

<p>GEORGIA DEPARTMENT OF CORRECTIONS</p> <p><b>Standard Operating Procedures</b></p>		
<p><b>Policy Name:</b> Medical Classification and Profiling</p>		
<p><b>Policy Number:</b> 507.04.23</p>	<p><b>Effective Date:</b> 2/25/2019</p>	<p><b>Page Number:</b> 1 of 18</p>
<p><b>Authority:</b> Commissioner</p>	<p><b>Originating Division:</b> Health Services Division (Physical Health)</p>	<p><b>Access Listing:</b> Level I: All Access</p>

**I. Introduction and Summary:**

All offenders will be medically classified and profiled according to their functional status following the diagnostic reception process and whenever the functional status of the offender changes. This policy is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders to include county prisons.

**II. Authority:**

- A. NCCHC Adult Standards: P-D-04, P-A-08;
- B. NCCHC Juvenile Standards: Y-D-04, Y-A-08; and
- C. GDC Standard Operating Procedures (SOPs): 103.63 Americans with Disabilities Act (ADA) Title II Provisions, 203.06 Electronic Data Processing Offender Tracking System (Scribe), 210.02 Offender Boot Camp - Classification and Assignment, 213.11 Detainee Classification, 220.05 Diagnostic Reception, Orientation and Processing, 222.02 County Facility Placement, 507.04.21 Health Assessment and Medical Diagnostics, 507.04.28 Chronic Care Procedures and Protocols, 507.04.36 Periodic Physical Examinations, 507.04.58 Special Needs Treatment Planning, 507.04.63 Medical Prostheses, 507.04.69 Women's Health Services, 507.05.06 Dental Screening Examination and Profiling, 507.05.04 Specialized Dental Services and Consultations at ASMP, and 508.14 MH/MR Reception Screen.

**III. Definitions:**

- A. **Profile (Health/Activity Profile)** - An instrument to define the functional capability of offenders with regard to institutional life, this includes capabilities as well as limitations. There are 10 categories known by the acronym: PULHESDWIT. The profiling system is not meant to be a disease descriptor; it should define offender functional capability or limitations in each area covered.
- B. **Medical Hold** - Administrative order to delay a transfer for medical reasons.
- C. **Medical Restrictions** - Also known as "permits or passes". These are restrictions which signal classification, security, and other staff of the "medical need" to allow certain offender activities, devices, or other departures from general population

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rules. For temporary conditions (i.e., expected to last less than 30 days), a temporary medical restriction printed on paper is sufficient.

#### **IV. Statement of Policy and Applicable Procedure:**

##### **A. Initial Medical Classification and Profiling:**

1. Offenders will receive a full Health/Activity Profile or medical grade at the completion of their work-up during Reception Processing at the Diagnostic Centers. The information will be documented on the Health/Activity Profile Form (PI-2051) and entered into Scribe.
2. Physicians (MD or DO), nurse practitioners (NP) and/or physician's assistants (PA) will assign medical grades P, U, L, H, E, W, I, and T. Mental Health professionals (Psychiatrist, Psychologist, CNS, etc.) will assign S grades and Dentists (DDS or DMD) will assign D grades.
3. Each letter grade will consist of a numbering system to designate the degree of functional capability or limitation. In general, the higher the number, the greater the degree of limitation.
4. Profiles are automatically dated upon entry into Scribe. There is no provision for backdating a profile. Profiles can only be entered at the offender's current facility. The exception is ASMP, where profiles can be entered for all offenders in the system. Historical tracking of previous profiles is available in Scribe. The narrative section of the profile can be updated but may not exceed 300 characters in length.
5. Both the health record document and the Scribe generated Health/Activity Profile (PI-2051) must be updated each and every time the profile changes, as determined by direct examinations performed by medical, mental health or dental clinicians. Clinicians should be aware that Health/Activity Profiles do not become effective until the data has been entered into Scribe.
6. A temporary condition is a medical condition expected to resolve within 30 days or less. The Health/Activity Profile does not include a provision for assigning temporary medical grades. Offenders with temporary medical conditions may be given appropriate lay-ins or other temporary exceptions

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without changing their Health/Activity Profile. If the medical condition becomes permanent, a change in the Health/Activity Profile must be made.

