

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prison

SECTION: Assessment of Patient

POLICY # A - 2

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SUBJECT: Intake Physical Exam and PULHEAT System

SUPERCEDES/ORIGINAL DATE: August 2014

EFFECTIVE DATE: July 2017

Revised Date: July 2017

Reviewed Date: July 2017

Reference:

Related ACA Standards

4th Edition Standards for adult Correctional Institutions
4-4365

PURPOSE

To provide guidelines for completion of a physical exam and health profile.

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) business days after admission. Each offender in the North Carolina Department of Public Safety, Prison / Health Services (NCDPSP/HS) will be assigned a health profile resulting in an activity grade which indicates the offender's overall ability to participate in jobs, programs, activities, and services. If a complete history and physical has been completed within the previous ninety (90) days, a new appraisal is not required except as determined by designated provider.

PROCEDURE

I. SCOPE OF EXAMINATION

This examination will be completed and documented in the Electronic Health Record (EHR) by nurses using the Intake module and providers using the History and Physical module and their associated finalization screens

- A. Physiological measurements will be accomplished to include height, weight, temperature, pulse, blood pressure, near and far vision, and the results recorded by nursing in EHR on the vital signs flow sheet and vision screen.
- B. Laboratory screening test in accordance with guidelines set forth by the Chief of Health Services/ Medical Director.
- C. Immunization Status
 1. Tetanus (Td) - Offenders reporting a history of not receiving a Td vaccine in the past 10 years are to be educated on the purpose of the vaccine and given if no contraindications (documented in the EHR Intake – Immunization)
 2. Mantoux skin test – Offender will be given in accordance with current policy (documented in the EHR Intake section – Tuberculosis Screening).
- D. Physical Examination
 1. The provider (physician/physician extender) will complete exam at next scheduled clinic.
 2. Provider will review all documentation relative to offender's health history prior to physical examination and:
 - a. Complete History and Physical in the EHR.
 - b. Assign initial health profile on the PULHEAT tab of the finalization screen in EHR.
 - c. Indicate activity restrictions on the MDS tab of the finalization screen in EHR.
 3. Physical findings will be recorded in the EHR History and Physical

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4. Offenders readmitted to prison within 12 months of last physical will have health record reviewed by the provider and updated as needed.
 5. Offenders readmitted to prison within 12 months of last physical and no previous healthcare records are available, will have complete intake examination.

II. HEALTH PROFILE

The health profile system set forth in this policy is based primarily upon the function of body systems and their relation to jobs, programs, activities, and services in the North Carolina Department of Public Safety/Division of Adult Correction (NCDPSP/HS.) 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:

1. Available accommodations,
2. Available jobs, programs, activities, and services.

The offender's health profile and the facility profile should match. Housing assignments are based on these two factors. 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. This overall functional assessment reflects consideration of physical, dental, and mental health status.

For ease in accomplishing and applying the profile system, these categories have been designated:

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

Numerical or alphabetical designations are used to reflect different levels of functional capacity for each category. These are outlined in accompanying attachments.

- A. Guidelines for the utilization of this overall activity grade ("A") are set forth in the Attachments to this section. .
- B. When re-evaluation of an offender's activity grade is appropriate; changes in the PULHEAT Profile are to be documented in EHR within 24 hours.

III. OVERALL ACTIVITY GRADE ASSIGNMENT

- A. The initial activity ("A") grade assignment will be made at the time of admission processing and should be accomplished based upon the actual results of the offender's health assessment.
- B. The intent of the overall activity grade ("A") is to:
 1. Ensure that the offender's health needs are met
 2. Ensure that offender is not excluded from work or program privileges unless a bonafide health reason exists
- C. A change in the activity grade ("A") may be made at any time an offender has an encounter (face to face meeting) with health care personnel and that encounter indicates need for a change.

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- D. The change in activity grade ("A") can be made by a physician, physician extender, dentist, psychologist, or licensed clinical social worker.
 - E. The deliberate assignment of an inappropriate activity level ("A") is fraudulent, a violation of this policy, and may result in DPS disciplinary action.

