



**Request for Inclusion or Revision to an
Administrative Directive**
Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 8.1

Title: Scope of Health Services

☒ I recommend the following inclusion or revision to the above referenced Administrative Directive
(provide detailed explanation regarding reason for change):

This revision is to ensure consistency with the NCCHC standards.

8. Health Assessments and Periodic Health Examinations.

- A. The Director of Health and Addiction Services or designee shall approve policies, procedures and protocol for medical, dental and mental health exams.
- B. A health assessment shall be performed by qualified health services staff ~~and documented on Attachment C, HR 003, Health History within 7 days of admission to DOC. Attachment B, HR 002, A Comprehensive Health History/Physical Examination, which includes an evaluation of medical, mental and dental health, shall be performed by a Physician, Physician's Assistant or an Advanced Practice Registered Nurse, or a Registered Nurse within 14~~ days of admission to the Department.

☐ See attached documents

ORIGINATOR

Name: Arielle Reich

Title: Planning Specialist

Date: 4/28/2021

Signature: *Arielle Reich*

Facility/Unit: HSU

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:

Office of Standards and Policy Staff signature: *[Signature]*

Date: *4/29/21*

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved

Denied

Unit Administrator's signature: *[Signature]*

Date: *4/29/21*

District Administrator's signature:
(only needed if originating from facility)

Date:

Division Administrator's signature: *[Signature]*

Date: *4/30/2021*

COMMISSIONER'S DECISION:

This request is:

☒ **APPROVED**

☐ **DENIED**

Effective date of request:

☐ The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:

Date:

☐ This inclusion/revision shall be added to the Administrative Directive prior to:

Date:

☐ This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature: *[Signature]*

Date: *5/3/2021*