7. Table 1 lists criteria and descriptions of areas included in the Health/Activity Profile. Clinicians should thoroughly review these criteria prior to assigning a medical grade designation for each offender. For most categories, Medical grades greater than “1” are designated by an asterisk (\*). The clinician assigning a grade of this magnitude will provide a brief description of the clinical rationale for assigning the grade. The description should delineate specific limitations and note whether additional monitoring or specialized housing will be necessary. This notation should be documented in the Narrative Section of the Health/Activity Profile Form (PI-2051).
8. Impairment "I" grades greater than 1 are also designated by an asterisk (\*). The clinician assigning this grade must complete the Functional Status Screening Form (P26-0001-02). A brief description of the limitation and required monitoring should be written in the Progress Notes section of the health record and in the Narrative Section of the Health/Activity Profile Form.

Table 1

<b>Physical Capability:</b> The grade assigned should indicate the overall medical condition and reflect the degree of medical illness. It should not be confused with the W grade or work capacity. The presence of a chronic illness in and of itself does not imply decreased functional status.	
P1	The offender has no medical illness or could have only TB Infection and is receiving preventive therapy.
P2 *	This is an offender who has well-controlled chronic illnesses without evidence of end-organ damage.
P3 *	This is an offender with fairly or poorly controlled chronic illnesses as evidenced by end-organ damage.
P4 *	This is an offender with significant medical problems (e.g., ESRD, ESLD, advanced HIV/AIDS, severe COPD, etc.) who will likely require specialized housing.
P5 *	This is an offender with a terminal illness and for whom a physician has estimated that the offender has less than six months to live.

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P6 *	This is a pregnant offender. The clinician should record the estimated date of confinement (delivery) on the Problem List and any additional medical information (e.g., breech presentation, gestational diabetes, etc.) The clinician will also profile the pregnant offender with a restraint restriction which will be discontinued following delivery in accordance with SOP 507.04.69.
<b>Upper Extremities:</b> This grade describes the strength, range of motion and overall function of the hands, arms, forearms and shoulder girdle. This grade is critical to assigning work details and should include a summary of capabilities and limitations. Relate any limitations to type of work offender performed prior to incarceration.	
U1	All upper extremity bones, joints and muscles are of normal strength and function. Muscle strength 5/5 and there are no neurological deficits.
U2 *	Bones, joints, muscles or overall functionality of one or both upper extremities show minimal loss with good adaptation and good functional results. Muscle strength is 4/5 and there are no neurological deficits.
U3 *	Bones, joints, muscles or overall functionality of one or both upper extremities show defects causing moderate limitation of function, strength or range of motion. Muscle strength is 3/5 with no more than mild sensory/motor deficit.
U4 *	Bones, joints, muscles or overall functionality of one upper extremity shows severe impairment to a degree that renders the extremity functionally disabled, paralyzed or amputated.
U5 *	Both upper extremities are disabled, paralyzed or absent.

<b>Lower Extremities:</b> This grade describes the strength, range of motion, and overall function of the feet, legs and pelvic girdle. This grade is critical to assigning work details and should include a summary of capabilities and limitations. Relate any limitations to type of work offender performed prior to incarceration.	
L1	All lower extremity bones, joints and muscles are of normal strength and function. Muscle strength 5/5 and there are no neurological deficits.
L2 *	Bone, joints, muscles or overall functionality of one or both lower extremities shows minimal loss with good adaptation and good functional results. Muscle strength is 4/5 and there are no neurological deficits.

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L3 *	Bones, joints, muscles or overall functionality of one or both lower extremities show defects causing moderate limitation of function, strength or range of motion. Muscle strength is 3/5 with no more than mild sensory/motor deficit.
L4 *	Bones, joints, muscles or overall functionality of one lower extremity shows severe impairment to a degree that renders the extremity functionally disabled, paralyzed or amputated.
L5 *	Both lower extremities are disabled, paralyzed or absent.
<p><b>Hearing:</b> Hearing should be tested by having the offender listen to a softly ticking watch or by rubbing one's fingers a few inches from the ear. Other gross measures to include maybe whispering or speaking to the offender in a low, conversational tone of voice. The clinician can use his/her own hearing as a standard. If hearing is diminished, the Weber test should be performed. Lateralization to the diminished hearing side suggests conductive loss. Lateralization to the normal hearing side suggests a sensor neural problem. If clinically indicated, the clinician should refer the offender for an audiometry evaluation.</p>	
H1	The offender hears adequately (i.e., normal conversational level, whispering, ticking watch, TV or phone).
H2 *	Unilateral hearing loss with no loss in the other ear or mild bilateral hearing loss.
H3 *	Total unilateral hearing loss with mild hearing loss in the other ear. The clinician should consider audiometry to evaluate hearing loss.
H4 *	Severe bilateral hearing loss confirmed by an audiometric examination that does not improve with hearing aids. Functionally deaf.
H5 *	Absence of useful hearing of any manner bilaterally. Offenders assigned this grade will likely require specialized housing.

