

<b>POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> E-02	<b>PAGE NUMBER</b> 1 of 9
	<b>RELATED NCCHC/ACA STANDARDS:</b> E-02 (essential) 4-4362 (mandatory); 4-4370 (mandatory); 4-4376 (mandatory); 1-HC-3A-13-1; 1-HC-3A-13-2; 1-HC-3A-13-4; 1-HC-3A-13-5	
<b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b>	<b>SUBJECT:</b> <b>INTAKE SCREENING</b>	
<b>EFFECTIVE DATE: 11/14/07 REVISED: 4/13/09; 4/23/2010, 02/13/2015, 10/28/2016</b>		
<b>APPROVED FOR PUBLIC RELEASE</b>		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE: To identify, assess, refer and provide a continuity of care for those offenders who may have been injured, suffer from acute and chronic medical conditions, pose a threat of harm to oneself and/or to others who may require immediate intervention.
- III. APPLICABILITY: Custody transfer (local police jurisdictions) to the Delaware Department of Corrections (DDOC), all employees DDOC and provider staff, offenders, and any outside healthcare provider servicing DDOC offenders.
- IV. DEFINITIONS: See glossary.
- V. SUMMARY OF CHANGES: This policy incorporates E-02 and E-02.1 into a unified intake screening policy and should be reviewed in its entirety. E-02.1 will be rescinded following adoption of this policy.
- VI. POLICY:
- A. Any offender with visible or reported physical injuries as a result of use of force must be evaluated by the Registered Nurse (RN) assigned to Booking and Receiving or physician with appropriate documentation annotated in iCHRT. Visible and reported physical injuries shall be photographed and added to iCHRT.
  - B. Any offender who is unconscious, semi-conscious, cognitively impaired or appears to be withdrawing from drugs or alcohol, bleeding or otherwise in need of immediate medical attention, must be evaluated and receive written clearance from an Emergency Room Physician as part of the Intake Screening.

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- C. An Intake Screening shall be conducted on all offenders immediately upon arrival at the facility. The Intake Screen, including both a medical and behavioral health component, shall be completed within 4 hours of the security clearance into the facility. When operationally possible, the RN shall begin the intake by administering a mouth swab and breathalyzer.
- D. The Contract Provider will make appropriate accommodations to meet the needs of those offenders with hearing and/or visual impairments. The RN shall obtain the services of an approved interpreter as contracted through the State of Delaware on <http://contracts.delaware.gov>. The Intake RN may utilize bilingual staff or obtain the services of a contracted interpreter for offenders who communicate through sign, who do not speak, read, or understand the English language.
- E. The Commissioner may direct the contract provider to ask additional questions and/or conduct additional examinations during the Intake Screening process whenever significant public health issues could potentially compromise the health and safety of the Department's facilities.
- F. Within 30 days of the effective date of this policy, the contract provider at each Level 5 and Level 4 facility shall develop a site-specific procedure for implementing this policy and coordinating the procedure with BCHS.

**VII. PROCEDURES:**

- A. When an offender is received at a DDOC Booking and Receiving site, the RN assigned to Booking and Receiving shall evaluate the offender for any visible or reported injuries, evidence of being cognitively impaired or symptoms of acute withdrawal from drugs or alcohol, bleeding or otherwise the need of immediate medical attention before DDOC shall accept the offender for incarceration. If there is any indication that an offender is beyond the medical capabilities of the facility the RN shall notify the Security Shift Commander of the issue and recommend the offender be transported to an Emergency Room or other appropriate facility for evaluation, treatment and clearance. The RN may offer recommendations to the transporting officer regarding the appropriate manner to accomplish the transport to the Emergency Room.

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1. Examples of reasons that the Booking and Receiving RN would recommend transport to an Emergency Room include:
  - a. Acute intoxication or withdrawal from alcohol, opiates, illicit, or controlled substances or compounds;
  - b. Acute cognitive impairment;
  - c. Active bleeding;
  - d. Acute seizure activity,
  - e. New head injury,
  - f. Acute ambulatory dysfunction or neurologic deficit, such as independent use of extremities (not due to a chronic dysfunction) and
  - g. Acute vision loss.

The Booking and Receiving RN shall recommend immediate transport to an appropriate emergency medical facility (ER) for any offender who is presenting symptoms which pose an immediate threat to loss or permanent impairment of the offender's life, limb or sight.

- B. Bedside Booking shall occur when an offender is admitted to an Emergency Room or other outside medical facility prior to arrival at a DDOC facility. The Intake screening is initiated and placed in a "Draft" status in iCHRT until the offender is returned to DDOC. The Intake Screening shall be completed by the RN upon the offender's clearance and transfer to the DDOC.
- C. Offenders shall be screened in a manner consistent with National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) Standards and responses annotated in the Delaware Automated Correction System (DACS) Electronic Health Record (iCHRT) Intake Screening module.
  1. The Intake Screening is a comprehensive medical and behavioral health screening process that identifies areas of immediate attention such as:
    - a. potential for suicide,
    - b. communicable infectious diseases including ectoparasites,
    - c. chronic medical conditions,
    - d. dental concerns, and

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e. Behavioral Health conditions including alcohol and drug withdrawal that may require immediate and/or long term attention and care.

