

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety
Prison

SECTION: Administration

POLICY # AD VIII-6

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SUBJECT: Medical Notification to Excuse from
Work

EFFECTIVE DATE: November 2014
SUPERCEDES DATE: November 2008

PURPOSE

To provide a mechanism to excuse an offender from work due to medical reasons.

POLICY

Health care staff will inform custody staff of the need to excuse an offender from work when the health condition warrants.

PROCEDURE

From time to time, it will be necessary to excuse an offender from work. This will be accomplished by recording the restriction in the Offender Population Unified System (OPUS) or by issuing a DC-490 Medical Notification slip, or a combination of both, depending on the capabilities of the facility. Chronic health problems precluding work assignments for more than 30 days must have a PULHEAT and acuity evaluation to reflect the offender's current status.

I. Computer Assisted Procedure

- A. The provider will complete the form DC-490 Medical Notification slip.
- B. Nursing will enter the data with an expiration date onto the HS51 screen.
- C. The DC-490 form will be placed in the offender's medical record.

II. Manual Procedure

- A. The provider will complete the form DC-490 Medical Notification slip.
- B. Nursing will make copies of the form and distribute as follows:
 1. Original form to custody
 2. A copy to the offender if the facility's standard operational procedure does not prohibit it, and
 3. A copy filed in the medical record.
- C. Nursing will enter the data with an expiration date onto the OPUS HS51 Screen.

III. ELECTRONIC PROCEDURE

- A. The health care staff will record the work excuse on the Medical Duty Status form in the electronic health record.
- B. The work excuse and length of the excuse will be extracted from the electronic health record to the HS51 screen.
- C. Health Care staff will print the offender form of the Medical Duty Status and issue to the offender.

Paula Y. Smith, M.D.

5/23/2014

Paula Smith, M.D., Chief of Health Services Date

SOR: Director of Nursing

Addendum:

Form DC-490 Medical Notification slip