**Vision:** This grade measures visual acuity according to standard visual acuity screening tools. For far vision the Snellen Eye Chart is used. For near vision the Rosenbaum or Jaeger Chart can be used. Visual fields should also be evaluated.

E1	Visual acuity of 20/40 or better in both eyes with or without corrective lenses (glasses or contact lenses) and no gross visual field limitations.
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E2 *	Vision correctable to 20/70 in one eye with no gross visual field limitations; the other eye may be blind.
E3 *	Vision correctable to 20/200 one eye with no more than a moderate visual field cut; the other eye may be blind.
E4 *	Vision not correctable to 20/200 in one eye; may be blind in the other eye. The clinician should describe if the offender can or cannot see light or shadows, and whether the offender can walk without bumping into objects.
E5 *	Bilateral Blindness. Offenders assigned this grade will likely require specialized housing.

<b>Psychiatric:</b> This grade is concerned with personality, intellectual, cognitive, behavioral and emotional functions and disorders. The emphasis is on adaptive functioning or ability to cope successfully with prison life. Narratives should describe special needs for assistance with hygiene or other ADLs and/or the need for physical controls.	
S1	No impairment or disorder of adaptive functioning. Requires no scheduled mental health services.
S2	Mental health disorder in remission or stable with minimal residual symptoms or mild impairment of adaptive functioning or mild mental retardation. S2 offenders may need periodic supportive mental health counseling and psychological/psychiatric treatment with or without psychotropic medications and may be housed in general population.
S3	Mental health disorder and/or symptoms which seriously impair adaptive functioning. S3 offenders require placement into a Level III SLU. These offenders require continuous case management and psychological/psychiatric treatment with or without psychotropic medications and can only be placed in facilities where there is a Level III SLU.
S4	Severe mental health disorder and/or symptoms which seriously impair adaptive functioning. S4 offenders require placement in a Level IV SLU where more intense mental health services are available. These offenders require continuous outpatient case management and psychological/psychiatric treatment with or without psychotropic

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	medications and can only be placed in facilities where there is a Level IV SLU.
S5	Severe mental health disorder and/or symptoms which seriously impair adaptive functioning. S5 offenders cannot be safely managed as outpatients and require Crisis Stabilization Unit (CSU) inpatient care.
S6	Severe mental health disorder and/or symptoms which seriously impair adaptive functioning and there is a need for psychiatric inpatient care, with or without involuntary commitment to a psychiatric hospital.

<p><b>Dental:</b> This grade encompasses all dental health issues. Refusal of dental care should not prompt changes of the assigned dental grade. Certain dental or oral surgical advanced conditions may affect the P, W or other medical grades. In these complex cases, the Senior Dentist and Institutional Medical Director may arrive at a consensus.</p>	
D1	Visual dental examination shows suitability to any facility, with minimal routine dental health care needs. In addition to offenders with good teeth, this grade should be assigned to offenders with adequate prosthetic appliances and not expected to be in need of dental services for six months. This grade should also be assigned to edentulous offenders who have adapted to mastication without teeth and are not interested in prosthetic appliances.
D2	Dental examination reveals a moderate amount of caries and/or periodontal disease with a possible need for comprehensive dental treatment with or without extractions.
D3	Dental examination reveals extensive periodontal disease and/or edentulous or partially edentulous areas in one or both arches and/or widespread decay with the likely need for comprehensive dental treatment, with or without extractions. These offenders should be considered for assignment only at those facilities with available in-house dental care.
D4*	Dental examination reveals the need for urgent services (within 7 working days), for conditions such as moderate to severe dental pain, acute or chronic infection (e.g., oral cellulitis), or oral cancer. These offenders may require referral to Oral Surgery Services, within the very near future. Offenders with urgent needs should be treated, prior to transfer to another facility by placement on Medical Hold status until cleared by dental.

