

	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.B.04
		SUPERSEDES (Policy No. & Date): NEW POLICY	
	SUBJECT: MEDICAL SURVEILLANCE OF INMATE WORKERS		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to ensure that the health and safety of the incarcerated worker population is monitored and protected.

2.0 SCOPE

This policy and procedure shall apply to all correctional facilities, their assigned staff, and contract employees.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Department of Corrections and Rehabilitation, Policy and Procedures, ADM.07.02, Employee Safety and Accident Prevention.
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.07.03, Inmate Supervisor Reporting of Inmate Injuries.
- c. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1B.07, Communication on Patients' Health Needs.
- d. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1C.06, Incarcerated Workers.
- e. Department of Corrections and Rehabilitation, Policy and Procedures, COR.10.1E.07, Non-Emergency Health Care Requests and Services.
- f. Department of Corrections and Rehabilitation, Policy and Procedures, COR.14.02, Inmate Work Program/Compensation.
- g. Department of Corrections and Rehabilitation, Policy and Procedures, COR.14.27, Inmates with Disabilities.
- h. Hawaii Administrative Rules, Title 12, Subtitle 8, Part 2, Chapter 60, General Safety and Health Requirements.
- i. Hawaii Revised Statutes §353-19, Compensation for labor or training by committed persons.

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- j. Hawaii Revised Statutes (HRS) §396, Hawaii Occupational Safety and Health Law.
- k. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- l. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- m. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

.2 Definitions

- a. **Medical Surveillance:** A prevention-oriented public health assessment and analysis of health information in a population exposed to specific health risks, usually related to specific activities (e.g., occupation). Quality medical surveillance programs lead to the identification and reduction or elimination of health hazards.
- b. **Medical Screening:** A component of a medical surveillance program with an emphasis on clinical preventive activities and a focus on identifying the effects of exposures in specific individuals and then preventing or reducing sequelae.

.3 Forms

- a. DOC 8708, Inmate Injury Report.
- b. DCR 0497, Health Status Classification Report.
- c. DCR 0450, Health Care Request.

4.0 POLICY

- .1 The health and safety of incarcerated workers shall be monitored and protected by identifying and reducing work-related health risks through an incarcerated worker medical surveillance program.

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- .2 An initial medical screening of an incarcerated individual for contraindications to a work program, based on job risk factors and the incarcerated individual's health condition, shall be conducted prior to enrollment in the program.
- .3 Ongoing medical screening of incarcerated individuals in work programs shall be conducted in a way that affords the same health protections as medical screening of employee workers in equivalent jobs.
- .4 An incarcerated individual, other than those on work furlough, engaged in work, training, or education shall not be considered an employee or in employment.

5.0 PROCEDURES

- .1 The facility safety committee, which is a component of the Safety and Accident Prevention Program, shall oversee occupational-associated risks for incarcerated workers through an incarcerated worker medical surveillance program.

- .2 The responsible physician shall review and approve the health aspects of the medical surveillance program.

- .3 Initial Medical Screening.

An initial medical screening of an incarcerated individual for contraindications to a work program, based on job risk factors and the incarcerated individual's health condition, shall be conducted in accordance with COR.10.1B.07 (Communication on Patients' Health Needs), prior to enrollment in the program.

- a. The facility manager or administrator responsible for overseeing workline opportunities shall provide the Responsible Health Authority and Responsible Physician with a list of jobs and/or job categories for incarcerated individuals available at the facility.
- b. The Responsible Health Authority and Responsible Physician shall maintain a list of jobs and/or job categories for incarcerated individuals available at the facility and the occupational-associated risks.
- c. The Responsible Health Authority shall distribute the list of jobs and/or job categories for incarcerated individuals with occupational-associated risks to qualified health care professionals to reference when completing the Health Status Classification Report [DCR 0497].