IV. EXPLANATION OF HEALTH PROFILE CATEGORIES

- A. **P** - Physical capacity or stamina: This factor relates to general physical function. It is impacted by medical, dental, and mental health conditions 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
- B. **U** - Upper extremities: This factor relates to the hands, arms, shoulder girdle, and upper back (cervical, thoracic and upper lumbar) in regard to strength, range of motion, and general efficiency.
- C. **L** - Lower extremities: This spine factor relates to the feet, legs, pelvic girdle, lower back musculature, and lower back (lower lumbar and sacral spine) in regard to strength, range of motion, and general efficiency.
- D. **H** - Hearing and ears: This factor relates to auditory acuity, diseases, and defects of the ear.
- E. **E** - Eyes: This factor relates to visual acuity, diseases, and defects of the eye.
- F. **A** – Activity grade: This overall factor relates to institutional assignment and limitations affecting an offender's ability to participate in jobs, programs, activities, and services.
- G. **T** - Transportation: This factor relates to the designation as to whether special transportation requirements exist due to the offender's health condition.
- H. **D** - Dental: This factor relates to all dental or dental related health issues.
- I. **M** - Mental Health Status: This factor relates to an individual's mental health status and the presence of any sign of mental illness..
- J. **R** - Retardation: This factor relates to the extent of intellectual impairment or adaptive behavior deficit.

See Attachment A Guidelines for Classifying Health Categories and Codes for more details.

V. ASSIGNMENT OF HEALTH GRADES

- A. Numerical designations are assigned after evaluating the individual's functional capability in each category.
- B. See **Attachment A** Guidelines For Classifying Health Categories and Codes along with numerical designations
- C. A profile containing a numerical designation of "5" indicates special conditions as defined, and may or may not limit or restrict work or program assignments.
 - 1. A temporary designation of a pregnant offender will be shown as "5" in the "P" category.
 - 2. A temporary designation for an offender in an inpatient Mental Health facility will be shown as "5" in the "M" category.
 - 3. A temporary designation for an offender who requires special attention while in transit will be shown as "5" in the "T" category.

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VI. PROFILING PREGNANT OFFENDERS

- A. The intent of these provisions is to protect the fetus and the mother while placing the least restrictions on the offender.
- B. A physical profile (P) for pregnant offenders will be issued as follows:
 - 1. Under physical profile "P", a numerical grade of "5" will be used to indicate pregnancy.
 - 2. A "P" profile grade of "5" will indicate the following limitations:
 - a. Restrictions for jobs, programs, activities, and services will be defined by the appropriate health care clinician.
 - b. Exemption from all immunizations except influenza and tetanus-diphtheria, unless otherwise ordered by the clinician.
 - c. No assignment to jobs, programs, activities, and services wherein nausea, easy fatigability, or sudden light-headedness might occur
- C. A "P" grade of "5" will be assigned for the duration of the pregnancy and post-partum period. At end of pregnancy, a new "P" grade will be issued reflecting revised physical status.
- D. During the last 3 months of pregnancy, offender must rest 15 minutes every 4 hours (sitting in a chair with feet up is acceptable) and the program activity week should not exceed 40 hours.
- F. Offenders experiencing a normal pregnancy may continue jobs, programs, activities, and services until delivery.
- G. Pregnant offenders who may be experiencing unusual and complicated problems (e.g., pregnancy - induced hypertension) will be evaluated by the appropriate healthcare clinician to determine if they should be excused from jobs, programs, activities, and services or allowed limited participation.

VII. PERIODIC HEALTH ASSESSMENT

- A. Offenders receive periodic health assessments to insure optimal health status based upon:
 - 1. age
 - 2. known health problems
 - 3. medications
 - 4. preventive health guidelines.
- B. Periodic health assessments will be documented based on age.
- C. At a minimum, the following schedules will be used for physical examination:
 - 1. >50 – yearly
 - 2. <50 – every 5 years

Terri L. Catlett

10/30/2017

Terri Catlett, Deputy 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 judgment 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 an Activity Restriction entered on the offender's Medical Duty Status in EHR which will automatically carry over to the HS51 screen.