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D5*	These offenders require immediate care for emergent dental needs. Examples of emergent needs include the following: potentially life-threatening (e.g., severe infections, hemorrhage); where delay would be inappropriate to insure safe treatment or proper healing (e.g., some facial fractures); or where there is a significant degree of pain or infection involved (to be determined by the examining dentist or designee). Offenders with emergent needs should be treated prior to transfer to another facility by placing them on Medical Hold until cleared by dental. When necessary, offenders in this group may be transferred on an urgent basis to ASMP. Life threatening emergencies may be treated by local specialists and then transferred to ASMP for recovery. See SOP 507.05.04 Specialized Dental Services and Consultations at ASMP.
<b>Work Capacity:</b> Describes the work capabilities and limitations of the offender in the prison environment. Clinicians should list specific limitations which may potentially impact work assignment.	
W1	Unrestricted activities including any official work, training or recreational activity within applicable safety rules and regulations. This offender has no upper or lower extremity deficits affecting strength, no serious medical problems, hearing normal and vision normal.
W2*	Minor restrictions on types of work as described in the Narrative Section of Form P-26-0001-01. This offender may have an inguinal hernia or moderate low back pain and unable to lift >25 lbs. Could be blind in one eye and wear protective eyewear. Could have hearing loss and should avoid exposure to excessive noise.
W3*	Moderate restrictions on the type of work as described in the Narrative Section of Form P-26-0001-01. Examples include an offender with peripheral vascular disease that requires no standing for >30 minutes at a time. The offender could have coronary artery disease and should avoid duties requiring heavy exertion. The offender could be paraplegic requiring no outside detail, but is able to perform desk work.
W4*	Major restrictions on types of work as described in the Narrative Section of Form P-26-0001-01. An offender in this grade may have severe joint or degenerative disc disease and may not lift. Other examples could be an offender with moderate pulmonary disease who can only perform light duty. The offender could have end stage renal disease requiring light duty.

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W5*	Cannot work under any circumstances. Proper use of this grade is reserved for permanently disabled or bedridden offenders. Examples include offenders who are quadriplegic, severe COPD and oxygen-dependent, stroke with hemi paresis, terminally ill or severely mentally ill with active psychosis.
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<b>Impairment Grade:</b> Impairment grades are assigned to offenders who enter GDC with or develop disabilities, impairments or limitations that medically restrict their performance of ADLs and/or impede or curtail their participation in training, work or other offender programs available to the general population. If assigning a medical grade greater than "1", the clinician will need to complete the Functional Status Screening Form (P-26-0001-02).	
I1	No impairments or limitations that restrict performance.
I2*	The I-2 grade should be assigned to offenders with NO ESTABLISHED DAILY NURSING CARE NEEDS. Offenders in this category use wheelchairs but are otherwise able to perform all ADLs and participate in work and programs available to the general population. Offenders using wheelchairs with established daily nursing care needs should be classified as I3* I4* or I5* as required by their daily nursing and/or ADL needs. Offenders in this category would likely score less than 10 points on the Functional Status Screening Form (P-26-0001-02).
I3*	<p><b>ASSISTED LIVING I:</b> For offenders in need of protective housing or environmental support. May include offenders using wheelchairs or offenders who use a walker or cane and require minimal assistance with ADLs (eating, toileting, bathing, etc.). May include the elderly or infirm, but should predominantly be those capable of participating in self-care activities. May be on Self-Administered Medications (SAM) or receive non-SAM medications at pill call. Offenders in this category would likely score between 10 and 18 points on the Functional Status Screening Form (P-26-0001-02).</p> <p><b>ASSISTED LIVING NEEDS (Accommodated Living Unit)</b></p> <ul style="list-style-type: none"> <li>- Minimal assistance with eating or toileting</li> <li>- Minimal assistance with bathing or grooming</li> </ul>

