

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: MAR 10 2010	POLICY NO.: COR.10.1E.02
		SUPERSEDES (Policy No. & Date): COR.10.1E.02 (12/28/08)	
	RECEIVING SCREENING FOR MEDICAL/MENTAL AND DENTAL HEALTH		Page 1 of 4

1.0 PURPOSE

The purpose of this policy is to implement guidelines to identify urgent medical, mental health, dental and general medical needs or condition of inmates admitted to a correctional center or health care facility.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of the Department of Public Safety, Powers and Duties.
- b. Standards for Health Services in Prisons, National Commission on Correctional Health Care (2008).

.2 Definitions

- a. Receiving Screening: Procedures structured to allow specially trained correctional or health care staff to identify newly admitted inmates with medical or mental health concerns and who may pose a health risk to themselves, facility staff or the general population of inmates.

3.0 POLICY

- .1 Receiving screening shall immediately be performed on all inmates entering a correctional center or facility from the community or police custody prior to placement in facility housing.
- .2 An individual shall not be accepted for admission to the facility if intake staff determines that the individual presented for admission has a medical condition in need of emergency treatment. The person shall be left in custody of the police or other transporting authority until there is a medical clearance. Minor injuries shall be documented during receiving screening.

COR P & P	SUBJECT: RECEIVING SCREENING FOR MEDICAL/MENTAL AND DENTAL HEALTH	POLICY NO.: COR.10.1E.02
		EFFECTIVE DATE: MAR 10 2010
		Page 2 of 4

4.0 PROCEDURES

- .1 Immediately upon admission each inmate shall receive a receiving screening by a trained Intake Service Center (ISC) social worker, a trained Adult Correctional Officer (ACO) or a Registered Nurse. The receiving screening shall be recorded on Form DOC 0498, Medical/Mental/Dental Health Admission Screening (Attachment A).
- .2 The receiving screening shall include at least the following:
 - a. Current or past history of serious chronic, infectious or communicable diseases or symptoms suggestive of such illnesses and associated treatments and medications.
 - b. Current or past history of mental illness including:
 1. Other control of mind or thoughts;
 2. Past or current suicidal ideation, threat, plan and/or attempts;
 3. Prior mental health treatment, including hospitalizations;
 4. Recent significant loss, such as death of a family member or friend;
 5. History of suicidal behavior by family members and close friends;
 6. Suicide issues during any prior confinement;
 7. Observations by the transporting officer, court, transferring agency regarding detainee's potential suicide risk.
 8. The ISC staff shall check Offendertrak to verify/validated any past mental health history, including suicide or safety watches, which will trigger an immediate referral to mental health staff for further assessment.
 - c. Dental problems.
 1. Oral Cancer;
 2. Missing teeth;
 3. Broken teeth;
 4. Pain / Swelling of teeth or gums.
 - d. Allergies.
 - e. Alcohol use and substance abuse; amounts, frequency, date of last use and history of problems occurring from withdrawal.
 - f. Gynecological problems, pregnancy or recent birth.
 - g. Other health problems designated by the medical director.

COR P & P	SUBJECT: RECEIVING SCREENING FOR MEDICAL/MENTAL AND DENTAL HEALTH	POLICY NO.: COR.10.1E.02
		EFFECTIVE DATE: MAR 10 2010
		Page 3 of 4

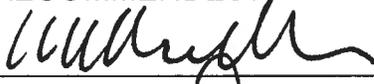
- .3 The inmate's behavior and physical status shall be evaluated to include observation of the following:
 - a. Behaviors that include state of consciousness, mental status (including suicide ideation, appearance, conduct, hygiene, tremors, irregular respiration or sweating).
 - b. Obvious body deformities and ease of movement.
 - c. Persistent cough, sleepiness or fatigue.
 - d. Skin condition including fresh tattoos, trauma, sores, bruises, lesions, jaundice, rashes, infestations, body odors, needle marks or other indications of drug abuse and parasites (such as crabs and lice).
- .4 Intake staff shall document an inmate's refusal to answer questions on Form 0498. The reason, if known, why an inmate is unable or unwilling to answer questions shall be documented on Form DOC 0498.
- .5 Any positive finding or doubts concerning the inmate generates an immediate referral to the Health Care Section where medical or mental health needs are identified and addressed and potentially infectious inmates are isolated. The referral and distribution of the inmate shall be indicated on Form DOC 0498.
- .6 Form DOC 0498 shall be dated and timed by Intake staff as soon as the form is completed. The form shall be signed, dated and timed by medical and mental health staff who review the form.
- .7 The inmate shall receive a tuberculosis (TB) screening according to Infection Control Policy, COR.10.1B.01.
- .8 Information regarding how to access health care services shall be visibly posted in the intake area.
- .9 Inmates shall be given an informational sheet in plain and simple language (written in the individuals primary language, when available) regarding access to medical, dental and mental health care, medication self-administration, over the counter medications, medical co-payment fees, requesting copies of their health information and other pertinent information pertaining to the delivery of health services.

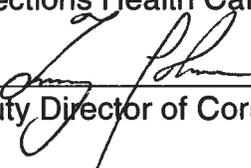
COR P & P	SUBJECT: RECEIVING SCREENING FOR MEDICAL/MENTAL AND DENTAL HEALTH	POLICY NO.: COR.10.1E.02
		EFFECTIVE DATE: MAR 10 2010
		Page 4 of 4

5.0 SCOPE

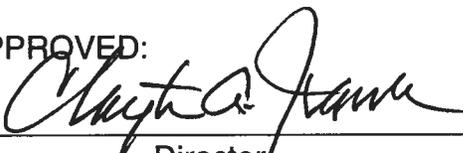
This policy and procedure applies to all facilities with intake service centers and with staff assigned to conduct the receiving screening functions.