A. (P) Physical Capacity:

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

- P – 1 Normal physical stamina: Includes all young and middle age adults who are in good health. It would also include vigorous adults over 65, those well compensated offenders, controlled chronic diseases, those with chronic diseases that do not generally affect stamina, and amputees with fully functional prostheses.
- P – 2 Minimal physical stamina deficit: Offenders 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
- P – 3 Moderate physical stamina deficit: Offenders with poorly controlled chronic diseases, significant permanent complications, moderately severe disabilities, or poor exercise tolerance. They generally require ready access to medical care
- P – 4 Severe physical stamina deficit: Offenders with poorly controlled chronic diseases, end-stage disease, severe physical disability. These offenders 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 offenders

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

- U – 1 No significant disability: This includes offenders with previous history of or ongoing musculoskeletal disorders that are not currently causing any disability and are not significantly exacerbated by activity involving the upper extremities.
- U – 2 Minimal disability: Offenders with musculoskeletal disorders that are causing minor disability and/or may be exacerbated to a minor degree by physical activity involving the upper extremities. This includes conditions such as mild cases of tenosynovitis, carpal tunnel syndrome that is controlled by splinting, and mild forms of arthritis in upper extremities.

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- U – 3 Moderate disability: Offenders with musculoskeletal 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: Offenders with severe restrictions or total loss of the 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 legs as well as pelvis and lower back.*
- L – 1 No significant disability: This includes offenders with previous history of or on going musculoskeletal disorders that are not currently causing any disability and are not significantly exacerbated by activity involving the lower extremities.
 - L – 2 Minimal disability: Offenders with musculoskeletal disorders that are causing minor disability and/or may be exacerbated to a minor degree by physical activity involving the lower extremities. Includes offenders with functional prosthesis that are able to ambulate without assistive devices, mild forms of arthritis, mild chronic low back pain, and foot disorders that are minimally symptomatic.
 - L – 3 Moderate disability: Offenders with musculoskeletal 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; and/or lumbar radiculopathy/chronic degenerative back pain with moderate ongoing symptoms.
 - L – 4 Severe disability: Offenders with severe restrictions or total loss of the 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 or 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 correction adjustment.
 - H - 4 Bilateral loss, severe (71DB or more) loss of hearing; deafness uncorrectable, and/or inability to make 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 offender's overall ability to function in jobs, programs, activities, and services, taking into account both physical and mental disabilities, is the activity grade. The activity grade should reflect the sum effect of the above ratings (PULHEAT), however the activity grade may be higher or lower than the lowest rating above.

A - 1 Unrestricted activity; May participate in jobs, programs, activities, and services complying with safety standards for eight (8) or more hours per day. No restrictions on housing are necessary.

A - 2 Minor restrictions on jobs, programs, activities, and services may be required, with participation limited to six - eight (6 - 8) hours per day. The Medical Duty Status Activity Restriction must be completed. For example, offenders 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 jobs, programs, activities, and services are required, with limited participation. The Medical Duty Status Activity Restriction must be completed. These offenders may require special housing, 24/7 nursing, and ready access to emergency care. If such housing requirements are indicated, they should be selected from the Housing Restriction section of the Medical Duty Status. Notify medical prior to any facility transfers or major program changes.

A - 4 Severe restrictions on jobs, programs, activities, and services are required, with limitation in participation. The Medical Duty Status Activity Restriction must be completed. These offenders generally can be involved only in activities specifically tailored to their individual conditions. If their status is expected to last more than 4 weeks they should be housed at a Chronic Disease Facility. Approval of medical staff is required prior to any change in facility jobs, programs, activities and services.

A - 5 Extremely limited participation in jobs, programs, activities, and services. The Medical Duty Status Activity Restriction must be completed. Approval of medical staff is required prior to any change in facility, jobs, programs, activities, and services.

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G. (T) Transportation

T-1 No special transportation requirements

T-5 Special transportation needs exist and/or offender may require monitoring of medical condition while in transit.