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	<p><b>PHYSICAL/COGNITIVE ACUITY:</b></p> <ul style="list-style-type: none"> <li>- Able to perform most self-care needs or direct others</li> <li>- Mobile with occasional human assistance</li> </ul> <p><b>NURSING NEEDS:</b></p> <ul style="list-style-type: none"> <li>- Requires nursing supervision or observation/evaluation NO MORE THAN FIFTEEN (15) HOURS WEEKLY</li> </ul> <p><b>MEDICAL/REHAB/BEHAVIORAL NEEDS:</b></p> <ul style="list-style-type: none"> <li>- Medical will document a medical or rehabilitation need in the Medical Record.</li> </ul> <p>Rehab: none to limited Behavioral: minimal assistance with behavior</p> <p><b>MEDICATION NEEDS:</b></p> <ul style="list-style-type: none"> <li>- Minimal supervision or assistance with medications (routine or as needed);</li> <li>- no injections except insulin</li> <li>- Can be via blister pack medications</li> </ul>
I4*	<p><b>ASSISTED LIVING II:</b></p> <p>For offenders needing an environment medically more sophisticated than the general population but not requiring direct 24-hour skilled nursing care. The offender might be restricted in certain activities, but in the free world would care for themselves or be cared for in their home. Examples are: persons who may have difficulty washing, dressing, eating or ambulating (i.e.: elderly, some amputees, and paraplegics) and some may be convalescing from a non-serious condition. May need therapy assistance or assistance with medication administration. May also include offenders with severe chronic illnesses who experience frequent exacerbation. Offenders in this category would likely score between 19 and 27 points on the Functional Status Screening Form (P-26-0001-02).</p> <p><b>ASSISTED LIVING NEEDS:</b></p> <ul style="list-style-type: none"> <li>- Moderate assistance with many ADL's requiring a higher level of care</li> </ul>

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**PHYSICAL/COGNITIVE ACUITY:**

- Offender is medically stable and may routinely have special needs requiring intermittent/periodic direct nursing services
- Moderate ability to direct self-care needs
- Mobile with wheelchair, or other assistive devices (walker, cane crutches, etc.) and requires Offender Helper assistance

**NURSING NEEDS:**

- Nursing supervision and observation/evaluation available on premises required EIGHT (8) hours daily and on call SIXTEEN (16) hours daily for health care oversight
- Intermittent/periodic direct nursing care which requires specialized training

**MEDICAL/REHAB/BEHAVIORAL NEEDS:**

- Medical: Will document a medical or rehabilitation need in the Medical Record
- Rehab: Training for ADL's
- Behavioral: intervention based on monitored plan

**MEDICATION NEEDS:**

- Requires licensed health care providers to administer medications
- May require assistance by unlicensed personnel as allowed by state law (e.g., HST, CNA, etc.)
- If cognitively impaired, requires licensed personnel to administer medication

I5\*

Offenders determined by medical staff to require routine to complex care needs. These offenders will require housing in a SKILLED NURSING UNIT (SNU) where 24 HOUR A DAY NURSING CARE SERVICES are available. Their medical condition should be documented on the Functional Status Screening Form (P-26-0001-02). Offenders in this category would likely score greater than 27 points on the Functional Status Screening Form (P-26-0001-02).

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**ASSISTED LIVING NEEDS:**

- Maximum assistance with most ADL's

**PHYSICAL/COGNITIVE ACUITY:**

- Routine to complex care needs: Medically stable but may have special custodial nursing needs OR may be susceptible to physical/cognitive compromise unless stability maintained through appropriate therapies.
- Not able to direct self-care needs
- Poor life preserving skills
- Mobile with chair/device and Offender Helper

**NURSING NEEDS:**

- Continuous nursing management, observation, evaluation and delivery of service
- General: LPN 24-hours daily; RN available for planning, assessing, management
- Skilled: RN 24-hours daily

**MEDICAL/REHAB/BEHAVIORAL NEEDS:**

- Medical will document a medical or rehabilitation need in the Medical Record; Requires clinician contact more than once every 60-90 days
- If on a skilled nursing unit, requires clinician contact at least once every 30 days
- If on an acute care unit, requires clinician contact at least every 72 hours, and more often if clinically indicated

Behavioral: intervention based on monitored behavior plan

**MEDICATION NEEDS:**

- All medication administration by licensed personnel

**Transportation:** This grade is used to identify offenders with special transportation requirements.

T1

The offender can be transported in any approved vehicle. This is usually a bus or van.

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T2*	Assign this grade to offenders using wheelchairs who do not need to be transported in a specially equipped vehicle. May need minimal assistance for transporting in a van or bus.
T3*	Assign this grade to offenders using wheelchairs who need to be transported in a specially equipped vehicle (e.g., van w/ lift, etc.). An example could be a paraplegic or quadriplegic in a wheelchair that does not fold up. Cannot be transported on a bus or regular van.
T4*	Assign this grade to an offender who is using a wheelchair, but has medical needs that will require a special vehicle. Examples include someone requiring continuous oxygen, or a brittle diabetic requiring frequent glucose monitoring. This offender does not require ambulance transportation, but cannot be transferred on the bus or regular van.
T5*	This grade is assigned to offenders who require ambulance transport due to severe medical needs. An example would be an offender suffering a catastrophic illness and will be transported to a nursing home in the community following a medical reprieve.

