



Illinois Department of Corrections

Administrative Directive

Number: 04.03.101	Title: Offender Physical Examinations	Effective: 5/1/2021
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Authorized by:	<i>[Original Authorized Copy on File]</i>	Rob Jeffreys Acting Director
Supersedes:	04.03.101 effective 5/1/2019	

Authority: 730 ILCS 5/3-2-2, 5/3-7-2, 5/3-8-2 and 5/3-10-2 20 IAC 415	Related ACA Standards: 5-ACI-5C-11, 5-ACI-6A-04, 5-ACI-6A-14, 5-ACI-6A-16, 5-ACI-6A-22, 5-ACI-6A-24, 5-ACI-6A-25, 5-ACI-6A-27, 5-ACI-6A-31, 5-ACI-6C-04
Referenced Policies: DR 504 04.03.105	Referenced Forms: DOC 0083 – Medical Services Refusal DOC 0088 – Offender Medical Problem List DOC 0090 – Offender Health Status Transfer Summary DOC 0092 – Offender Medical History DOC 0093 – HIV Disease Report DOC 0099 – Offender Physical Examination DOC 0215 – Offender HIV Counseling and Education

I. POLICY

The Department shall conduct a physical examination of all offenders upon admission to a reception and classification center, or a facility designated by the Director to accept offenders with disabilities for a reception and classification center, and at appropriate intervals thereafter during their period of incarceration.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a uniform procedure for the provision of regular physical examinations of all offenders.

B. Applicability

This directive is applicable to all correctional facilities, excluding transitional security level facilities, within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least semi-annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Intrusive physical examination - entry into a body cavity such as a rectum or vagina, either by the insertion of an examining device or by digitation such as a finger.

Trained staff - employees who are given specific instructions and supervision in the performance of a procedure by a medically qualified individual.

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F. General Provisions

1. Offenders shall be examined:
 - a. Initially at a reception and classification center or at a facility designated by the Director to accept offenders with disabilities for a reception and classification center.
 - b. Periodically at the assigned facility on a routine basis thereafter:
 - (1) Every five years for offenders under the age of 30.
 - (2) Every three years for offenders ages 30 to 39.
 - (3) Every two years for offenders 40 years of age or older.
2. Periodic examinations shall be scheduled and completed by the end of the offender's birth month (the month in which the offender's birthday falls) which is **at least** two, three or five years, whichever is appropriate, from the last physical examination conducted by the Department. First time implementation of this scheduling procedure may result in exceeding the required frequency by less than a year.

EXAMPLES: Offender Jones was born in June and the last physical examination was conducted in August 2016.

- If a physical is required every two years, the next physical must be completed by June 2019. The physical is **not** due in June 2018 because less than two years would have elapsed since the last physical examination.
 - If a physical is required every three years, the next physical must be completed by June 2020. The physical is **not** due in June 2019 because less than three years would have elapsed since the last physical examination.
 - If a physical is required every five years, the next physical must be completed by June 2022. The physical is **not** due in June 2021 because less than five years would have elapsed since the last physical examination.
3. Annual procedures such as a PPD may be carried over in excess of one year to coordinate with the offender's next birth month to be consistent with the periodic exam procedure previously described.
 4. An offender's refusal of any examination or any component of the examination shall be documented and included in the medical record.
 - a. An offender's refusal to be examined shall be documented on the Medical Services Refusal, DOC 0083, or on a copy of an approved call pass and placed in the offender's medical record. If the offender refuses to sign the documentation, a witness shall sign and date the documentation indicating the offender refuses to be examined and to sign the refusal form.
 - b. If during an examination, the offender refuses any component of the examination, the person conducting the examination shall document any such refusals on the Offender Physical Examination, DOC 0099.
 5. Offenders with a known disability, including those deaf or hard of hearing, blind or mobility impaired, shall be referred to the Facility Americans with Disabilities Act (ADA) Coordinator for

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assessment of needed accommodations for access to programs and services.

