

	State of Indiana Indiana Department of Correction		Effective Date	Page 1 of	Number
			4/1/2022	9	2.02A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures					

Title RECEPTION SCREENING

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5 IC 34-4-12.6	01-02-101 01-02-106	National Correctional Healthcare Standards

I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for the general health reception screening services offered when incarcerated individuals are received by the Department at one of its facilities.

II. GUIDELINES:

- A. Screening at the beginning of incarceration serves the Department by determining which health care services should be provided to new incarcerated individuals, providing guidance regarding placement, identifying activity restrictions, reducing potential liability related to existing conditions, initiating goal planning related to treatment needs for incarcerated individuals participating in the Case Plan Credit Time process, offering an opportunity to initiate discharge planning , and ensuring that health services are provided in an organized, efficient, and continuous fashion.

The Department primarily receives new and returning incarcerated individuals at the:

- Rockville Correctional Facility (adult female),
- Reception and Diagnostic Center (adult male), and
- Indiana State Prison (males sentenced to death).

Intake screening commences upon the incarcerated individual's arrival at the facility. The Department must maintain a consistent program:

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- To screen for the presence of the following:
 1. Acute or urgent medical needs;
 2. Any history of serious infectious or communicable illness and any treatment or symptoms (e.g., chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness;
 3. Current medications;
 4. Allergies;
 5. Height and weight;
 6. Current illness and health problems including communicable disease (e.g., tuberculosis and sexually transmitted diseases).;
 7. Dental problems;
 8. Use of alcohol and other drug including type(s) of drug used, mode of use, amounts used, frequency used, date or time of last use and history of any problems that may have occurred after ceasing use (e.g., convulsions);
 9. Current or prior history of withdrawal symptoms;
 10. Past or Current mental illness to include past hospitalizations;
 11. Suicidal ideation or self-injurious behavior attempts;
 12. For women, pregnancy or the possibility of pregnancy and history of gynecologic problems or other problems designated by the physician;
 13. Serious physical handicap or disability; and,
 14. Other special needs.
- To observe for the following:
 1. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
 2. Breathing pattern e.g., normal breathing pattern, persistent cough;
 2. Body deformity, ease of movement; and,
 3. Condition of the skin, including trauma marking such as bruises, lesions, jaundice, rashes, and infestations, recent tattoos and needle marks or other indications of drug abuse.
- To determine the medical disposition of the patient:
 1. To General Population;
 2. To General Population with prompt referral to appropriate health services; and,

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3. Referral to appropriate health services for emergency treatment.

- B. The following discussion is applicable to all incoming incarcerated individuals, committed or otherwise, ordered to the Department. While it is intended primarily for use at the Intake facilities, this directive is to be applied to incarcerated individuals who arrive from outside agencies at other Department facilities as parole violators or as safe keepers (those arriving from a county jail that have not yet been sentenced to the Department).

When incarcerated individuals are housed only transiently at reception facilities, provision or initiation of some services may appropriately be deferred until the arrival at the assigned facility. Staff in the reception center must not be expected and should not attempt to address all patient needs prior to transfer to other settings, even if the needs have been identified in the reception screening process. Treatment for routine health conditions which can wait until the patient is transferred to their parent facility should be deferred.

C. Reception Process

Arriving incarcerated individuals range from healthy through seriously ill to moribund. In order for Department staff to address urgent and emergent needs, arriving incarcerated individuals must be screened at the time of arrival. Incarcerated individuals who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are immediately referred to the health services staff. When a patient is referred to an emergency department, the patient's admission or return to the facility is predicated on written medical clearance.

Because it is unwieldy and sometimes impossible to provide full screening at the point of entry, the intake screening process is phased, searching for urgent needs first and for others in a timely but more leisurely fashion. It is generally simplest to divide the intake process into three phases, each of which must occur within a specific time frame.

In this HCSD the three phases are called "point of entry screening" (POE), "arrival health screening" (AHS), and "intake health appraisal" (IHA).