**B. Medical Holds:**

1. The Health/Activity Profile includes a provision for assigning medical holds. Offenders may be placed on medical hold which will be issued by the clinician by entering the date the hold is to start and the date the hold is to end (Medical holds are generally in effect for up to fifteen days with 2 renewals). If no “stop hold” date is entered into Scribe, the hold will automatically expire in 15 days. There is no provision for permanent holds. The reason for a medical hold should be stated in the Summary Section of the Health/Activity Profile. Holds may be entered with or without changes in the medical profile.
  
2. Once entered into Scribe, a hold will alert Offender Administration that the offender should not be transferred to another institution until the clinician responsible for the hold has been notified. When notified by institutional authorities of the intention to transfer an offender on hold, the responsible physician has the option of releasing the hold if medically appropriate. If the offender’s condition warrants continuation of the medical hold, the clinician

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has the option to notify the institutional authorities of the need to continue the hold with an estimate of when the hold may be released.

C. Medical Restrictions:

1. Medical restrictions are sometimes called profiles or passes, but the terminology “restrictions” is more accurate and should be used. These entries signal Offender Administration, security, and other staff of the medical need to allow certain offender activities, devices, or other departures from general population rules.
2. Medical profiles may be issued for both temporary and permanent conditions and should not exceed a period of 12 months without an evaluation by a clinician. Profiles will be entered into Scribe and or a paper profile card issued to offender.
3. Offenders should be educated on the reasons for their medical restriction and this education documented in the health record.
4. Admission to the regional infirmary or a hospital should not prompt an immediate change in profile or the issuing of a medical restriction. The offender’s profile will be rewritten upon stabilization and discharge.
5. Offenders with a medical condition for which the use of physical restraints would pose a considerable medical threat, the clinician will order a profile for restraint restriction. For example: pregnant females, liver disease with ascites, end stage COPD, end stage heart disease where patient is unable to tolerate certain positions and patients with significant circulatory conditions. This list is not exhaustive and is left to the discretion of the physician who orders the profile. If the condition is temporary, (e.g. female following delivery) the restriction will be discontinued once the condition is resolved.
6. Table 2, lists examples of medical restrictions and the criteria that should be met for assigning the specific medical restriction.

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Table 2

<b>Restriction</b>	<b>Criteria for Assigning</b>
Severe Allergies	Objective demonstrated evidence of severe intolerance to an environmental condition or agent, which triggers an asthmatic exacerbation or allergic reaction. Examples include: no outside work details during Spring, Summer; avoid details with chemicals producing fumes or buffer dust; etc.
Extreme Obesity	Offenders whose weight impairs their ability to function in general population without a special device or program may require an extra wide wheelchair, reinforced bariatric bed or special housing.
Severe Weight Loss	An offender who has lost an amount of body weight beyond their ability to function in a general population setting may require nutritional supplements or special interventions to prevent wasting or skin breakdown. Examples include anorexia or cachexia secondary to cancer or terminal illnesses (AIDS, ESRD, and ESLD).
Oxygen Dependent	Demonstrated need for supplemental oxygen on a continuous or intermittent basis. May need to be housed near an electric outlet to accommodate CPAP or oxygen concentrator devices.
Heat Intolerance	Medical conditions (cardiac, pulmonary, metabolic) or medications (Psychotropic, sulfonamides, etc.) which have sun/exposure or heat-related side effects warranting work detail restrictions. The offender may require sunscreen or access to fluids while receiving these medications.
Insulin Dependent	For diabetes whereby offenders need a profile in order to alert security and other staff of the need to present themselves at certain times to the medical unit for medications, insulin injection, blood or urine sugar testing, or specially scheduled meals or snacks.
Prosthetic Device	Allows the offender to retain certain items which otherwise could be considered contraband (limbs, eyeball, dentures). The clinician should describe the type of prosthesis and how it affects the offender's ability to perform ADL's, work details or live in a general population setting.

