



POLICY DIRECTIVE

Policy:	DOC 4.5.13 INTAKE AND RECEIVING HEALTH CARE SCREENING
Effective Date:	07/15/1999 Page 1 of 5
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I. POLICY

The Department health care staff or designated staff will perform a receiving screen on all offenders upon arrival at the facility to immediately identify and address emergent and urgent health care needs.

II. APPLICABILITY

All secure facilities Department owned and contracted, as specified in the contract.

III. DEFINITIONS (see Glossary)

IV. REQUIREMENTS

A. General Requirements

1. Receiving screening must be conducted as soon as possible and without unnecessary delay.
2. Offenders should not be released from the intake/receiving screening area until the receiving screening is completed.
3. Receiving screening must be conducted using a form and language fully understood by the offender, who may not speak English or may have a physical (for example, speech, hearing, sight) or mental disability.
4. Receiving screening personnel must closely monitor and annotate the potential for suicide.
5. Signs of trauma or a reported history of trauma will be closely monitored and evaluated.

B. Receiving Screen

1. Reception personnel ensure that offenders who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, suicidal, or otherwise urgently in need of medical attention are referred immediately for care and medical clearance into the facility, except for juvenile offenders, who should be immediately referred to an outside facility for medical clearance. The mental health portion of the receiving screening is conducted by mental health staff when available on-site.

2. All facilities will complete a receiving health care screen form and use the screen results to determine immediate placement needs and appropriate referrals.
3. The receiving health care screen form includes inquiries as to the offender's:
 - a. current and past illnesses (medical and mental), health and mental health conditions, or special health or mental health requirements (for example, hearing impairment, visual impairment, wheelchair, walker, sleep apnea machine);
 - b. past infectious disease;
 - c. recent communicable illness symptoms (for example, chronic cough, coughing up blood, lethargy);
 - d. weakness, weight loss, loss of appetite, fever, night sweats;
 - e. past or current mental illness, including hospitalizations and outpatient treatment;
 - f. history of or current suicidal ideation;
 - g. dental problems (decay, gum disease, abscess);
 - h. allergies;
 - i. dietary needs;
 - j. prescription medications (including type, amount, and time of last use);
 - k. current state or history of alcohol or legal and illegal drug use (including type, amount, and time of last use);
 - l. current or prior withdrawal symptoms;
 - m. possible, current, or recent pregnancy;
 - n. history of and current use of psychotropic medication(s), including the name of the prescriber and pharmacy;
 - o. history and details of any suicidal behavior, including history of suicide watch during incarceration during prior incarceration at the facility; and
 - p. other health/mental health problems as specified by the responsible physician or mental health clinician.
4. The receiving health care screen form records receiving personnel's observations of the offender's:
 - a. appearance (for example, sweating, tremors, anxious, disheveled);
 - b. behavior (for example, disorderly, appropriate, insensible, delusions, hallucinations, communication difficulties, speech, posture, disorganization, memory defects);
 - c. state of consciousness (for example, alert, responsive, lethargic);
 - d. ease of movement (for example, body deformities, gait);
 - e. breathing (for example, persistent cough, hyperventilation);
 - f. skin (for example, including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, needle marks or other indications of drug use, and evidence of self-mutilation); and
 - g. any known indicators for suicidal potential.
5. For female juvenile offenders, the receiving screening includes these additional inquiries:
 - a. if there are children under her care;
 - b. type and time of most recent sexual encounter and use of contraception in order to screen for emergency contraception eligibility; and
 - c. victimization by recent sexual assault in order to screen for emergency contraception eligibility.
6. On the receiving screening form, the staff member will indicate the disposition of the offender (for example, immediate referral to an appropriate health care service, placement in the general population), the date and time completed, and printed name, signature, and title of the staff member completing the form.
7. Facility health care providers will draw an IGRA Blood Test (QuantiFeron TBGold test) from all offenders as recommended by the Centers for Disease Control and Prevention and current national standards. If the IGRA Blood Testing is not available, the facility health care providers will administer a two-step Tuberculin skin test to all offenders.

