


Idaho Department of Correction  	<b>Standard          Operating          Procedure</b>	Title: <b>Receiving Screening</b>		Page: 1 of 6
		Control Number: <b>401.06.03.032</b>	Version: <b>4.0</b>	Adopted: 06/19/2008

**Pat Donaldson, chief of the division of management services, approved this document on 09/21/2017.**

Open to the public:  Yes

**SCOPE**

This SOP applies to all IDOC employees, inmates, contract medical providers and subcontractors.

<b>Revision Summary</b>
Revision date (09/21/2017) version 4.0: Reformatted and updated entire document. Revised certain sections for audit compliance.

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**BOARD OF CORRECTION IDAPA RULE NUMBER 06.01.01.401**

Medical Care

**POLICY CONTROL NUMBER 401**

Hospitalization, Institutional Clinical Services, and Treatment

**PURPOSE**

The purpose of this standard operating procedure (SOP) is to:

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- Establish a system of structured inquiry and observation to identify and meet any urgent healthcare needs of inmates admitted to Idaho Department of Correction (IDOC) facilities.
- Provide necessary medical intervention at the time of admission.
- Identify and isolate inmates who appear potentially contagious.

## RESPONSIBILITY

### ***Health Services Director***

The health services director is responsible for:

- Monitoring and overseeing all aspects of healthcare services.
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms.
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in this SOP and in National Commission on Correctional Health Care (NCCHC) standard P-E-02, Receiving Screening. (See section 3 of this SOP.)

### ***Contract Medical Provider***

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements.
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, NCCHC standard P-E-02, or as indicated in their respective contractual agreement(s).
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health services director for review and approval prior to implementation.

**Note:** Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.

### ***Facility Health Services Administrator***

The health services administrator will be responsible for establishing and monitoring applicable contract medical provider policy and procedure to ensure receiving screening is conducted pursuant to this SOP by qualified health professionals who are trained in the proper utilization of all required forms and processes.

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### ***Qualified Health Professional***

The qualified health professional will be responsible for:

- Reporting to the receiving area (or having an inmate brought to the healthcare services area) to conduct the receiving screening before the inmate is assigned to general population housing.
- Interviewing the inmate completing the receiving screening form, ensuring the completeness of the form, and ensuring the inmate fully understands all questions.
- Providing written and verbal explanation to inmates, delineating how specific healthcare services are obtained.
- Facilitating referral to appropriately qualified personnel for all identified healthcare needs and ensuring that the immediate healthcare needs identified are addressed.

### ***Facility Head***

The facility head will be responsible for establishing processes and systems of control to ensure security staff notify healthcare services staff of all inmates immediately upon their arrival at the facility.

### ***Shift Commander or Designee***

The shift commander, or designee, will be responsible for notifying healthcare services staff when receiving inmates.

## **GENERAL REQUIREMENTS**

- Unless unavailable due to a medical emergency, healthcare services staff must be at the bus when inmates arrive to ask inmates if there are any urgent medical needs or injuries that need to be addressed immediately. If the healthcare services staff is unavailable due to being involved in a medical emergency, a correctional officer must ask the inmates getting off the bus if they require any immediate emergency medical care and must log that information in the unit log book. If an inmate identifies an urgent medical need, the correctional officer must call a medical emergency.
- Receiving medical screening must be performed by a qualified health professional on all inmates as soon as possible upon their arrival to the receiving facility but no later than twelve hours after arrival.
- Persons who are unconscious, semiconscious, bleeding, mentally unstable, or otherwise appear to be in urgent need of medical attention shall be referred immediately for care.

**Note:** If an inmate is referred to a community hospital and is returned to the facility, healthcare services staff must screen the inmate again and determine whether the inmate can be admitted to the institution's general population.

- Receiving screening must be conducted in a clinical setting that will provide sufficient privacy to the inmate to elicit pertinent health information without jeopardizing security.
- Healthcare services staff shall (1) utilize a structured system of inquiry to prevent newly arriving inmates who pose a threat to their own (or others') health and safety

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from being admitted to the institution's general population, and (2) arrange for prompt attention to the inmate's healthcare needs.

- Immediate healthcare needs shall be identified and addressed during receiving screening, and potentially infectious inmates shall be isolated from other inmates. (See SOP [401.06.03.014](#), *Infection and Ectoparasite Control Program*, and *NCCHC standard P-B-01, Infection Control Program*, for further guidance.)
- The inmate shall be provided with a written and verbal explanation of how to obtain medical attention, to include sick call procedures and medication administration procedures.