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Therapeutic Diet (Special Diet)	While the necessity of a medical diet as such does not constitute an impairment, in some facilities these offenders need a profile in order to alert security and other staff of the need to present themselves at certain times to the medical unit for specially scheduled and/or prepared meals. The clinician should list the specific therapeutic diet prescribed. Refer to SOP VH30-0005 "Therapeutic Diets" and Clinical Updates 98.02 "Medical Use of Nutritional Supplements" and 01.01 "Medical Diets" for additional information regarding ordering diets and supplements.
Cold Intolerance	Indicates the presence of medical conditions such as Reynaud's Syndrome, hypothyroidism, wasting syndrome or others which may limit work details or housing assignments. For example, no outside winter detail or extra blankets or clothing.
Mental Instability	Mental health staff determines the diagnostic level for mental health offenders. In addition, there may be cases when an offender needs additional support or increased supervision, especially if receiving certain psychotropic medications.
Indwelling Catheter	A communication to security that the offender has a catheter and bag at all times, plus the need to keep a reasonable amount of catheter and bag supplies at hand. They may require medical supervision to avoid infections. Could also be used to designate an offender who regularly self-catheterizes. Offenders with indwelling catheters may require special housing arrangements.
Medically Necessary Footwear	Indicates the medical necessity for specialized footwear due to a medical condition or disability. Could also signify a temporary medical problem which has developed as a result of ill-fitting shoes, which will require medical follow up for a designated period of time.
Renal Dialysis	Indicates the need for ongoing renal dialysis and access to a facility which can provide these services. Male offenders will likely be transferred to ASMP. Female offenders will likely be transferred to Pulaski State Prison.
Lower Range	Indicates the need for lower range for all activities due to the possibility of a neurological condition or other deficit. Examples include offenders who have seizures or are paraplegic, hemiplegic, or amputees. This would preclude work

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	<p>assignments involving climbing ladders, stairs, scaffolds, handling moving vehicles, dangerous machinery, etc. May require special housing assignment. The clinician should specify the specific clinical rationale for requesting a lower range.</p>
<p>Special Sleeping Arrangements or Low Bunk</p>	<p>Indicates the need for special bedding and/or bottom bunk due to a neurological disorder or inability to climb to a higher bunk. Examples may include a COPD offender needing extra pillows or a wedge for sleeping, offenders in need of CPAP machines, offenders with degenerative disc disease or other chronic, debilitating orthopedic problems.</p>
<p>Cane/Crutches, Walker or Wheelchair, etc.</p>	<p>Indicates the need to possess these assisting devices, which should be issued strictly on the basis of medical necessity, with objective findings documented in the health record and in the Narrative Section of the Health/Activity Profile. May signal an offender requiring assistance with ADL's or special housing.</p>
<p>No Restraints</p>	<p>Medical condition in which the use of restraints is contraindicated due to potential adverse outcomes. See VI.C.5: e.g. pregnant women, end stage liver disease with ascites, end stage COPD, significant circulatory conditions, heart disease with intolerance to postural changes.</p>

D. Narrative Section:

- The narrative section of the Health/Activity Profile Form (PI-2051) is used to describe the offender's functional capabilities and limitations or reasons for medical holds. It should include what type of work or profession the offender performed prior to incarceration. The summary should address any medical condition(s) for which specialized housing may be needed. It is essential that clinicians describe for Classification what the offender can and cannot do and should include unusual characteristics such as morbid obesity, extreme variations in height, prostheses or non-English speakers. Offender Administration will consider the information documented in this section in determining housing or work assignments.

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2. The narrative is also particularly useful for determining the need for placement of offenders into special housing.
3. The narrative section may not exceed 300 characters in length.
4. **ONLY MEDICAL INFORMATION FOR WHICH THERE IS A NEED TO KNOW SHOULD BE ENTERED.** In other words, the narrative section is a medical statement of classification, security, and other staff describing certain capabilities or limitations with the intent to afford the offender the medically necessary housing, program or job assignment. For confidentiality reasons, medical information not relevant to housing, program or job assignment considerations should be omitted.

**NOTE:** The forms associated with this SOP e.g., Health/Activity Profile Form (PI-2051) and Functional Status Screening Form (P26-0001.02), may be found on the GDC Intranet at Captiva/Inmate Services Division/Health Services/Physical Health/Health Record Manual/Health Record Forms.

**V. Attachments:** None.

**VI. Record Retention of Forms Relevant to this Policy:** None.