

 <b>Correct Care Solutions</b>	<b>POLICY: Receiving Screening</b>	
	<b>NO. J-E-02</b>	<b>Date of Origin: 10/01/08</b> <b>Revised: New</b>

**REFERENCES:** NCCHC J-E-02, P-E-02, Y-E-02

ACA 1-HC-1A-19; 4-ALDF-4C-22, 29; 3-JDF-4C-21

Forms: CCS-IN01 Receiving Screening; CCS-IN05 Staff Referral Form; CCS-SP10 Special Needs Communication Form; CCS-IN02es Medication Verification Release form (English & Spanish); CCS-MH05B Intake Mental Health Assessment – for Intake

**POLICY:**

The receiving screening is performed on inmates on arrival at booking to ensure that emergent and urgent health needs are met.

**PROCEDURE:**

1. A receiving screening (Form CCS-IN01 available in English or Spanish) is performed on inmates immediately upon arrival at the facility in order to identify health conditions requiring immediate or ongoing interventions including separation from the rest of the population because of dangerous communicable diseases and active substance withdrawal. This screening is performed by health services personnel when staffing permits, but it may also be performed by health-trained correctional personnel.
  - a. The screening serves the following purposes:
    - 1) Identifies inmates whose health condition is such that they should not be accepted into the facility without first receiving medical evaluation and care (usually from an emergency room);
    - 2) Identifies inmates who will require immediate care upon being accepted into the facility;
    - 3) Identifies inmates who will require care after being accepted into the facility, but will not require it immediately;
    - 4) Identifies inmates whose placement in the facility will require consideration of their physical or health status;
    - 5) Identifies inmates who are intoxicated or likely to experience withdrawal; and
    - 6) Identifies inmates who may have potentially dangerous infectious diseases
  - b. The receiving screening includes inquiry into the following:
    - 1) Current and past illnesses, health conditions, or special health requirements (e.g., dietary needs);
    - 2) Past serious infectious disease;

- 3) Past and recent serious communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats);
  - 4) Past or current mental illness, including hospitalizations;
  - 5) History of or current suicidal ideation;
  - 6) Acute dental problems;
  - 7) Allergies;
  - 8) Legal and illegal drug use (including the time of last use);
  - 9) Drug withdrawal symptoms;
  - 10) Current or recent pregnancy; and
  - 11) Other health problems as designated by the responsible physician.
- c. The receiving screening includes observation of the following:
- 1) Appearance (e.g., sweating, tremors, anxious, disheveled);
  - 2) Behavior (e.g., disorderly, appropriate, insensible);
  - 3) State of consciousness - AVPU:
    - a) Alert - spontaneously responsive,
    - b) Verbal - requires verbal stimulation to respond,
    - c) Pain - requires painful stimulation to respond,
    - d) Unresponsive - does not respond;
  - 4) Ease of movement (e.g., body deformities, gait);
  - 5) Breathing (e.g., persistent cough, hyperventilation); and
  - 6) Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse).
- d. The receiving screening includes written documentation that is dated and timed and includes a record of the disposition, which may include:
- 1) Immediate or scheduled referral to a medical, dental, or mental health practitioner (form CCS-IN05 Staff Referral Form);
  - 2) Guidance to the facility regarding housing placement including isolation if necessary;
  - 3) Guidance to the facility regarding activity limitations and work assignment; or
  - 4) Other individual observations and recommendations (form CCS-SP10 Special Needs Communication Form).
2. Receiving screening may identify inmates whose clinical status suggests a need for immediate health services beyond the scope of care immediately available at the facility. Most jurisdictions have established a practice of requiring medical clearance from an outside agency when such inmates are identified.
  3. Many inmates who are received, provide histories of receiving various prescription medications. The decision to continue or discontinue a medication should be made by a prescriber, and the decision documented in the health record. It is helpful in making this decision if the claimed prescription has been verified by an outside provider such as a doctor's office or dispensing pharmacy (form CCS-IN02es Medication Verification Release Form in English and Spanish).
  4. Many sites have also established specific mental health receiving screening processes utilizing Qualified Mental Health Professionals or other health services professionals who have been trained in the process (form CCS-MH05b Intake Mental Health Assessment Form

for Intake). Local procedures shall address the role of Mental Health staff in the receiving screening process.

5. Receiving screening forms have been established both for general health and mental health purposes, and both should be completed no later than 24 hours after arrival and prior to an inmate's being placed in general population.
6. Although inmates remaining in custody for more than a few days will additionally undergo a structured health assessment including obtaining additional historical data, obtaining certain diagnostic test results, and completing a directed physical examination, inmates whose serious health conditions are identified during receiving screening may require early evaluation by referral to an appropriate Health Care Provider or other member of the health services staff.
7. The jail or prison system establishes additional requirements for health information and/or health screening. Some of these are obtained by trained correctional officers or deputies and some are obtained by CCS employees. The receiving screening process must be adjusted to be site specific to meet not only the needs identified in this document, but also those identified locally.
8. The HSA shall establish local procedures to accomplish receiving screening in accordance with the requirements of this policy directive, applicable accreditation timelines, local facility requirements, and applicable laws and regulations. Local procedures shall address
  - a. initial health contact with inmates (by custodial or health services employees),
  - b. requirements for outside medical clearance prior to acceptance into custody,
  - c. completion of receiving screening forms (including any forms required by the jurisdiction),
  - d. medication verification and continuation (or discontinuation),
  - e. referral for special needs or other continuing care, suicide risk assessment and reduction, and
  - f. documentation in the health record.
9. In jurisdictions where language barriers may exist, arrangements to assist inmates without English language skills should be made in advance of need. A translation services is utilized for inmates who do not speak or read English.