



**HEALTH CARE SERVICES  
DIRECTIVE-YOUTH SERVICES  
Manual of Policies and Procedures**

Title

**RECEPTION SCREENING**

Legal References

(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures

(includes but is not limited to)

01-02-101

Other References

(includes but is not limited to)

National Correctional Healthcare  
Standards

I. PURPOSE:

This Health Care Services Directive (HCS D) provides guidelines for the general health reception screening services offered when youth are received by the Department at an Intake facility.

II. GUIDELINES:

Screening at the beginning of incarceration serves the Department by determining which health care services should be provided to new youth, providing guidance regarding placement, identifying activity restrictions, reducing potential liability related to existing conditions, offering an opportunity to initiate discharge planning, and ensuring that health services are provided in an organized, efficient, and continuous fashion.

The Indiana Department of Correction primarily receives new and returning youth at the Logansport Juvenile Correctional Facility (males), the LaPorte Juvenile Correctional Facility (females) and the Pendleton Juvenile Correctional Facility (males).

Intake screening commences upon the student's arrival at the facility. The Department shall maintain a consistent program:

A. Screening for the presence of the following:

1. Acute or urgent medical needs;
2. Any past 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;

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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 past history of withdrawal symptoms;
10. Past or current mental illness to include past hospitalizations;
11. Suicidal ideation;
12. For females, the possibility of pregnancy and history of gynecologic problems;
13. Serious physical handicap or disability; and,
14. Other special needs.

B. Observe for the following:

1. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating;
2. Breathing pattern (i.e., normal breathing pattern, persistent cough);
3. Body deformity, ease of movement; and,
4. 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.

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C. Determine the medical disposition of the youth:

1. To general population;
2. To general population with prompt referral to appropriate health care services; and,
3. Referral to appropriate health care service for emergency treatment.

### III. DEFERRAL:

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

When youth are housed only transiently at reception facilities, provision or initiation of some services may appropriately be deferred until the arrival at his or her "final" destination (e.g., the "parent facility"). Staff in the reception center must not be expected and should not attempt to address all youth 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 youth is transferred to his or her parent facility should be deferred.

### IV. RECEPTION PROCESS:

Arriving youth range from healthy to near death. In order for Department staff to address urgent and emergent needs, arriving youth must be screened at the time of arrival. Youth in need of obvious immediate medical attention are referred to the Health Services staff. When a student is referred to an emergency department, the youth's admission or return to the facility is predicated on written medical clearance.

Because it is difficult 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 (3) phases, each of which must occur within a specific timeframe.

In this HCSD the three (3) phases are called "Point of Entry Screening" (POE), "Arrival Screening" (AS), and "Intake Health Appraisal" (IHA).

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- A. 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 Department accepts custody of the student at one of its facilities. This process searches for critical and immediate health care problems and it is usually completed by a properly trained correctional officer and reviewed by qualified Health Services staff. The POE includes a brief written history obtained from the youth, observations by the Intake staff completing the POE, a conclusion regarding the need for referral (with or without Health Services staff participation), and a written disposition.

Whenever possible, completion of the POE should include information obtained directly from the officer(s) who brought the youth 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 youth to the Department's custody. Youth who are identified as having urgent or emergent medical needs on the POE shall be referred to the Health Services staff for an expedited medical assessment.

- B. The AS is carried out within twenty-four (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 HCSD 4.03Y, "Mental Health Services." The AHS is the first screening phase that requires contact with a Health Services professional. When the AS is completed by a licensed practical nurse (LPN) it must be reviewed and initialed by an RN or higher level Health Services professional. This screening shall be documented in the Electronic Medical Record (EMR). State Form 45999, "Offender Health History," may be used during this AS or completed prior to the screen. Health Services staff shall ensure the patient has the capacity to complete the screening form autonomously. During this AS, medications that are reported by the youth or brought in with the youth must be reviewed by a clinician. All decisions regarding medications must be documented in the EMR.

In addition to the AS, the nurse shall:

1. Identify other health care concerns requiring early intervention such as continuation of medication and initiate services to ensure continuity of care;
2. Provide youth with information regarding access to health care services;

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3. Conduct the syphilis risk assessment and refer those youth who answer “yes” to any risk factors for syphilis serology laboratory testing. The referral for syphilis serology laboratory testing shall be noted in the EMR;
  4. Indiana Department of Health (IDOH) testing: HIV, HCF, Gonorrhea for all females and clinically indicated males);
  5. Pregnancy tests for all females;
  6. PAP smears if age 21 or if history of previous abnormal screen or clinically indicated;
  7. Perform screening and testing for COVID-19 as outlined in the Department’s Pandemic Preparedness Plan;
  8. Bring vaccinations up to date, if necessary; and,
  9. Perform tuberculosis screening.
- C. The IHA is the Intake physical and shall be completed by a clinician within seven (7) days of a youth’s arrival. The IHA is a deliberate and directed screening evaluation designed to establish a youth's health status and to take note of serious health conditions that maybe present. The clinician must conduct a chronic disease case review to confirm existing historical problems and to identify serious health problems of which the youth 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 the 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 HCSD 2.04Y, “Medical Status Classification Assignments,” and HCSD 2.05Y, “Disability Status Classification Assignments.”

V. DENTAL SERVICES:

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 AS, a dentist or other Health Services employee trained by a dentist must perform a formal dental screening exam within seven (7) days of arrival. This screening process must include instruction regarding oral hygiene practices and diagnostic x-rays as necessary.

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Preventative care by dentally trained personnel must be completed within fourteen (14) days unless there is documentation of dental preventive care completed within the last six (6) months. All dental screening and services to include treatment planning shall be documented in the electronic dental record.

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

#### VI. MENTAL HEALTH SERVICES:

Mental Health Services must be initiated during the receiving screening process in accordance with the provisions of HCSD 4.03Y, "Mental Health Services Plan." 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 AS, a mental health professional must perform a formal mental health screening within 72 hours of arrival.

Youth who are thought to be in need of mental health services shall be referred to a qualified mental health professional in a timely manner. This may mean immediate or elective referral, depending upon individual needs. Youth with an intellectual developmental disorder or developmental disability shall be brought to the immediate attention of the Educational Services staff for further evaluation and intervention. (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 youth 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 4.06Y, "Suicide Prevention and Self Injury."

#### VII. ACCESS TO CARE:

All incoming youth must receive instruction regarding how to access Health Services. This instruction shall be provided within the first twenty-four (24) hours of arrival. In addition, each intake facility shall post signs in its receiving area describing "how to access care for immediate health needs."

The written information manual provided to youth by each facility must also include information regarding accessing Health Services.

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Health Services Administrators (HSA) shall review the information contained in the facility manuals and posted in the receiving areas to ensure that this requirement is met.

At the time when a youth transfers out of an Intake unit or facility, any pending tasks or orders listed in the EMR shall be forwarded to the receiving facility.

VIII. APPLICABILITY:

This HCSD is applicable to all facilities providing Health Services to youth.

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signature on file  
Kristen Dauss, MD  
Chief Medical Officer

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Date