State of Iowa Department of Corrections
Policy and Procedures

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Applicability: DOC
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Chapter 6: Health Services
Sub Chapter: Health Screening and Appraisals
Related DOC Policies: HSP-508
Administrative Code Reference: N/A
Subject: Periodic Health Appraisals
PREA Standards: N/A
Responsibility: Dr. Jerome Greenfield
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Authority:

1. PURPOSE

To ensure the appropriate level of health assessment is completed to identify and treat disease processes.

2. POLICY

It is the policy of the Iowa Department of Corrections (IDOC) to ensure that health problems are appropriately identified and treated.

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H. Female Patients

3. DEFINITIONS - See IDOC Policy AD-GA-16 for Definitions.

4. PROCEDURE

A. Nursing assessments documented in the patient health record

All patients will have physical examinations including vital signs, weight and other tests/procedures as outlined herein. Patient health record documentation must support a medical practitioner's decision to deviate from recommended tests and procedures.

B. Tuberculosis (TB) Screening for All Patients

1. Tuberculin skin test (TST) should be performed annually with the following exceptions:

    a. A prior positive TST

    b. A history of a previously treated TB infection (active or latent)

2. If history of **prior positive TST test** or **previously treated TB infection** (active or latent), then patient should receive the following:

    a. An annual TB signs and symptoms screening questionnaire

    b. An initial baseline chest x-ray

C. Annual Colorectal Screening for All Adults Age 45 to 75 Years

1. Colorectal screening should be performed using High-sensitivity guaiac fecal occult blood testing (HSgFOBT).

2. The decision to continue screening beyond age 75 years should be based on the patient's overall health, prior screening history, and patient preference.

D. Biannual Routine Dental Examination (Every 2 Years)

E. Age ≥ 50 Years; All Patients

1. Physical exam performed by medical provider annually.

2. Colorectal screening annually for all adults age 45 to 75 years using High-sensitivity guaiac fecal occult blood test (HSgFOBT). (See section C.)

3. Glaucoma testing annually.

4. Additional screening should be performed as indicated, based on the medical provider's evaluation and identified patient risk factors.

   United States Preventive Services Task Force (USPSTF) is a good resource for identifying evidence based screening recommendations based on a patient's age and individual risk factors.

F. Age 40 to 50 Years; All Patients

1. Physical exam performed by medical provider every 3 years.

2. Colorectal screening annually for all adults age 45 to 75 years using High-sensitivity guaiac fecal occult blood test (HSgFOBT). (See Section C)

3. Additional screening should be performed as indicated, based on the medical provider's evaluation and identified patient risk factors.

   United States Preventive Services Task Force (USPSTF) is a good resource for identifying evidence based screening recommendations based on a patient's age and individual risk factors.

G. Age < 40 Years; All Patients

1. Physical examination upon entry to IDOC and then every 5 years.

2. Additional screening should be performed as indicated, based on the medical provider's evaluation and identified patient risk factors.

United States Preventive Services Task Force (USPSTF) is a good resource for identifying evidence based screening recommendations based on a patient's age and individual risk factors.

H. Female Patients

1. Biennial Screening Mammogram for women age 50 to 74 years

   The decision for screening with mammogram in women prior to age 50 years or greater than 74 years should be individualized based on risk factors and shared decision making.

2. Cervical Cancer Screening for Average Risk Individuals:

   a. Age 21 - 29 years: Cytology alone every 3 years

   b. Age 30 – 65 years: Cytology with high risk HPV testing every 5 years

   c. Age > 65 years: No screening required after adequate negative prior screening results have been obtained*

   d. Hysterectomy with removal of the cervix: No screening required for these individuals who do not have a history of high-grade cervical precancerous lesions or cervical cancer.

*Refer to United States Preventive Services Task Force (USPSTF) for further guidance on definition of *adequate negative prior screening results.*