

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.56	Page 1 of 6
	Original Effective Date: 05/15/03	New Effective Date: 06/01/18
	Supersedes: 500.30.56	Dated: 10/22/14
	Administrator's Approval: Jim Schwochert	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Receiving Screening		

POLICY

The Division of Adult Institutions shall ensure a receiving screening is performed on all inmate patients on arrival to ensure that emergent and urgent health needs are met.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-E-02 – Receiving Screening

DAI Policy 500.30.06 – Transfer of Inmate Patient

DAI Policy 500.30.49 – Initial Health Assessment

DAI Policy 500.60.02 – Tuberculosis Control Program

DAI Policy 500.80.03 – Medication Reconciliation – Continuation of Medication

DEFINITIONS, ACRONYMS, AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DOC-2077 – Health Transfer Summary

DOC-3018 – Intake Screening/Medical History

DOC-3023A – Prescriber's Orders – Standard Admission Orders

DOC-3263 – Consent/Refusal to Test for HIV Antibody

RN – Registered Nurse

SLH – State Lab of Hygiene

PROCEDURE**I. General Guidelines**

- A. Immediately upon arrival to a facility, correctional staff shall quickly inspect individuals to determine who may be too ill to wait for a routine screening or be admitted.
- B. Immediate health needs are identified and addressed.
- C. Potentially infectious inmates are isolated.
- D. Inmate patients who are identified as medically unstable, mentally unstable, or otherwise urgently in need of medical care are referred immediately for

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care and medical clearance into the facility. These inmate patients may include, but are not limited to, those who are:

1. Unconscious.
2. Semiconscious.
3. Bleeding, exhibiting signs of an acute injury or multiple or significant health concerns.
4. Demonstrating behavior indicating mental instability or suicidality.
5. Severely intoxicated.
6. Exhibiting signs or with a potential for alcohol or drug withdrawal.

E. Medical clearance may come from:

1. On-site health care staff.
2. An off-site hospital.

F. If an inmate patient is referred to a hospital and then returned, their admission to the facility is predicated on written medical clearance from the hospital with re-evaluation by on-site health care staff upon inmate return to the facility.

G. A receiving screening shall take place for all inmate patients as soon as possible by a RN.

H. Health staff shall regularly monitor receiving screening to determine the safety and effectiveness of the intake process.

II. Receiving Screening

Review the inmate patient's DOC-2077 – Health Transfer Summary from the county jail and date, sign and time at the bottom acknowledging the information recorded on the form was reviewed.

A. Review any other health care documents sent with inmate patient.

B. A receiving screening is conducted to:

1. Ensure emergent and urgent health needs are met.
2. Identify any health needs requiring intervention prior to the initial health assessment per DAI Policy 500.30.49.
3. Identify and isolate inmate patients who appear potentially infectious.
4. Appropriately obtain a medical clearance as necessary.

C. Inmate patients shall not be released from the intake area until the receiving screening is completed.

D. An intake screening medical history shall be documented in the health record.

E. For non-live sites inmate patients shall be provided with the Intake Screening/Medical History to document their health history.

F. The RN shall review the medical history with the inmate patient upon intake and document in the health record the following:

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1. Current and past illnesses, health conditions or special health requirements, e.g. dietary needs or special medical supplies/equipment.
 2. Past serious infectious diseases.
 3. Recent 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 of the patient including family history of suicide.
 6. Dental problems.
 7. Allergies.
 8. Legal and illegal drug use, including type, amount, and time of last use.
 9. Alcohol and drug withdrawal symptoms.
 10. Current or recent pregnancy.
 11. If a woman reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to fetus.
 12. Appearance, e.g., sweating, tremors, anxious, disheveled.
 13. Behavior, e.g., disorderly, appropriate, insensible.
 14. State of consciousness.
 15. Ease of movement, i.e., body deformities, gait.
 16. Breathing, i.e., persistent cough, hyperventilation, shortness of breath.
 17. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos and needle marks or other indications of drug abuse).
 18. Oral/Dental screening.
- G. The disposition (immediate vs. routine referrals) and living arrangements of the inmate patient shall be determined by the RN through the nursing process and be documented in the health care record.
- H. The Intake Screening/Medical History shall be signed immediately by the RN after it is completed with the inmate patient.
- I. Standard Admission Orders shall be initiated and signed by the ACP.
- J. Historical and currently prescribed medications are recorded by the RN and then timely reconciled by an ACP.
- K. Provide medically necessary supplies and equipment.
- L. Initiate tuberculosis screening per DAI Policy 500.60.02. Provide written information regarding the availability of health services as identified in DAI Policy 500.30.06.

