may be upgraded to A – 4.

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7. SKIN DISORDERS

I. (P) Physical Capacity

- P – 1 Inmates with benign skin conditions (examples: acne, eczema, atopic dermatitis, psoriasis) which causes no significant disability, no restriction on activity is required.
- P – 2 Inmates with the above where there is minimal disability and/or minor work restrictions are needed to prevent aggravation of the skin disorder. (Example: mild discord lupus, psoriasis.)
- P – 3 Inmates with serious health or life threatening skin disorders which cause significant disability. (Example: severe discord lupus, severe active dyshydrotic eczema.) Work restrictions are required to prevent aggravation of the skin disorder.
- P – 4 Inmates with any of the above and they are severely disabled by their skin condition and/or they are unable to participate in any work or sports activity due to their skin disorder.

II. (A) Activity Grade - If there are no other PULHEAT restrictions the following activity grades would apply for most inmates with Skin disorders

- A – 1 All inmates with P – 1. No bunk restrictions.
- A – 2 Inmates with P – 2. These inmates should be capable of a full 8-hour workday. If there are any activities that should be avoided or limited an Activity Restriction sheet must be completed. No bunk restrictions.
- A – 3 Inmates with P – 3 who are capable of doing at least 4 hours of work per day. There must be an Activity Restriction sheet completed detailing each inmates specific restrictions. These inmates should be housed at units that are capable of accommodating their disabilities.
- A – 4 Inmates with P – 3 who are only capable of doing less than 4 hours of work per day. There must be an Activity Restriction sheet completed detailing each inmate's specific restrictions. These inmates should be housed at units that are capable of accommodating their disabilities.
- A – 5 Inmates with P – 4. These inmates are to be housed in a chronic disease facility and only participate in programs specifically designed for patients with disabilities.

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ACTIVITY RESTRICTION SHEET

ACTIVITY RESTRICTIONS

Inmate name: _____ **OPUS:** _____ **Date:** _____

All restrictions on this page must have a justification indicated in the medical record and are to be based on medical necessity only. Inappropriate or fraudulent use of these restrictions may result in disciplinary actions against the provider. *These restrictions apply to all activities including official duties, work assignments, sports & recreational activities.*

These restrictions are due to the following **diagnosis(es):** _____
which is/are [check one] **acute** or **chronic** condition(s). If both acute and chronic conditions require restrictions complete a *separate* restriction form for each.

(Information above this line is not to be disclosed to non-medical personnel, the restrictions below this line may be reviewed by Program and Custody personnel)

ALL RESTRICTIONS MUST BE NOTED ON THE HS51 SCREEN IN OPUS

The following restrictions are to be effective for ___ **days/months** [circle one], maximum time is 3 months for acute problems and bottom bunk orders or 12 months for chronic problems except as noted below. *They automatically expire at the end of the designated time. Bottom bunk necessity orders must be reviewed and reordered every 3 months.*

Check here if you want the inmate reevaluated prior to the restrictions expiring.

End of sentence restrictions: This requires either approval by a the Deputy Medical Director

Approved Disapproved Restriction in effect for ___ days/months/indefinite [circle one]

Medical Director/UR signature: _____ Printed name: _____

I. **Standing limited to:** none, unlimited

A. At one setting: 15 minutes, 30 minutes, 1 hour, 2 hours, 4 hours,

B. Total for any 8 hour period: 30 minutes, 1 hour, 2 hours, 4 hours, other ___ hours

II. **Walking limited to:** none, unlimited

A. At one setting: 50 yards, 100 yards, 200 yards, ½ mile, 1mile

B. Total for any 8 hour period: 100 yards, 200 yards, ½ mile, 1mile, other ___ miles

III. **Sitting limited to:** none, unlimited

A. At one setting: 30 minutes, 60 minutes, 2 hours, 4 hours

B. Total for any 8 hour period: 1 hour, 2 hours, 4 hours, other ___ hours

IV. **Climbing:** none, unlimited

A. Stairs/steps limited to: ½ flight, 1 flight, 2 flight, other ___ flights

B. Ladders limited to: 4 feet, 8 feet 12 feet, other ___ feet

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- V. **Lifting limited to:** () none, () 10 pounds, () 25 pounds, () 50 pounds, () unlimited
- VI. **Pushing, pulling limited to:** () none, () 25 pounds, () 50 pounds, () 100 pounds, () 250 Pounds, () unlimited
- VII. **Use of Upper extremities:** Dominance: () Right, () Left, () Ambidextrous
Left: () none, () limit over head use to ___ min/hr at one setting and ___ min/hr per 8 hour, () limit repetitive motion to ___ min/hr hours at one setting and ___ min/hr per 8 hour, () prosthesis: () functional, () nonfunctional, () other ____
Right: () none, () limit over head use to ___ min/hr at one setting and ___ min/hr per 8 hour, () limit repetitive motion to ___ min/hr hours at one setting and ___ min/hr per 8 hour, () prosthesis: () functional, () nonfunctional, () other ____
- VIII. **Use of Lower Extremities:** () No stooping, () cane
Left: () none, () limit repetitive motion to ___ min/hr at one time and ___ min/hr per 8 hours, () must use brace/splint, () non weight bearing, () weight bearing as allowed by pain, () prosthesis: () functional, () nonfunctional, () other ____
Right: () none/, () limit repetitive motion to ___ min/hr at one time and ___ min/hr per 8 hours, () must use brace/splint, () non weight bearing, () weight bearing as allowed by pain, () prosthesis: () functional, () nonfunctional, () other ____
- IX. **Use of Back:** () No bending at waist, () No mopping or sweeping, () No working in cramped position, () No twisting, () other ____
- X. **Bottom bunk:** () Necessity () Preference. All bottom bunk orders must have a clear and detailed explanation of why this is needed in the comments section, *diagnosis alone is not sufficient*. Necessity orders must be reviewed and reordered every 3 months. Preference orders expire automatically in 3 months.
- XI. **Comments, clarifications, additional restrictions:**

I certify that the noted restrictions are consistent with my findings on examination and that my documentation in the medical record supports these restrictions.

Signature

Printed name