Monitoring may include medical attention, medication, and assessment.

H. (D) Dental

D - 1 Offenders 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 Offenders who need routine treatment and whose care can be postponed for a period of time. The offender is suitable for transfer to any facility. This grade will not change if the offender signs a Medical Treatment Refusal form.

Examples:

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

D - 3 Offenders 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 /or other conditions resulting in chronic pain or discomfort. This dental grade will not change if the offender signs a Medical Treatment Refusal form.

Examples:

1. Penetration of caries into dentin
2. Prosthesis
3. Periodontal Class II or Class III conditions

D - 4 Offenders who require immediate attention and need extensive comprehensive dental care and/or whose health may be endangered by them leaving the institution; approval by dental staff prior to facility transfer or major jobs, programs, activities, and services 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 offender'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 offender's overall activity capability. The only exceptions might occur in Dental Grades 3 and 4, and are solely at the discretion of the dentist. All dental grades may occasionally be temporarily excused from work or other activities, but these occurrences should not affect the offender's overall activity grade.

I. (M) Mental Health Status

M - 1 No disorder or impairment in adaptive functioning; no limitations on jobs, programs, activities, and services.

M - 2 Relatively mild impairment in functioning; requires periodic treatment and monitoring on outpatient basis. No limitations on jobs, programs, activities, and services

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 change to jobs, programs, activities, and services. Limitations on jobs, programs, activities, and services must 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 housing area along with constant monitoring and treatment; approval by mental health staff prior to facility transfer or major change to jobs, programs, activities, and services.

M - 5 Acutely mentally ill or suicidal, and requires monitoring and treatment around the clock; approval of mental health staff prior to facility transfer or major change to jobs, programs, activities, and services.

J. (R) Retardation

R - 1 Not mentally retarded.

R - 2 Is mentally retarded.

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CATEGORIES, DESCRIPTION/ASSIGNMENT CRITERIA

These are guidelines for criteria utilized to affect housing and assignment to jobs, programs, activities, and services. However, these guidelines are not to be considered all inclusive, nor as a substitute for the clinical judgment of the health care professional making the determination.

<u>Category Code</u>	<u>Description / Limitation</u>
A - 1	No assignment limitation. May participate in jobs, programs, activities, and services for eight (8) or more hours per day.
A - 2	Minor restrictions on jobs, programs, activities, and services may be required, with participation limited to six – eight (6 – 8) hours per day.
A - 3	Limits assignment to facilities with health care staff available to treat limiting condition. Jobs, programs, activities, and services assignment must consider impact on limiting condition, with participation based on condition.
A-4	Limits both assignment and participation in jobs, programs, activities, and services due to the advanced nature of health problem. Careful consideration must be given to proximity of acute care healthcare facility. Severe restrictions on jobs, programs, activities, and services required may be limited.
A-5	Extremely limited participation in jobs, programs, activities, and services.

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ATTACHMENT B PAGE 2

Indicates Special Considerations

- | | |
|------------|--|
| P-5 | Temporary grade assigned to pregnant offenders |
| M-5 | Offender in an acute inpatient mental health facility |
| T-5 | Offender requires special attention while in transit |

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HEALTH PROFILE CLASSIFICATION OF OFFENDERS

MEANING OF NUMERICAL GRADES

		1	2	3	4
Physical Capability (P)	Systemic disease:	none	minimal	moderate	severe
Upper Extremities (U)	Bone, joint, muscle:	normal	defects	defects	defects
	Functional adjustment:	normal	good	limited	disabled
Lower Extremities (L)	Bone, joint, muscle:	normal	defects	defects	defects
	Functional adjustment:	normal	good	limited	disabled
Hearing (H)	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 (A)	Work/Activity restrictions:	none	minor	reasonable	strict
Transportation Demand (T)		no specific needs	-----	-----	special needs or monitoring
Dental (D)	Amount of dental decay:	minimal	moderate	rampant	
	Number of teeth to be extracted:	none	up to 3	4 or more	cellulitis cancers
Mental Health (M)	Mental Illness:	none	mild	moderate	
	Functional Ability:	normal	good	limited	severe poor
Retardation (R)	Mental Retardation:	none	mentally		
	Functional Ability:	normal	retarded		

**ATTACHMENT C
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DISEASE SPECIFIC GUIDELINES

These are guidelines for criteria utilized to affect housing and assignment to jobs, programs, activities, and services for offenders with these disease states. However, these guidelines are not to be considered all inclusive nor as a substitute for the clinical judgment of the health care professional making the determination.