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III. Recommended Intake Screening for DAI

Schedule as Applicable	Males	Females
Health Study 24	Yes	Yes
CBC with Differential	No	Yes
Diabetics HgA1C, Accuchecks BID, UA with Microalbumin, CBC with differential, lipid panel	Yes	Yes
Hepatitis B Core Antibody * (If positive the SLH automatically does a complete panel)	Yes	Yes
HIV (with signed consent DOC-3263 – Consent/Refusal to Test for HIV Antibody)	Yes	Yes
If HIV Positive (previous diagnosis and or positive HIV test) CBC with differential, Viral Load, CD4, Chest x-ray(PA and Lateral), HCV EIA, Toxoplasmosis IgG and IgM, VDRL and PPD	Yes	Yes
Tuberculosis Screening IGRA Quantiferon TB Gold per DAI Policy 500.60.02	Yes	Yes
Urinalysis – dipstick	Yes – If abnormal, will be sent for UA with micro and/or C&S	Yes – If abnormal, will be sent for UA with micro and/or C&S
Urine Pregnancy	No	Yes
Chlamydia Test	Urine Test for: • All up to age 30 • All urine samples that are leukocyte esterase positive	Done at time of physical exam on ACP discretion Probe TecET swab (urine test if cervix has been removed)
Gonorrhea Test	* Urine test automatically done at SLH if the chlamydia is positive	Done at time of Physical Exam on ACP discretion Probe TecET swab
TSH	If above 40 years of age with no test done in the past year	If above 40 years of age with no test done in the past year
Serum Drug Levels • Carbamazepine – CBC with differential, Carbamazepine level • Clozapine – CBC with differential • Depakote – Valproic Acid level, CBC with differential • Digoxin – Digoxin level, EKG • Heparin – Prothrombin Time, INR, PTT, CBC with differential • Levothyroxine – TSH • Lithium Carbonate –Lithium Carbonate level • Phenobarbital – Phenobarbital level • Phenytoin – Phenytoin level • Valproic Acid – Valproic acid level, CBC with differential • Warfarin – Prothrombin time, INR,	Yes	Yes

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Schedule as Applicable	Males	Females
CBC with differential		
Physical Examination	Yes	Yes
Pelvic Examination	No	Yes (May be deferred at the discretion of the ACP)
Papanicolou Smear	No	Yes (unless hymen is intact)
Mammogram	No	Yes if age 40 and greater
Update Immunizations <ul style="list-style-type: none"> • Tetanus Diphtheria Toxoid Give if not been immunized in 10 years • Substitute Tdap for all age 19 and above who have not received previously as an adult • HBV Vaccine Series or Twinrix Series • Pneumonia Vaccine x1 if age 65 or greater, or has diabetes, asthma, or COPD, and no previous vaccine • Influenza Vaccine when in season (October-April) 	Yes	Yes Do not administer Tdap if pregnant.

Bureau of Health Services: _____ **Date Signed:** _____
 James Greer, Director

_____ **Date Signed:** _____
 Paul Belx, MD, Medical Director

_____ **Date Signed:** _____
 Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
 Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date: 00/00/00	DAI Policy Number: 500.30.56	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Receiving Screening		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE**

I.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other