**Note:** If an inmate does not speak English or Spanish, a written interpretation or telephone interpretation service must be provided in the language spoken.)

- Each inmate must be scheduled for a licensed provider healthcare assessment within seven days of admission.
- All interviews, examinations, and screening evaluations must be conducted using a format or language which is fully understood by the inmate, who may or may not speak English or may have a physical or mental impairment.

**Note:** If an inmate does not speak English or Spanish, a written interpretation or telephone interpretation service must be provided in the language spoken.

- Receiving screening forms shall be uniform throughout all facilities as stipulated in respective contractual agreements. For all facilities housing female inmates, the receiving screening form will specifically include obstetrical and gynecological concerns.

## 1. The Screening Process

**Note:** The contract medical provider is responsible for supplying and providing any forms indicated in this section.

Immediately upon arriving at the receiving facility, an inmate must have his healthcare record reviewed and the required documentation completed by a qualified healthcare professional to determine if the inmate should be assigned to general population (see SOP [401.06.03.014](#), *Infection and Ectoparasite Control Program*, and *NCCHC standard P-B-01* for further guidance) and whether there is a need for prompt attention to an identified healthcare concern.

### **Healthcare Records**

Receiving screening must include a complete review of all accompanying healthcare records and an inquiry regarding, at a minimum, the following:

- Current and past illnesses, healthcare conditions, or special healthcare requirements (e.g., dietary needs)
- Past serious infectious disease
- Recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, or night sweats)

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- Past or current mental illness, including hospitalizations
- History of or current suicidal ideation
- Dental problems
- Allergies
- Legal and illegal drug use, including the last time of last use
- Drug withdrawal symptoms
- Other healthcare problems as designated by a qualified health professional
- For female inmates, also inquire about the date of her last menstrual period, date of last cervical smear (Papanicolaou [Pap] test), current gynecological problems, and current or recent pregnancies.
- Any refusal by an inmate to answer interview questions shall be documented on the receiving screening form. If the inmate is unable to answer the questions during the interview, document the reason(s) on the form, provided the healthcare services staff are able to determine the reason(s) why.

***Observation and Documentation***

The screening process shall include observation and documentation of the following:

- Appearance (e.g., sweating, tremors, anxious, or disheveled)
- Behavior (e.g., disorderly, appropriate, or insensible)
- State of consciousness (e.g., alert, responsive, or lethargic)
- Ease of movement (e.g., body deformities, or gate)
- Breathing (e.g., persistent cough, or hyperventilation)
- Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)

The receiving screening findings shall be recorded on the receiving screening form.

***Other Screening Requirements***

- A screening test for tuberculosis (See SOP 401.06.03.076, Tuberculosis), a blood survey profile, test for Human Immunodeficiency Virus (HIV) [See SOP 401.06.03.075, Acquired Immune Deficiency Syndrome (AIDS)], and other studies as medically indicated, shall be administered during the receiving screening process.
- The disposition of the inmate (e.g., immediate referral to an appropriate healthcare facility or service, or placed in general population) shall be documented on the receiving screening form.

**2. Referrals**

When clinically indicated, immediate referral must be made to an appropriate healthcare service. The referral must be noted on the receiving screening form.

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### 3. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health services director, or designee, by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health services director, or designee, must conduct two audits a year (or more frequently as recommended based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of fifteen individual records.

### DEFINITIONS

**Clinical Setting:** An environment in which an examination or treatment room is appropriately supplied and equipped to address a patient’s confidential healthcare needs.

**Contract Medical Provider:** A private company or other entity that is under contract with the Idaho Department of Correction (IDOC) to provide comprehensive medical, dental, and/or mental health services to the IDOC’s incarcerated population..

**Health Services Administrator:** The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Health Services Director:** The Idaho Department of Correction (IDOC) employee who is primarily responsible for oversight of auditing and monitoring services provided by the contract medical provider.

**Qualified Health Professional:** A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional or others who (by virtue of their education, credentials, and experience) are permitted by law, within the scope of their professional practice, to evaluate and care for patients.

### REFERENCES

National Commission on Correctional Health Care (NCCHC), Standard P-B-01, *Infection Control Program*

National Commission on Correctional Health Care (NCCHC), Standard P-E-02, *Receiving Screening*

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