



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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## GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Kristin Nissen

\_\_\_\_\_  
Name of Individual Certifying this Document / Proposed Document

Program and Policy Chief

\_\_\_\_\_  
Title

*Kristin Nissen*

\_\_\_\_\_  
Signature

4/17/2020

\_\_\_\_\_  
Date Signed

Department of Corrections – Wisconsin  
Office of the Secretary  
Wis. Stat. § 227.112(6)  
DOC-2910 (Rev. 12/2019)



<b>Receiving Screening</b>	EFFECTIVE DATE 5/5/2017	PAGE NUMBER 2 of 5
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SLH – State Lab of Hygiene

Qualified Health Care Professional – Includes Advanced Care Providers (ACP), mental health care professionals, licensed nurses and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.

RN – Registered Nurse

**Procedure**

I. General Guidelines

- A. Upon intake, reception staff complete DOC-3734 ensuring that youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated, in alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately to an off-site facility. Written medical clearance is required for the youth to return to the DJC facility.
- B. Youth not identified in Section I.A may proceed internally through the receiving screening process.
- C. Health needs are identified and addressed.
- D. If a newly admitted youth is suspected of having any type of communicable disease, the admitting nurse shall timely notify an Advanced Care Provider (ACP) to determine if the youth needs to be isolated from the general population.
- E. A receiving screening shall take place for youth as soon as possible, but no later than the same day of admission to the facility, with a RN

II. Receiving Screening

- A. The receiving screening findings are thoroughly documented in the youths' electronic health care record by an RN using the intake ad hoc form. The receiving screening process includes a review of any information sent with the youth such as a DOC-2077, DOC-3734, and an inquiry into the youth's:
  - 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.
  - 6. History of suicide attempts.
  - 7. Dental problems.
  - 8. Allergies.
  - 9. Legal and illegal drug use, including type, amount, and time of last use.
  - 10. Current or prior drug withdrawal symptoms.
  - 11. Possible, current or recent pregnancy or delivery, or if there are children under her care.
  - 12. Type and time of most recent sexual encounter and use of contraception and condoms in order to screen for emergency contraception eligibility.
  - 13. Victimization by recent sexual assault in order to screen for emergency contraception eligibility.

14. Other health problems designated by the responsible physician.
- B. The receiving screening also includes reception staffs' observations and screening of the youth through completion of DOC-3734:
1. Appearance (e. g., sweating, tremors, anxious, disheveled).
  2. Behavior (e. g., disorderly, appropriate, insensible).
  3. State of consciousness (e. g., alert, responsive, lethargic).
  4. Ease of movement (e. g., body deformities, gait).
  5. Breathing (e. g., persistent cough, hyperventilation, shortness of breath).
  6. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos and needle marks or other indications of drug abuse).
  7. Chronic disease history
  8. Self harm and suicidal thoughts
  9. Alcohol or drug use and influence
  10. Medication regimen
- C. A pregnancy test is required for all females upon arrival. The youth is referred to qualified health care professional within 48 hours for the testing.
- D. The disposition (immediate vs. routine referrals) and living arrangements for the youth shall be recorded.
- E. Immediately upon completion, the RN shall review the DOC-3734, complete the intake ad hoc form, designate disposition (e.g., medical evaluation or housing unit), and electronically sign.
- F. Standard youth intake screening orders shall include:
1. TB screening and skin testing (Mantoux 5 TU intradermally).
    - a. One step test if able to verify a Mantoux test was read within the last 13 months
    - b. If last Mantoux test is > than 13 months, administer two tests at least one week apart but no longer than three weeks apart
    - c. Annual TB screening and Mantoux test thereafter unless past positive results
  2. HIV testing upon youth consent; parental consent also needed for youth under 14 years of age.
  3. Chylamydia- urine
  4. Gonorrhoeae- urine
  5. Urinalysis- dipstick
  6. Immunization review and updating as recommended per current WI Department of Health Services immunization program standards. Begin updating after previous immunization information obtained but no longer than 4 weeks after intake.
  7. Referral to primary care for physical exam or evaluation- refer to unit specific process as needed
  8. Referral to psychological services for evaluation
  9. Referral to psychiatry if currently on psychotropic medications or in collaboration with the Psychological Services Unit (PSU)
  10. Referral to optometry as needed per screening testing

11. Annual health maintenance- physical exam and TB screening

12. Female only:

- a. CBC with automated differential- blood
  - b. Rubella IgG- blood
  - c. HCG- urine
- G. Historical and currently prescribed medications are reviewed and appropriately maintained as clinically indicated through timely reconciliation by an ACP or telephone continuation orders if an ACP is not on-site.
- H. The Responsible Health Authority shall regularly monitor receiving screenings to determine the safety and effectiveness of the intake process.

cc: Office of the Secretary  
DJC Leadership Team

<b>Division of Juvenile Corrections Facility/Region Implementation Procedure</b>	
Facility/Region:	
DJC Policy Number: 500.30.56	
Subject: Receiving Screening	
New Effective Date: 5/5/2017	Original Effective Date:
Will Implement: <input type="checkbox"/> As Written <input type="checkbox"/> With following procedures for facility implementation	
Superintendent's/Regional Chief'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. Youth
- III. Other