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INMATE INJURY REPORT

NAME: _____
DOB: _____
SID: _____

Facility: _____
Date/Time of Report: _____
Date/Time of Injury: _____
Place Injury Occurred: _____

Injury Code Based on Description: _____*

Description of Events Leading to Injury by Patient/Witnesses:

Nursing Observations/Assessment/Treatment of Injury: [If injury limits mobility/ physical capability, update Form DOC 0497 Health Status Classification Report. Photographs are required for all injuries]

Physician/Practitioner Exam: [Required if injury treatment is beyond the scope of nursing practice]

Disposition: [If sent to ER, upon return, schedule for next physician clinic]

Registered Nurse Signature/Title/Date

Examining/Reviewing Physician Signature/Date
[All injury forms reviewed and signed by a physician]

- *Injury Codes: 01 Inmate/Industrial-
- 02 Inmate/Recreation
- 03 Inmate/Inmate
- 04 Inmate/ACO
- 05 Inmate/Self-Inflicted
- 06 Inmate/Miscellaneous

Original: Medical Record
Canary: Institutional Safety Officer
Pink: Statistics

HEALTH STATUS CLASSIFICATION REPORT

NAME: _____ SID: _____ DOB: _____ FACILITY: _____

PURPOSE: [] Initial Health Assessment [] Change in Health Status
[] Initial Mental Health Screen [] Scheduled Follow-Up

Check all that apply

[] No Special Health Care Needs identified at this time.

[] Special Health Care Needs:

A. Housing

- [] Single Cell
[] Bottom Bunk
[] Bottom Tier
[] ADA Accessible Housing
[] Wheelchair Room
[] Other _____

B. Limitations/Restrictions in Activity Level:

- [] No Prolonged Sun Exposure greater than _____ minutes/hours
[] Indoor Work/Recreation Only

- [] Lifting (max weight) _____ lbs [] Sitting _____ hours per day
[] Carrying (max weight) _____ lbs [] Standing _____ hours per day
[] No Pushing/Pulling [] Walking _____ hours per day
[] No Reaching Over Head [] Running _____ hours per day
[] No Reaching Away From Body [] Climbing _____ hours per day
[] No Operating Heavy Equipment [] Jumping _____ hours per day

Repetitive Motion Restrictions:

- [] No Push Ups/Dips/Planks
[] No Squats/Burpees/Lunges/Bending
[] Other _____

C. Special Needs

- [] Blind/Low Vision [] Chronic Health Condition
[] Deaf/Hard of Hearing [] Oxygen
[] Mobility [] Medical Aid
[] Crutches [] Cognitive and/or Mental Health Condition
[] Cane [] Mental Health Aid
[] Walker [] Other _____
[] Wheelchair [] Other _____
[] Shower Chair
[] Grab Bars
[] Shoes
[] Mobility Medical Aid

HEALTH STATUS CLASSIFICATION REPORT

D. Facility

- Elevation less than 4,000 feet above mean sea level
- 24-hour On-Site Nursing
- Ambulance Response within 30 minutes
- Availability of On-Site Infirmary-Level Care
- Availability of On-Site Sheltered Housing
- Availability of On-Site Mental Health Residential Unit
- Availability of Community Specilty Provider (specify type of specialty): _____
- Level or Paved Terrain
- Other _____

E. Program Assignments and Selection

- Assistance with Reading/Writing
- Language Interpreter
- Closed Captioning on Television
- Other _____

F. Disciplinary Measures

- No Waist Restraints
- Other _____

G. Transport to/from Outside Appointments

- Accessible Van
- Other _____

H. Clothing or Appearance

- Long Sleeve
- Prescription Sunglasses
- Other _____

Comments: _____

Signature Health Care Staff /Title

Date

Original: Medical Record Copy: Inmate Classification Office Copy: Facility Classification Officer Copy: Facility ADA Coordinator

HEALTH CARE REQUEST

MEDICAL **MENTAL HEALTH** **DENTAL** **MEDICAL RECORDS**

Name: _____ SID #: _____

Facility/Housing: _____

Concern: _____

RECEIVED

Incarcerated Individual Signature: _____ Date: _____

Seen by Qualified Health Care Professional: Yes / No Appointment made w/: _____

Comments: _____

Health Care Staff Signature, Title: _____

COMPLETED

STATE OF HAWAII DEPARTMENT OF PUBLIC SAFETY
HEALTH CARE DIVISION

Original- Health Care

Yellow Copy- Incarcerated Individual

PSD 0450 (7/23)

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