Note: Restrictions are recorded in the offender's Medical Duty Status in HERO and carry over to the HS51 screen in OPUS.

I. **ASTHMA**

(P) Physical Capacity

- P – 1 Offenders with history of asthma who are not currently on medications and have not had a hospitalization admission or emergency room (ER) visit in the past 2 years; and/or who have mild to moderate wheezing once or twice a year with an upper respiratory infection
- P – 2 Offenders with Mild Intermittent Asthma or Mild Persistent Asthma.
- P – 3 Offenders with Moderate Persistent Asthma.
- P – 4 Offenders with Severe Persistent Asthma.

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

- A – 1 Offenders with P – 1 These offenders no bunk restrictions. These offenders participate in jobs, programs, activities, and services for eight (8) or more hours per day.
- A – 2 Offenders with P – 2 who have not had any hospitalizations or ER visits in the past 6 months. These offenders should be restricted from jobs, programs, activities, and services which are known to aggravate their asthma. If they have exercised induced bronchospasm, which cannot be controlled by medications, they should be restricted from jobs, programs, activities, and services that will likely induce bronchospasm. No bunk restrictions apply. May participate in appropriate jobs, programs, activities and services for six – eight (6 – 8) hours per day.
- A – 3 Offenders with P – 2 and P – 3 who have had a hospitalization or ER visit in the past 6 months. All the above restrictions apply, plus they should avoid hot (>80 F), humid, or dusty environments and exposure to smoke or strong fumes when possible. Nursing should be available 24/7 with onsite nebulizers. No bunk restrictions are needed. Participation in jobs, programs, activities, and services is limited.
- A – 4 Offenders with P – 4, who do not require supplemental oxygen –All the above restrictions, including lower bunk. These offenders are to be housed at chronic care facilities. Jobs, programs, activities, and services should be limited and designed for offenders with severe respiratory impairments. If their asthma becomes better controlled and they meet the criteria for P – 3 for at least 3 months, they may be upgraded to A – 3.
- A – 5 Offenders with P – 4 who require supplemental oxygen, These offenders are to be housed in a chronic disease facility, and only participate in jobs, programs, activities, and services which are limited and specifically designed for patients requiring supplemental oxygen. Patients whose asthma control

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improves and they go at least 2 months without oxygen may be upgraded to A – 4.

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II. CARDIOVASCULAR DISEASE/HYPERTENSION

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- P – 1 Offenders 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 offenders 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 Offenders with hypertension which is moderately high (BP ranges 140 – 159 / 90 – 99); these offenders 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 Offenders with hypertension which is poorly controlled (greater than or equal to 160/100); these offenders may have unstable angina or CHF, shortness of breath with moderate exertion; and/or had a myocardial infarction, bypass surgery, or stent placement in the past 6 months to a year.
- P – 4 Offenders with hypertension which is severely out of control; these offenders 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.
- (A) Activity Grade - If there are no other PULHEAT restrictions, the following activity grades would generally apply for offenders with cardiovascular disease/hypertension.
- A – 1 Offenders with P – 1. No bunk restrictions. These offenders May participate in jobs, programs, activities, and services for eight (8) or more hours per day.
- A – 2 Offenders with P – 2. These offenders should not be assigned jobs, programs, activities, and services that require high levels of exertion, and may participate for six – eight (6 – 8) hours per day. They should be housed at facility's where they have ready access to medical follow up within 48 hours, but do not require 24/7 nursing. No bunk restrictions are needed.
- A – 3 Offenders with P – 3. These offenders should be housed at facility's with 24/7 nursing and have easy access to emergency services. They should be restricted to jobs, programs, activities, and services that do not aggravate their symptoms, with limited participation. No bunk restrictions.
- A – 4 Offenders with P – 3 and more severe or frequent symptoms. These offenders should be housed at chronic care facilities until their symptoms are better controlled. Participation in jobs, programs, activities, and services is limited and should not involve any physical exertion except as a part of a medically ordered rehabilitation program. Bottom bunk restriction should be enforced.
- A – 5 Offenders with P – 4. These offenders should be housed at either chronic disease facilities or in an acute care facility if unstable. Jobs, programs, activities, and services are limited and should be a part of a medically ordered rehabilitation program. Bottom bunk restriction should be enforced.