6. Medical or dental prostheses and orthodontic devices shall be provided when the health of the offender would otherwise be adversely affected as determined by the responsible physician or dentist.

G. Requirements

The Chief Administrative Officer shall ensure that physical examinations of offenders are conducted in accordance with the provisions of this directive.

1. Intake Screening

- a. Upon admission to a reception and classification center or other designated intake facility, youth transferring from the Department of Juvenile Justice shall be received by trained staff who shall complete the Reception Screening portion of the Offender Health Status Transfer Summary, DOC 0090. The youth shall be considered a departmental transfer rather than a new admission for the purposes of this directive, and the entire medical reception process shall not be required.
- b. Offenders returning from writs or authorized absences greater than 24 hours, but no more than 90 days, shall have the Offender Medical History, DOC 0092, completed the day the offender returns. If the writ or authorized absence exceeds 90 days, the entire medical reception process shall be performed.
- c. Upon admission to a reception and classification center or to an intake facility for offenders with disabilities, each offender, excluding youth received from the Department of Juvenile Justice, shall, on the day of intake:
 - (1) Be received by trained staff who shall inquire into the offender's medical history. The inquiry shall include the following and the results shall be documented on the DOC 0092:
 - (a) Current illnesses;
 - (b) Health problems and care;
 - (c) Medications;
 - (d) Special health requirements;
 - (e) Substance abuse and intravenous needle history;
 - (f) Sexual history, including contact with homosexuals and prostitutes, and contact with individuals who were or have since been diagnosed as having Human Immunodeficiency Virus (HIV) disease; and
 - (g) History of sexual abuse or sexual predator.
 - (2) Be observed by trained staff in regard to the following and staff shall document the findings on the DOC 0092:
 - (a) Behavior;
 - (b) Appearance;

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- (c) Mental status;
- (d) Auditory ability;
- (e) Any deformity;
- (f) Evidence of trauma; and
- (g) Condition of skin to include rashes, pediculosis infestation, jaundice or track marks.

2. Health Appraisal

a. Intake Physical Examination

Within seven working days of an offender's admission to a reception and classification center or another designated intake facility:

- (1) A physician, physician's assistant or nurse practitioner shall review the intake screening.
- (2) Health care staff shall complete a medical history. The medical history shall be recorded on the DOC 0092.
- (3) A physician, physician's assistant or nurse practitioner shall conduct a physical examination of the offender. The examination results shall be documented on the DOC 0099. The physical examination shall include:
 - (a) HIV testing unless the offender opts to not receive the test. Consent for testing, or refusal, shall be documented on the Offender HIV Counseling and Education, DOC 0215, and shall be retained in the offender's medical record.
 - (b) Tuberculosis testing (PPD or CXR if PPD positive). If PPD positive (10 mm or greater):
 - i. Offer counseling and HIV testing if the offender has not been tested; and
 - ii. Follow procedures outlined in the Chronic Illness Treatment Guidelines Manual.
 - (c) A chest x-ray if the offender is known to be PPD positive prior to incarceration, unless a prior report is available. The offender shall be educated on the signs and symptoms of active tuberculosis.
 - (d) A complete physical examination including all systems such as cardiovascular, respiratory, etc.
 - (e) Other tests and examinations that may be indicated.
 - (f) The following additional testing if the offender's term of incarceration is expected to extend beyond 15 calendar days.
 - i. Sexually Transmitted Disease testing (RPR or VDRL for

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syphilis). If new syphilis is determined, offer HIV testing and counseling.