8. Potentially infectious offenders are isolated from the general offender population.
9. Prescribed medications will be reviewed and appropriately maintained within the scope of the approved formulary according to the offender's medication schedule before admission or alternate treatment will be initiated and documented.
10. If a female offender is pregnant, an opiate history is obtained.
11. If a female offender reports current opiate use, she is immediately offered a test for pregnancy to avoid opiate withdrawal risks to the fetus.
12. Emergency contraception is available to female offenders during intake.
13. A pregnancy test is offered to all juvenile offenders upon arrival and the juvenile offender is referred to health staff within 48 hours for testing.
14. Sexually transmitted diseases (chlamydia, gonorrhea, HIV, HCV, and syphilis where there is significant prevalence) testing is offered to all offenders upon arrival or within 24 to 48 hours, consistent with national guidelines.
15. Health care staff will regularly monitor receiving screens to determine the safety and effectiveness of this process.
16. When mental health staff are not on-site, mental health trained custody staff perform the mental health portion of the receiving screening, which is then reviewed by a Qualified Mental Health Professional on the next shift they are present so that the timeliness of referrals mitigates negative mental health consequences.
17. When offenders indicate they are under treatment for a medical, dental, mental health, or substance use problem, staff will initiate a request for a health summary from the community prescriber(s) after receiving a signed release from the offender.

C. Referrals

1. The facility will initiate referrals to address immediate health and mental health concerns in the following circumstances:
 - a. if offenders are unconscious, semiconscious, bleeding, or in need of urgent medical or mental health attention beyond the scope of what the facility can provide, referrals will be made to a community hospital for immediate treatment. Admission or return to the facility is predicated upon written medical clearance from the hospital and approval from the Health Services Bureau managed care RN;
 - b. if offenders have a chronic disease, chronic mental illness, symptoms of communicable disease or illness, or are on chronic care medications (for example, insulin), referrals will be made to a physician or advanced practice clinician;
 - c. when offenders arrive with medications, unless the offender has received a physical prior to admission, referrals will be made to a physician or advanced practice clinician for a medication review; offenders taking psychiatric medications will be referred to a psychiatrist for a psychiatric medication review;
 - d. if an offender reports suicidal ideation during the health care screen, a referral will be made for an urgent mental health evaluation by a Qualified Mental Health Professional, and suicide precautions should be considered; and
 - e. if the offender demonstrates difficulties on the mental status examination that are significant enough to cause immediate concern for the offender's well-being or ability to function, initiate an urgent referral to a Qualified Mental Health Professional.

D. Intake/Receiving Screen Form

1. Facilities will use the standardized *Intake/Receiving Screen Form* approved by the responsible health authority and ensure the form is filed in the offender's health record. The mental health portion of the form will be approved by the responsible health authority.
2. All facilities will establish routing procedures for the form.
3. The form includes the following offender inquiries into:
 - a. current and past illnesses, health conditions, or special health requirements;
 - b. past infectious disease;
 - c. recent communicable illness symptoms;
 - d. past or current mental illness, including hospitalizations;
 - e. history of or current suicidal ideation;
 - f. dental problems;
 - g. allergies;
 - h. dietary needs;
 - i. prescription medications;
 - j. legal or illegal drug use;
 - k. current or prior withdrawal symptoms;
 - l. possible, current, or recent pregnancy;
 - m. history of outpatient treatment;
 - n. history and current use of psychotropic medication(s);
 - o. history and details of suicidal behavior; and
 - p. current state or history of alcohol abuse.
4. The form is dated and timed immediately on completion and includes the name, signature, and title of the staff completing the form.
5. Youth immunization status will be completed on a separate form.

E. Training

1. Correction staff members may be trained to conduct an abbreviated intake interview to alert health care professionals to any urgent health care needs.
2. When health and mental health-trained correctional staff perform the receiving screen, they are trained by the responsible physician or designee in early recognition of medical or mental health conditions requiring clinical attention.
3. Training will be based on curriculum approved by the responsible physician and contain instructions on completing the *Intake/Receiving Screen Form* and when to contact Qualified Health Care Professionals to determine appropriate dispositions of offenders.
4. Receiving screening personnel will be trained to conduct an intake/receiving screening to identify potential emergency situations and to ensure offenders with known illnesses and those on medications are identified for further assessment and treatment.
5. Screening personnel are trained in aspects of mental health and chemical dependency to enable staff to intervene early to treat withdrawal and to prevent suicides.
6. Mental health staff are involved in training receiving/screening staff, since offenders with mental disorders are often unable to give complete or accurate information in response to *Intake/Receiving Screen Form* inquiries.

V. CLOSING

Questions about this policy should be directed to the Health Services Bureau Chief.

VI. REFERENCES

- A. 53-21-102(9)(a), MCA
- B. *ACA Standards for Juvenile Correctional Facilities, 2022*
- C. *P-B-06, P-E-02; National Commission on Correctional Health Care Standards for Health Services in Prisons, 2018*
- D. *MH-E-02; National Commission on Correctional Health Care Standards for Mental Health Services in Correctional Facilities, 2015*
- E. *Y-E-02, Y-G-08; National Commission on Correctional Health Care Standards for Health Services in Juvenile Detention and Confinement Facilities, 2022*