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III. COPD

(P) Physical Capacity

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

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

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

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

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

A – 1 All offenders with P – 1. these offenders require no bunk restrictions and may participate in jobs, programs, activities, and services for eight (8) or more hours per day.

A – 2 Offenders with P – 2 who have had no hospitalizations or ER visits in the past 6 months. These offenders should be restricted from jobs, programs, activities, and services which are known to aggravate their COPD. If they have exercised induced bronchospasm, which is difficult to control with medications, they should be restricted from jobs, programs, activities, and services that will likely induce their bronchospasm. Participation in appropriate jobs, programs, activities, and services is permitted six – eight (6 – 8) hours per day. No bunk restrictions are needed.

A – 3 Offenders with P – 3 and P – 2 that have had a hospitalization or ER visit in the past 6 months. All the above restrictions apply, 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 facility's that have 24/7 nursing and ready access to emergency care. Participation in jobs, programs, activities, and services is limited.

A – 4 Offenders with P – 4, who do not require supplemental oxygen. All the above restrictions, including lower bunk. These offenders are to be housed at chronic care facilities. Jobs, programs, activities, and services should be limited and be specifically designed for offenders 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 Offenders with P – 4 who require supplemental oxygen. These offenders are to be housed in a chronic disease facility, and only participate in jobs, programs, activities, and services which are and specifically designed for patients requiring supplemental oxygen. Patients whose control improves and who can go at least 2 months without oxygen may be upgraded to A – 4. Bottom bunk restrictions should be enforced.

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IV. MUSCULOSKELETAL

(P) Physical Capacity

P – 1 Offenders with mild or intermittent osteoarthritis which requires only PRN analgesics, well

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controlled inflammatory arthritis without significant deformities, minimal or well controlled carpal tunnel syndrome or similar mononeuropathies, minimal or past history of tenosynovitis/bursitis, or those who have fully functional prosthesis.

- P – 2 Offenders with mildly symptomatic osteoarthritis which requires frequent or continuous medication; well-controlled inflammatory arthritis with minor disabilities; mildly symptomatic carpal tunnel or similar mononeuropathies, or tenosynovitis/bursitis; or who have prosthesis which minimally interfere with full function.
- P – 3 Offenders 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 mononeuropathies, and/or tenosynovitis/bursitis in which normal activity significantly worsens the condition or those who have had an amputation without a prosthesis or who possess a poorly functional prosthesis, or require assistance devices to ambulate.
- P – 4 Offenders 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.

(A) Activity Grade

- A – 1 All offenders with P – 1. These offenders no bunk restrictions. These offenders may participate in jobs, programs, activities, and services for eight (8) or more hours per day.
- A – 2 Offenders with P – 2. These offenders may participate in jobs, programs, activities and services for six – eight (6 – 8) hours per day No bunk restrictions are needed.
- A – 3 Offenders with P – 3. Who are capable of physically non-strenuous jobs, programs, activities, and services limited. These offenders should be housed at facility's that are capable of accommodating their health care needs.
- A – 4 Offenders with P – 3. Who are only capable of physically non-strenuous jobs, programs, activities, and services. These offenders should be housed at facility's that are capable of accommodating their health care needs.
- A – 5 Offenders with P – 4. These offenders are to be housed in a chronic disease facility and only participate in jobs, programs, activities, and services specifically designed for patients with severe limitations, and may be limited. Bottom bunk restriction should be enforced.