2. Communicable Infectious Disease

a. A tuberculosis (TB) skin test shall be planted on all offenders who do not have a documented positive reaction on record. Those who have had vaccination with the Bacillus Calmette–Guérin (BCG) shall be given the TB skin test and those who claim but do not have documentation of their previously positive skin test shall be given another skin test. At the end of the Intake Screening, the iCHRT shall automatically schedule a reading of the skin test implanted during Intake Screening and an annual TB skin test.

i. Offenders who have had a TB skin test within the previous sixty (60) days do not need another test if the prior tests was annotated in the EHR, e.g. had a skin test as a detentioner, released on bail and returns as a detentioner again or as a sentenced offender.

b. In addition, all offenders shall undergo symptomatic screening for TB and those who have symptoms suggestive of active TB shall be housed in the Airborne Illness Isolation (AII) negative pressure room in an infirmary until a chest x-ray can be performed and interpreted.

c. If the offender refuses the TB skin test, and then refuses an equivalent blood test i.e. QuantiFERON®-TB Gold or T-Spot blood test the offender shall be housed in the AII room in an infirmary until a chest x-ray can be performed and interpreted or a pulmonary consultation can be arranged.

d. The offender shall be questioned concerning itching and rashes which may suggest ectoparasite infestation and have a visual examination of the affected area to rule out the presence of parasites that could be transmitted while incarcerated. If parasites are found, the offender shall be treated in the infirmary and discharged by medical personnel before moving to the general population.

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e. Sexually transmitted diseases are not usually addressed during Intake Screening but are during the Initial Physical Assessment that is automatically scheduled by the iCHRT within seven (7) days after the Intake Screening.

3. Acute and Chronic Medical and Dental Diagnoses

a. The RN assigned to Booking and Receiving shall review the Intake Screening to identify any acute or chronic medical or dental conditions that require immediate attention. All offenders shall have an automated iCHRT appointment for an initial physical assessment based upon the Intake Screening. The offender shall also be enrolled into an appropriate Chronic Care Clinic register with recurring appointments for follow-up.

b. The RN shall obtain written consent by utilizing a Department Release of Information (ROI) Form (Attachment A) authorizing contact to be made with previous treating hospitals, health providers, and for query of the Delaware Health Information Network (DHIN) to verify any prescription medicines. Based upon the prescription verification and provider order, the RN shall input a "bridge-order" valid for no longer than three (3) days, for a site medical provider to counter-sign with two (2) business days allowing the medications to be continued until the initial physical assessment is completed.

i. If the prescription verification shows an offender having been prescribed a medication not on the DDOC stock medication list, the RN must contact the provider on-call within eight (8) hours for a substitute medication or other instructions. If inmate refuses to sign a release of information, a refusal form must be completed and scanned into iCHRT.

ii. If the medication that the offender states they are taking cannot be verified within eight (8) hours the RN must contact the provider on-call for instructions. The RN must document the discussion and the instructions from the provider in iCHRT.

c. Every female offender shall have a urine pregnancy test during the Intake Screening unless they self-report that they are pregnant and being followed by an Obstetrician/Gynecologist or Certified Nurse Midwife. Those who are

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identified as pregnant shall be automatically scheduled by the iCHRT with the Obstetrician/Gynecologist or Certified Nurse Midwife within seven (7) days for follow-up.

**4. Intoxication and Withdrawal**

- a. The RN shall identify offenders who have a potential to withdraw from drugs or alcohol. The RN shall perform a mouth swab for multiple drug screening and a Breathalyzer for purposes of identifying those at risk for withdrawing from alcohol or drugs and to identify those who might pose a significant danger to themselves or others as having used substances such as methamphetamines or phencyclidine (PCP). The results of drug screens and Breathalyzers are for the express purpose of quantitatively assessing the risk of withdrawing from alcohol or drugs and to provide the associated level of care.
- b. The RN shall initiate the Clinical Opiate Withdrawal Scale (COWS) for those offenders identified as being at risk for opioid withdrawal. The offender will be referred to the infirmary for temporary housing if COWS scoring dictates an acute withdrawal risk.
- c. The RN shall initiate the Alcohol or Sedative Hypnotic Withdrawal Assessment (CIWA) for those offenders identified to be at risk of sedative withdrawal or have a Breathalyzer result of 0.08% or greater. The RN will notify the shift commander that the offender shall be referred to the infirmary for temporary housing until discharged by a medical provider.
- d. If an offender refuses an alcohol or drug test in Booking and Receiving their refusal shall be documented and after consultation with the Shift Commander shall be referred to the infirmary for temporary housing until discharged by a medical provider.

