	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.10.E.02
		SUPERSEDES (Policy No. & Date): COR.10.1E.02 (03/10/10)	
SUBJECT: RECEIVING SCREENING		Page 1 of 6	

1.0 PURPOSE

The purpose of this policy is to ensure that screening is performed upon arrival on all newly incarcerated individuals at an intake facility and on all re-incarcerated individuals at a correctional facility to identify and address emergent and urgent health needs.

2.0 SCOPE

This policy and procedure applies to all correctional facilities, their assigned personnel, and contract staff.

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

- a. Department of Corrections and Rehabilitation, Policy and Procedures, COR.16.09, Admission of Remanded Persons.
- b. Department of Corrections and Rehabilitation, Policy and Procedures, COR.18.05, Initial Classification and Facility Assignment of Jail Inmates.
- c. DOH TB Clearance Manual. Department of Health, Communicable Disease and Public Health Nursing Division, Tuberculosis Control Branch (July 18, 2017).
- d. Hawaii Administrative Rules, Title 11, Chapter 164.2, Tuberculosis.
- e. Hawaii Revised Statutes (HRS) §353-6.5, Gender-responsive, community-based programs for women offenders.
- f. Hawaii Revised Statutes (HRS) §353-10, Intake service centers.
- g. Position Statement: Opioid Use Disorder Treatment in Correctional Settings, National Commission on Correctional Health Care, (March 2021).
- h. Position Statement: Women's Health Care in Correctional Settings, National Commission on Correctional Health Care, (May 2020).

NOT CONFIDENTIAL

COR P & P M	SUBJECT: RECEIVING SCREENING	POLICY NO.: COR.10.E.02
		EFFECTIVE DATE: January 01, 2024
		Page 2 of 6

- i. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).
- j. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).
- k. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

.2 Definitions

- a. **Medical Clearance:** A documented clinical assessment of medical, dental, and mental status before an individual is admitted into the facility. The medical clearance may come from on-site health staff or may require sending the individual to the hospital emergency room.
- b. **Medication-Assisted Treatment:** The use of medications in combination with counseling and behavioral therapies to provide a "whole patient" approach to the treatment of substance use disorders.
- c. **Qualified Health Care Professionals:** Physicians, physician assistants, nurse practitioners, nurses, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients.
- d. **Receiving Screening:** A process of structured inquiry and observation intended to identify potential emergency situations among newly incarcerated individuals and to ensure that incarcerated individuals with known illnesses and those on medications are identified for further assessment and continued treatment.

.3 Forms

- a. DCR 0498, Medical/Mental/Dental Health Intake Screening (attached)

4.0 POLICY

- .1 An individual shall not be accepted for admission to the facility if intake staff determine that the individual presenting for admission has a medical condition that requires emergency treatment. The person shall be left in the custody of the police, law enforcement, or other transporting authority until written medical clearance has been provided.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: RECEIVING SCREENING	POLICY NO.: COR.10.E.02
		EFFECTIVE DATE: January 01, 2024
		Page 3 of 6

- .2 Upon acceptance into custody, and as soon as possible, a receiving screening shall be performed on all newly incarcerated individuals at an intake facility and on all re-incarcerated individuals at a correctional facility to identify and properly address emergent and urgent health needs.