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V. SEIZURES

(P) Physical Capacity

- P – 1 Offenders with history of seizures who are not currently on medications; offenders currently stable on medications and have had no seizures or changes in therapy in the past 12 months.

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

(A) Activity Grade

- A – 1 All offenders with P – 1. These offenders have no bunk restrictions. These offenders may participate in jobs, programs, activities, and services for eight (8) or more hours per day.
- A – 2 Offenders with P – 2. These offenders should be restricted from, jobs, programs, activities, and services wherein they might endanger themselves or others if they were to have a seizure; examples: work involving driving, unprotected heights or ladders, dangerous machinery. Participation is limited to six – eight (6 – 8) hours per day. After these offenders have gone 12 months without a seizure, they should be upgraded to P – 1. No bunk restrictions are needed.
- A – 3 Offenders with P – 3. These offenders have all the above restrictions for jobs, programs, activities, and services, limited. After these offenders 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. Bottom bunk restriction should be enforced.
- A – 4 Offenders with P – 4, who have seizures once a month or less often. All the above restrictions including lower bunk apply. These offenders should be housed at facilities with 24/7 nursing coverage. Offenders are limited, jobs, programs, activities, and services where the risk of injury from a seizure would be minimal, and they are observed constantly while participating. If their seizures become controllable and they go at least 6 months without a seizure, they may be upgraded to P – 3.
- A – 5 Offenders with P – 4 who have seizures more then once a month. These offenders are to be housed in a chronic disease facility, and only participate in jobs, programs, activities, and services specifically designed for patients with frequent seizures. Patients whose seizure control improves and they go at least 2 months without a seizure may be upgraded to A – 4. Bottom Bunk restriction should be enforced.

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VI. SKIN DISORDERS

(P) Physical Capacity

- P – 1 Offenders with benign skin conditions (examples: acne, eczema, atopic dermatitis, psoriasis) which cause no significant disability.

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- P – 2 Offenders with the above where there is minimal disability and/or minor jobs, programs, activities, and services restrictions are needed to prevent aggravation of the skin disorder. (Example: mild discoid lupus, psoriasis.)
 - P – 3 Offenders with serious health or life threatening skin disorders which cause significant disability. (Example: severe discoid lupus, severe active dyshydrotic eczema.). Restrictions to jobs, programs, activities, and services are required to prevent aggravation of the skin disorder.
 - P – 4 Offenders with any of the above and are severely disabled by their skin condition, and/or they are severely limited in their ability to participant in jobs, programs, activities, and services due to their skin disorder.

(A) Activity Grade

- A – 1 All offenders with P – 1. These offenders have no bunk restrictions. These offenders may participate in jobs, programs, activities, and services for eight (8) or more hours per day.
- A – 2 Offenders with P – 2. These offenders should be capable of participating in six – eight (6 – 8) hours per day of jobs, programs, activities, and services. Jobs, programs, activities, and services assignment must consider aggravating skin factors, such as sun exposure. No bunk restrictions.
- A – 3 Offenders with P – 3 who are capable of participating in four – six (4 – 6) hours per day of jobs, programs, activities, and services. There must be a Medical Duty Status completed in EHR detailing each offender’s specific restrictions. These offenders should be housed at facility’s that are capable of accommodating their disabilities. Jobs, programs, activities, and services assignment must consider aggravating skin factors, such as sun exposure. Base on clinical presentation, offender may require lower bunk.
- A – 4 Offenders with P – 3 who are only capable of participating a limited job, programs, activities, and services. These offenders should be housed at facility’s that are capable of accommodating their disabilities. Jobs, programs, activities, and services assignment must consider aggravating skin factors, such as sun exposure. Based on clinical presentation, bottom bunk maybe required.
- A – 5 Offenders with P – 4. These offenders are to be housed in a chronic disease facility and theses only participate in jobs, programs, activities, and services specifically designed for patients with disabilities. Bottom bunk restriction should be enforced.