1. The Point of Entry Screening (POE), State Form 45998, is carried out, literally, at the point of entry into incarceration, within the first minutes of arrival at a receiving facility at the time the Department accepts custody of the incarcerated individual at one of its facilities. This process

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searches for critical and immediate health care problems and it is usually completed by a properly trained correctional officer and reviewed by qualified health care staff. The POE includes a brief written history obtained from the incarcerated individual, observations by the Intake staff completing the POE, a conclusion regarding the need for referral (with or without health care staff participation), and a written disposition. Whenever possible, completion of the POE should include information obtained directly from the officer(s) who brought the patients to the facility. Staff carrying out the POE must indicate whether or not such information has been received from the sending facility or from the officers escorting the patient to Department custody. Patients who are identified as having urgent or emergent medical needs on the POE shall be referred to the health services staff for an expedited assessment.

2. The Arrival Health Screening (AHS) is carried out within 24 hours of arrival and searches for important and urgent health care problems including any history of mental illness and suicide risk in accordance with Health Care Services Directive 4.03A, "Adult Mental Health Services." The AHS is the first screening phase that requires contact with a health care professional. When the AHS is completed by a licensed practical nurse (LPN) it must be reviewed and initialed by a RN or higher-level health care professional. This screening shall be documented in the EMR. Access to Care shall be explained during this screening. State Form 45999, "Offender Health History," may be utilized during this AHS or completed prior to the screen. Health care staff shall ensure the patient has the capacity to complete the screening form autonomously. During this AHS, medications that are reported by the patient or brought in with the patient must be reviewed by a clinician. All decisions regarding medications must be documented in the EMR.

In addition to the AHS, the nurse shall:

- a. Identify other health care concerns requiring early intervention such as continuation of medication and initiate services to ensure continuity of care;
- b. Provide patients with information regarding access to health care services;

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- c. Conduct the syphilis risk assessment and refer those patients who answer “yes” to any risk factors for syphilis serology laboratory testing. The referral for syphilis serology laboratory testing should be noted in the electronic health record;
 - d. IDOH testing (HIV, HCV, Gonorrhea for all women and if clinically indicated men);
 - e. Pregnancy testing for all women;
 - f. PAP smears if age 21 or if history of previous abnormal screen or clinically indicated;
 - g. Perform screening and testing as described in the Department’s Pandemic Preparedness Plan, if applicable;
 - h. Bring vaccinations up to date, if necessary; and,
 - i. Perform tuberculosis screening.
3. The Intake Health Appraisal (IHA) is the intake physical and shall be completed by a clinician within seven (7) days of a patient’s arrival. The IHA is a deliberate, uniform, and directed screening evaluation designed to establish a patient’s health status and to take note of serious health conditions that may be present. The clinician must conduct a chronic disease case review to confirm existing historical problems and to identify serious health problems of which the patient may not be aware. The IHA shall be documented in the EMR to include a problem and diagnosis list, initial treatment plan, and any activity limitations. Diagnostic and laboratory testing shall be included for each problem as clinically indicated during IHA. Any past medical records shall be reviewed or obtained during the IHA to maintain continuity of care. Medical and Disability Codes shall be assigned during the IHA in accordance with HCSDs 2.04A, “Physical Health Status Classification for Assignments,” and 2.05A, “Disability Status Classification Assignments.”

Intake Health Appraisal data collection and recording includes the following:

- a. A uniform process as determined by the Chief Medical

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- Officer;
- b. Documentation of review of the earlier receiving screening;
 - c. Recording of height, weight, pulse, blood pressure, and temperature by qualified Health Services personnel;
 - d. Collection of additional data to complete the physical health, dental health, mental health, and immunization histories by qualified Health Services personnel;
 - e. Medical examination, including review of mental and dental status by qualified Health Services personnel;
 - f. laboratory and/or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis;
 - g. Other tests and examinations as appropriate;
 - h. development and implementation of treatment plan, including recommendations concerning housing, job assignment, and program participation;
 - i. Initiation of therapy, when appropriate; and,
 - j. Review of the results of the medical examination, tests, and identification of problems by a physician or nurse practitioner.