5.0 PROCEDURES

- .1 Reception personnel shall ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, suicidal, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical or clinical attention are referred immediately for care and medical clearance prior to acceptance into the facility.
- a. Individuals in need of emergency care shall not be accepted into custody, and shall be diverted to a community hospital.
 - b. Individuals in need of urgent care shall be immediately referred to a qualified health care professional for a clinical assessment and medical clearance.
 - c. If an individual in need of urgent or emergent care is referred to a community hospital, subsequent admission to the correctional facility is predicated on written medical/mental health clearance from the hospital.
- .2 Upon acceptance into custody, a receiving screening shall be administered to all newly incarcerated individuals at an intake facility, and all re-incarcerated individuals at correctional facilities as soon as possible and without unnecessary delay by a qualified health care professional from the Intake Service Center (ISC), or by a qualified health care professional from the Health Care Division (HCD), if the ISC qualified health care professional is unavailable.
- .3 The receiving screening form (i.e., DCR 0498), shall be approved by the Medical Director, Chief Nursing Officer, Mental Health Branch Administrator, Responsible Health Authority, and Responsible Mental Health Authority. The receiving screening form shall include the following elements.
- a. Inquiries as to the incarcerated individual's:
 1. Current and past illnesses, health conditions, or special health requirements (e.g., hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine).

NOT CONFIDENTIAL

COR P & P M	SUBJECT: RECEIVING SCREENING	POLICY NO.: COR.10.E.02
		EFFECTIVE DATE: January 01, 2024
		Page 4 of 6

2. Past infectious disease.
 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. Dental problems (decay, gum disease, abscess).
 7. Allergies.
 8. Dietary needs.
 9. Prescription medications (including type, amount, and time of last use).
 10. Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD).
 11. Legal and illegal drug use (including type, amount, and time of last use).
 12. Current or prior withdrawal symptoms.
 13. Possible, current, or recent pregnancy.
 14. Other health problems as specified by the Medical Director and Responsible Physician.
- b. Reception personnel's observations of the incarcerated individual's:
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).

NOT CONFIDENTIAL


COR P & P M	SUBJECT: RECEIVING SCREENING	POLICY NO.: COR.10.E.02
		EFFECTIVE DATE: January 01, 2024
		Page 5 of 6

- 5. Breathing (e.g., persistent cough, hyperventilation).
 - 6. Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse).
- c. Disposition of the incarcerated individual (e.g., immediate referral to an appropriate health care service, placement in the general population), which is appropriate to the findings of the receiving screening as indicated on the form.
 - d. Name, signature, and title of the person completing the form.
 - e. Dated and timed immediately upon completion.
- .4 Upon completion of the receiving screening, an ISC or HCD qualified health care professional shall refer identified, reported, and questionable immediate health needs to an HCD qualified health care professional and/or qualified mental health professional for further assessment and intervention.
 - .5 Potentially infectious incarcerated individuals shall be medically isolated or quarantined from the general inmate population.
 - .6 A screening test for latent tuberculosis shall be completed (e.g., PPD, chest X-ray, laboratory test).
 - .7 Pregnancy and Opioids.
 - a. If an incarcerated woman is pregnant, a qualified health care professional shall obtain an opioid history.
 - b. If an incarcerated woman reports current opioid use, a qualified health care professional shall immediately offer the incarcerated woman a test for pregnancy to avoid opiate withdrawal risks to the fetus.
 - .8 The Responsible Health Authority and the Responsible Mental Health Authority shall regularly monitor receiving screenings to determine the safety and effectiveness of the receiving screening process.

NOT CONFIDENTIAL

COR P & P M	SUBJECT: RECEIVING SCREENING	POLICY NO.: COR.10.E.02
		EFFECTIVE DATE: January 01, 2024
		Page 6 of 6

APPROVAL RECOMMENDED:

 JAN 0 1 2024
Deputy Director for Corrections Date

APPROVED:

 JAN 0 1 2024
DIRECTOR Date

MEDICAL/DENTAL/MENTAL HEALTH INTAKE SCREENING

ADMISSION DATE: _____ FACILITY: _____ PRIOR ADM TO THIS FACILITY Y N

NAME: _____

SID: _____ DOB: _____ SEX: _____

YES NO

Does the arresting or transporting officer or other custodial agency report indications that the inmate is a medical or mental health or suicide risk?