**5. Behavioral Health Screen**

- a. The RN shall complete the Behavioral Health Screen upon completion of the drug swab and Breathalyzer. This screen contains intake questions used to identify the offender's level of emotional and behavioral stability and also includes the following:

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- i. Suicidal Behaviors Questionnaire Revised (SBQ-R),
    - ii. Mental Health Screening Form-III (MHSF III),
    - iii. Texas Christian University Screening Tool (TCU)
  - b. The Behavioral Health Screen is an inquiry of an offender's:
    - i. current and past mental illness, current mental health condition, cognitive functioning, special behavioral health requirements, history of psychiatric hospitalizations, emergency room visits for psychiatric issues and/or substance use disorders, and outpatient treatment,
    - ii. current use of psychotropic medications including the name of the provider and the pharmacy,
    - iii. suicidal risk and ideation or intent to harm self,
    - iv. victimization or predatory behavior risk factors,
  - c. The Behavioral Health Screen includes the RN's observations of the offender's behaviors, appearance, orientation to time and place, ease of movement, breathing patterns, and/or skin lesions, marks, rashes, needle marks and/or other signs of potential suicidal behaviors or behavioral health indicators in need of clinical attention.
  - d. The RN's observations, any self-report of current suicide ideation or attempts along with current thoughts of harming one's self using standardized questions outlined in section 5(a)(i) will automatically trigger an urgent mental health referral.
  - e. The RN shall document the intake which shall include a nursing progress note entry in iCHRT which summarizes the offender's medical and mental health status and states concerns of potential risk with recommendation for follow up.
6. Risk for Victimization/Predatory Behaviors
- a. The RN assigned to Booking and Receiving shall complete a screening for Risk of Victimization and Abusiveness pursuant to DOC Policy 8.60 Prison Rape Elimination Act.
    - i. The RN assigned to Booking and Receiving shall review the Behavioral Health Screening Questionnaire to identify any risk factors for

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victimization or predatory behavior that require immediate attention.

Those offenders considered to be at risk shall have an automatically scheduled iCHRT Urgent Mental Health referral for further evaluation by a qualified Mental Health Provider.

D. Both the medical and behavioral health portions of the Intake Screening must be complete with corresponding documentation entered into iCHRT prior to making a referral for additional services. This does not preclude staff from performing urgent care when clinically necessary.

1. Referrals for medical follow-up must be scheduled in iCHRT as appropriate.
2. Referrals for Behavioral Health follow-up shall receive services administered by a Qualified Mental Health Professional (QMHP).
  - a. The QMHP shall perform at minimum a review of the completed intake screen and appropriate intervention to concerns and potential risk.
  - b. The QMHP shall complete this review within 72 hours of the intake.
  - c. Offenders requiring additional behavioral health services shall receive a comprehensive mental health assessment and/or an Addictions Severity Index within 14 days of the completed intake.

E. Discharge Planning

Successful re-entry begins at the time of intake. Pursuant to BCHS Policy E-13, the RN completing the intake shall obtain appropriate ROI forms to obtain the necessary information from community providers. The contracted provider will collaborate with DOC Treatment Staff in developing a discharge/re-entry plan.

F. Removal of Jewelry

1. If security determines that implanted jewelry poses a risk, they may request that all or parts of the jewelry be removed. The contracted provider medical personnel shall assist, or if the offender is unable to remove the jewelry the medical personnel shall clip, cut and remove the jewelry as necessary as determined by security. Jewelry removed shall be placed with the offender's personal property. DDOC shall hold the medical staff harmless from any claim

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or concern brought by any detentioner or inmate as related to this section of the policy.

**G. Offender Education**

1. The RN shall orient the offender to accessing healthcare services and the process to submit grievances. This information is included in the Intake Packet that is provided to all offenders during the intake process and receipt shall be documented either through a paper signature which is to be scanned into iCHRT or through the iCHRT electronic signature pad. The Intake Packet also includes material on Behavioral Health Services, the Fee-for-Services co-pay policy, Hepatitis, HIV/AIDS, Dental Care, Methicillin-resistant staphylococcus aureus (MRSA) infections, Diet and Nutrition, Exercise, and a Healthy Lifestyle.
2. Every RN assigned to Booking and Receiving must receive a comprehensive orientation and annual training specific to the Intake Screening and the scope of care available within the specific facility. Training shall include competency based instruction on: standards of care, mouth swab and breathalyzer testing, standardized test administration, scoring and interpretation of test results, documentation of diagnostic impressions follow up procedural guidelines and risk protocols including: medical; dental; behavioral health; chemical dependency/substance use and victimization/predatory behaviors .

**Approval:**

Marc Richman, Ph.D. Chief, BCHS	Date	Robert Coupe Commissioner	Date
	12/6/16		11/28/2016