APPROVAL RECOMMENDED:


 _____ 3/8/10
 Medical Director Date

 _____ 3/9/10
 Corrections Health Care Administrator Date

 _____ 3/9/10
 Deputy Director of Corrections Date

APPROVED:



 Director
 3/10/10

 Date

MEDICAL/MENTAL/DENTAL HEALTH INTAKE SCREENING

ADMISSION DATE: _____

FACILITY _____

NAME: _____

SID: _____

DOB: _____

SEX: _____

YES NO

- Does the arresting or transporting officer report indications that the inmate is a medical or mental health or suicide risk, or is being transported from Hawaii State Hospital?

MEDICAL OBSERVATIONS

- Are there observable signs of physical injuries? (Cuts, bruises, swollen areas)
- The inmate does not know what day it is and/or where he is. (If yes, ask about head injury.)
- Is there any sign of altered consciousness? (Not alert, non responsive to verbal commands, slow, slurred or incoherent speech, excessive sleepiness.)
- Are there any sign of limitations in movement? (Limping, can't move a limb or joint, obvious physical deformities or complaints of pain on movement.)
- Are there any signs of body parasites? (Lice, crabs, scabies, etc.)
- Are there observable signs of illness? (Flush, rashes, orange/yellow skin, hacking cough.)
- Are there observable signs of intoxication or does the inmate appear to be under the influence of drugs? (Smells like alcohol, staggers, shaky, anxious, slurred speech.)
- Are needle marks, "needle tracks", or a fresh tattoo visible?

QUESTIONS: (Ask inmate the Questions. Inmate may not self administer.)

- Do you have any allergies?
- Have you suffered a head injury within the last 48 hours?
- Have you ever had an infectious or communicable disease?
- Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.)
- Are you under a doctor's care?
- Are you currently taking any medications?
- Do you have any medical conditions that limit your movement?
- Do you have any diet restrictions?
- Have you currently lost or gained as much as two pounds a week for several weeks without trying?
- Have you had an organ removed or an organ transplant?
- Do you use any prosthetic device(s) to aid any physical limitations? (Including eyeglasses, dentures, contact lens, hearing aid artificial eye(s), artificial limb(s).)
- Do you have any dental problems? (Toothaches, mouth sores or infections.)
- Do you currently use any drugs? If so, what drugs and when did you last use?

FEMALES

- Are you pregnant?
- Do you have any current gynecological problems?

PPD DATE: _____ DATE READ: _____ RESULTS: _____ X-ray Results: _____

REVIEWED BY MEDICAL STAFF: _____ Date/Time _____

MEDICAL/MENTAL/DENTAL HEALTH INTAKE SCREENING

MENTAL HEALTH RISK OBSERVATIONS

YES **NO**

- Aggressive behavior
- Loud/obnoxious
- Bizarre behavior
- Confused

YES **NO**

- Uncooperative
- Incoherent
- Passive/withdrawn
- Restless/over reacting

HAS THE INMATE VERBALIZED OR ARE THERE OBSERVABLE SIGNS OF:

- Strong feelings of remorse or shame
- Verbalizing hopelessness or extreme fear
- Evidence of self-mutilation

QUESTIONS

1. Do you hear things or see things others cannot see or hear?
2. Do you *currently* believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head? or other people know your thoughts and can read your mind?
3. Prior to your arrest were you receiving counseling from a mental professional or treatment center?
4. Have you *ever* been hospitalized for an emotional mental health condition?
5. Are you *currently* taking any medication for an emotional or mental health disorder?
6. Is the inmate a client of the Adult Mental Health Division? (check ACCESS)
7. Has the inmate ever been on Conditional Release? (check CJIS)
8. Has the inmate ever presented for a 707-404 Fitness Examination? (check CJIS)
9. Have you or your friends noticed that you are *currently* much more active than usual?
10. Do you *currently* feel like you have to talk or move more slowly than you usually do?
11. Have there *currently* been a few weeks when you felt like you were useless or sinful?
12. In the past have you ever tried to hurt or kill yourself?
 When _____ Why _____ How _____ ?
 When _____ Why _____ How _____ ?
 When _____ Why _____ How _____ ?
13. During any prior incarcerations, were you ever placed on suicide watch? (check OT alert)
14. Are you thinking about hurting or killing yourself now?
15. Has a family member or close friend ever attempted or committed suicide?
16. Have you ever or are you currently thinking about harming another person?
17. Is the nature of the crime high profile? (celebrity status in community, in media, etc.)
18. Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?

Note: a positive response to any of questions 1 through 14, generate an immediate referral to the Mental Health Section

COMMENTS: _____

Inmate's Name _____ **Signature** _____ **Date** _____

INTERVIEWER/TITLE _____ **Date/Time** _____

REVIEWED BY MH STAFF _____ **Date/Time** _____

Intake Disposition: ER Nurse Called Med. Refer. MH Refer Gen. Pop Other _____

Med. Disposition: ER Infirmery Same Day Sched. Appt. Gen. Pop Other _____

MH Disposition: Same Day Sched. Appt. Therapeutic Unit Gen Pop Other _____

Original: Medical Record