After completion of the IHA, the nurse practitioner or physician must write a summary progress note in the electronic medical record including a brief listing of identified problems, initial treatment plans, and activity limitations (if any). Problem lists and treatment plans shall be initiated or reviewed and updated.

- D. Dental services must be initiated during the receiving screening process. Urgent problems may be identified at any phase during the screening and treatment must then be initiated. In addition to the general inclusion of dental concerns in the POE and AHS, a dentist or other health services employee trained by a dentist must perform a formal dental screening exam within 7 days of arrival. This screening process must include instruction regarding oral hygiene practices and oral disease education. The dental exam will be recorded in the electronic dental record. Preventative care by dentally trained personnel must be completed within three (3) months of admission with diagnostic x-rays taken, if necessary.

Treatment planning for dental services may be initiated at this time or may be deferred to the receiving institution. If treatment needs can be accomplished during the brief reception center stay, this is often very convenient.

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- E. Mental Health services must be initiated during the receiving screening process in accordance with the provisions of HCSD 4.03A, “Adult Mental Health Services.” Urgent problems may be identified at any phase during the screening, and evaluation and treatment must then be initiated. In addition to the general inclusion of mental health concerns in the POE and AHS, a mental health professional must perform a formal Mental Health Intake Appraisal on the designated template in the Electronic Medical Record within 14 days of arrival.

Addiction Recovery Services shall be initiated at Intake if a patient exhibits an urgent need for addiction treatment, is Purposefully Incarcerated, or has been identified as potentially needing treatment related to a diagnosis of Hepatitis C in accordance with the provisions of HCSD 4.01A, “Addiction Recovery Services.” All other patients are assessed for addiction recovery treatment needs upon transfer to their receiving facility.

Behavioral Health staff is responsible for assigning a behavioral health code in accordance with HCSD 2.06A, “Behavioral Health Status Classification for Incarcerated Adults,” that most accurately represents the patient’s behavioral healthcare needs at the time they are screened.

Patients who are thought to be in need of behavioral health services shall be referred to a qualified mental health professional in a timely manner; this may mean an immediate referral, depending upon individual needs. Patients with serious intellectual or developmental disability shall be brought to the immediate attention of the Educational Services staff for further evaluation and intervention as specified in HCSD 4.07A, “Developmental Disabilities and Intellectual Disabilities.” (Routine assessment of education experience is carried out by Educational Services personnel.)

Special attention shall be paid to the potential for suicide during the initial phases of incarceration. All suggestions of suicidal behavior must be considered seriously by Department staff. All incarcerated individuals who are identified as “at risk” for suicide, whether because of current ideation or history, shall be evaluated for suicide risk and shall have appropriate watches or other interventions ordered and applied in accordance with HCSD 4.06A, “Suicide Prevention and Self Injury.”

- F. Special Considerations
All incoming incarcerated individuals must receive instruction regarding how

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to access Health Services. This shall be provided within the first 24 hours of arrival. In addition, each intake facility must post signs in its receiving area describing “how to access care for immediate health needs.”

The written information manual or the “Offender Handbook” provided to incarcerated individuals by each facility must also include information regarding accessing health care services.

Health Services Administrators are expected to review the information contained in the facility manuals and posted in the receiving areas to ensure that this requirement is met.

At the time an incarcerated individual transfers from an Intake unit or facility, any pending tasks or orders listed in the electronic medical record and a detailed transfer note shall be forwarded to the receiving facility.

It is recommended that State Form 46729, “Authorization To Release/ Request Information” along with State Form 55317, “Indiana Physician Orders for Scope of Treatment.” These forms shall be documented into the EMR upon completion by the patient. Education shall be provided that the form is valid for a period of 365 days unless revoked by the patient.

III. APPLICABILITY:

This Health Care Services Directive is applicable to all facilities housing incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date