

Idaho Department of Correction 	Standard Operating Procedure Division of Education and Treatment Operational Services	Control Number: 401.06.03.032	Version: 2.1	Page Number: 1 of 6
		Title: Receiving Screening		Adopted: 12-7-1998 Reviewed: 6-19-2008 Next Review: 6-19-2010

This document was approved by Dr. Mary Perrien, chief of the Division of Education and Treatment, on 6/19/08 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER 401

[Medical Care](#)

POLICY STATEMENT NUMBER 401

[Hospitalization, Institutional Clinical Services, and Treatment](#)

POLICY DOCUMENT NUMBER 401

[Hospitalization, Institutional Clinical Services, and Treatment](#)

DEFINITIONS

[Standardized Definitions List](#)

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 under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: 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 Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

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.

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 offenders admitted to Idaho Department of Correction (IDOC) facilities;
- Provide necessary medical intervention at the time of admission; and
- Identify and isolate offenders who appear potentially contagious.

SCOPE

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

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services; and
- 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; and
- 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); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority 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.

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Facility Health Authority

The facility health authority 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.

Qualified Health Professional

The qualified health professional will be responsible for:

- Reporting to the receiving area (or having an offender brought to the healthcare services area) to conduct the receiving screening before the offender is assigned to general population housing;
- Interviewing the offender completing the receiving screening form, ensuring the completeness of the form, and ensuring the offender fully understands all questions;
- Providing written and verbal explanation to offenders, delineating how specific healthcare services are obtained; and
- 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 offenders 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 offenders.

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GENERAL REQUIREMENTS

- Receiving screening shall be performed by qualified health professionals on all offenders upon their arrival to the receiving facility. (**Note:** Healthcare services staff must be at the bus when offenders arrive.)
- Persons who are unconscious, semiconscious, bleeding, mentally unstable, or otherwise urgently in need of medical attention shall be referred immediately for care. (**Note:** If offenders are referred to a community hospital and are returned, healthcare services staff must determine whether the offender can be admitted to the institution's general population.)
- Receiving screening shall be conducted in a clinical setting that will provide sufficient privacy to elicit pertinent health information without jeopardizing security.
- Healthcare services staff shall (1) utilize a structured system of inquiry to prevent newly arriving offenders who pose a threat to their own (or others') health and safety from being admitted to the institution's general population, and (2) arrange for prompt attention to the offender's healthcare needs.
- Immediate healthcare needs shall be identified and addressed during intake screening, and potentially infectious offenders shall be isolated from other offenders. (See SOP [401.06.03.014](#), *Infection Control Program*, and *NCCHC standard P-B-01, Infection Control Program*, for further guidance.)
- The offender 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 offender does not speak English or Spanish, a written interpretation or telephone interpretation service must be provided in the language spoken.)
- Each offender shall be scheduled for a licensed provider healthcare assessment within seven (7) days of admission.
- All interviews, examinations, and screening evaluations shall be conducted using a format or language which is fully understood by the offender, who may or may not speak English or may have a physical or mental impairment. (**Note:** If an offender 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 offenders, 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 offender shall have his healthcare record reviewed and the required documentation completed by a qualified healthcare professional to determine if the offender should be assigned to general population (see SOP [401.06.03.014](#), *Infection 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.

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Healthcare Records

Receiving screening shall 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);
- 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; and
- Other healthcare problems as designated by a qualified health professional.

Note: If the offender is a female, also inquire about the date of last menstrual period, date of last cervical smear (Papanicolaou [Pap] test), current gynecological problems, and current and recent pregnancies.

Note: Any refusal by an offender to answer interview questions shall be documented on the receiving screening form. If the offender is unable to answer the questions during the interview, document the reason(s) on the form (provided healthcare services staff are able to ascertain 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 gait);
- Breathing (e.g., persistent cough, or hyperventilation); and
- Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse).

The receiving evaluation 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.

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- The disposition of the offender (e.g., immediate referral to an appropriate healthcare service, **or** placed in general population) shall be documented on the receiving screening form.

2. Referrals

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

3. Compliance

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

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired 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 15 individual records.

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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