- ii. Chem 12 or equivalent and, for offenders over the age of 35 or as clinically indicated, a fasting lipid panel. If fasting lipid cannot be performed prior to transfer, the offender may be transferred without a fasting lipid provided there are no indicating factors of concern and services are available at the receiving facility. Upon transfer, a fasting lipid panel shall be completed by the receiving facility within 30 days.
 - iii. Hepatitis C Screening unless the offender opts to not receive the test.
 - iv. Eye screening (Snellen chart).
 - v. If under 40 years of age, a visual examination of the anus. If 40 years of age or older, a digital rectal exam with guaiac testing.
 - vi. For female offenders:
 - A gonorrhea and chlamydia culture, as indicated.
 - A pap smear for females ages 21 through 65. Females who have received a diagnosis of a high-grade precancerous lesion or cervical cancer, women with in-utero exposure to DES or those who are immunocompromised shall receive a pap smear regardless of age.
 - A baseline mammogram for females ages 50 through 75, unless clinically indicated at an earlier age. Female offenders over the age of 75 shall have mammograms as clinically indicated. If a mammogram cannot be performed prior to transfer, the offender may be transferred without a mammogram provided there are no indicating factors of concern and mammography services are available at the receiving facility. Upon transfer, a baseline mammogram shall be completed by the receiving facility within 60 days.
- (4) For offenders identified by the physician conducting the physical exam as HIV positive, the offender's name shall be placed on the HIV Disease Report, DOC 0093. The report shall be forwarded to the Office of Health Services on a monthly basis.
- b. Periodic Examinations
- (1) Periodic physical examinations shall be comparable to the intake examination, including lab work, except testing for sexually transmitted illness, Hepatitis C and HIV, or as otherwise provided in this directive. Medical staff shall review and update the medical history at the time of the periodic physical.
 - (2) All offenders, regardless of age, shall receive an annual tuberculosis skin test,

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unless the offender previously received a positive result.

- (a) Any offender refusing tuberculin skin testing shall be counseled by the facility medical staff as to the importance of the testing procedure. Any asymptomatic offender who persists in refusing shall be separated from other offenders until such time as he or she submits to the testing procedure in accordance with Department Rule 504. Refusals shall be documented on the DOC 0083.
 - (b) Offenders with a positive test shall be referred for a chest x-ray and an evaluation. If the chest x-ray and evaluation indicate Tuberculosis, the offender shall be treated in accordance with Administrative Directive 04.03.105 and the Chronic Illness Treatment Guidelines manual.
 - (c) Annually, offenders who have had a positive test shall be provided education on the signs and symptoms of active disease.
 - (d) All offenders shall have their body weight checked in conjunction with the annual tuberculosis test or when provided education after previously testing positive.
- (3) A pap smear and pelvic exam shall be repeated every three years for females ages 21 through 65 unless otherwise clinically indicated. A pap smear shall not be required for females over age 65 provided they have received adequate prior screening and do not present as high risk for cervical cancer. Females who have had a hysterectomy whereby the cervix has been removed and do not have a history of high-grade precancerous lesion or cervical cancer, shall not require additional screening.
- (4) A mammogram shall be repeated every other year for females ages of 50 through 75. Female offenders over the age of 75 shall have mammograms as clinically indicated.
- (5) Medical staff shall review and update the Offender Medical Problem List, DOC 0088.
- c. Other Examinations
- (1) All offenders suspected of or having a communicable disease shall be examined by a physician, physician's assistant or nurse practitioner.
 - (2) Food handler status shall be determined by current medical standards and documented on the DOC 0099. The food handler designation shall be determined by a physician, physician's assistant, nurse practitioner or nurse. Such designation shall be communicated to the assignment officer routinely or upon request. Food handler status shall be reviewed and updated when necessary or at least at the time of the required periodic offender physical examination in accordance with Paragraph II.F. 1.b.
 - (3) When an intrusive physical examination needs to be performed for security concerns, it shall be ordered and performed by a physician, physician's assistant or nurse practitioner and may only be performed when medically indicated.
- d. Terminally Ill

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When an offender is determined to be terminally ill, the facility health care staff shall notify the Clinical Services Supervisor and the Agency Medical Director.