MEDICAL OBSERVATIONS:

- Are there observable signs of physical injuries? (Cuts, bruises, swollen or deformed areas)
- The inmate does not know what day it is and/or where he is. (If yes, ask about recent 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 signs 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? (Blue lips, shortness of breath, hyperventilation, hacking cough, flushed skin, rashes, orange/yellow skin or eyes, excessive sweating)
- 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. No need to expand on yes answers health care staff will obtain history based on a yes check mark)

- 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 (e.g. Hepatitis C, TB)
- Do you currently have any symptoms of illness? (e.g., chronic cough, coughing up blood, tiredness, weight loss or gain of two or more pounds per week, loss of appetite, fever, night sweats, shortness of breath or fast breathing or any pain.) (Note all that apply)
- 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 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.)
- Have you ever been the victim of physical, psychological or sexual violence?
- Have you ever been enrolled in special education classes while in school?
- Have you recently been discharged from the Hawaii State Hospital?
- Have you ever suffered alcohol or drug withdrawal symptoms?
- Do you currently use any drugs or alcohol? (If so, what 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: _____

Nsg. Disposition: Same Day Sched. Appt. with Whom/Date: _____ MH Refer.
 MH Emer. Contacted: _____ Date/Time: _____ Gen. Pop Other: _____
(Name)

REVIEWED BY RN STAFF: _____ Date/Time _____

VERBALIZED, OBSERVABLE OR OTHER DOCUMENTED SIGNS OF MH/SUICIDE RISK?:

YES **NO**

Any 3 positives to questions/observations #1 - #7 requires an SRE.

- 1. Strong feelings of remorse or shame?
- 2. Passive/withdrawn?
- 3. Is the nature of the crime high profile (media or celebrity status in community, etc.)?
- 4. Have you recently experienced a significant loss? (Relationship, death in family, job, etc.)?
- 5. Do you currently feel like you have to talk or move more slowly than you usually do?
- 6. Have there currently been a few weeks when you felt like you were useless or sinful?
- 7. Has a family member or close friend ever attempted or committed suicide?

Any one positive to questions/observations #8 - #13 (gray shade) requires an SRE.

- 8. Verbalizing hopelessness or extreme fear
- 9. Evidence of self-mutilation
- 10. If in jail or prison before was inmate ever placed on suicide or safety watch? (from OT alert)
- 11. In the past have you ever tried to hurt or kill yourself?

When _____	Why _____	How _____	?
When _____	Why _____	How _____	?
When _____	Why _____	How _____	?
- 12. Are you thinking about hurting or killing yourself now?
- 13. Question 1 page 1 (Arresting or Transporting Officer indicated Suicide Risk)

A positive response on any items #17 - #28 requires referral to the Mental Health Section.

- 14. Loud/obnoxious behavior?
- 15. Uncooperative behavior?
- 16. Aggressive behavior/ Restless/over reacting?
- 17. Bizarre behavior, confused or incoherent?
- 18. Have you ever received mental health treatment in a correctional facility?
- 19. Are you receiving counseling from a mental health professional or treatment center?
- 20. Have you ever been hospitalized for an emotional or mental health condition?
- 21. Are you currently taking any medication for an emotional or mental health disorder?
- 22. Have you or your friends noticed that you are currently much more active than usual?
- 23. Do you hear things or see things others cannot see or hear?
- 24. 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?
- 25. Have you ever or are you currently thinking about harming another person?

The following questions are to be completed following a database search by the Intake Service Center.

- 26. Is the inmate a client of the Adult Mental Health Division? **(ISC to check Data Base)**
- 27. Has the inmate ever been on Conditional Release? **(ISC to check CJIS or OT)**
- 28. Has the inmate ever presented for a 704-404 Fitness Examination? **(ISC to check CJIS or OT)**

COMMENTS: _____

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

ISC Disposition: Nurse Called: _____ Date/Time: _____ Med. Refer. MH Refer
(Name)
 MH Emer. Called: _____ Date/Time: _____ Gen. Pop Other _____
(Name)

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

MH Disposition: Same Day Appt. Sched with Whom/Date: _____
 MH Module Gen Pop Other _____

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