

STATE OF OHIO



DEPARTMENT OF REHABILITATION
AND CORRECTION

SUBJECT: Reception Intake Medical Screening	PAGE <u> 1 </u> OF <u> 6 </u> . NUMBER: 52-RCP-06
RULE/CODE REFERENCE:	SUPERSEDES: 52-RCP-06 dated 04/06/10
RELATED ACA STANDARDS: 4-4285; 4-4362; 4-4363; 4-4363-1; 4-4365; 4-4376; HC-1A-20; HC-1A-23	EFFECTIVE DATE: December 1, 2013
	APPROVED: 

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

II. PURPOSE

The purpose of this policy is to establish guidelines for the medical screening and evaluation of inmates upon their reception into the Ohio Department of Rehabilitation and Correction.

III. APPLICABILITY

This policy applies to all institutional staff employed by, or under contract with, the Department of Rehabilitation and Correction, and specifically to those involved in the medical intake process, and to all inmates entering into the reception centers of the Department.

IV. DEFINITIONS

Advanced Level Provider: A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician’s Assistant under Ohio Revised Code section 4730.

Reception Center - An institution designated by the Department of Rehabilitation and Correction (DRC) to accept offenders from outside of the Department for processing into the system. These institutions include the Correctional Reception Center, the Lorain Correctional Institution, and the Ohio Reformatory for Women.

Interferon-Gamma Release Assay (IGRA) – A blood test to aid in diagnosis of mycobacterium tuberculosis infection. Two IGRAs have FDA approval in the United States: the QuantiFERON Gold Test, and the T-SPOT test.

V. POLICY

It is the policy of the Ohio Department of Rehabilitation and Correction that qualified health care personnel shall perform medical, dental, and mental health screening on all inmates, excluding intra-system transfers, upon the inmate's arrival at one of the Department's reception centers. A full health appraisal shall be completed within 7 days of the inmate's arrival at one of the reception centers and the findings recorded on approved departmental forms.

VI. PROCEDURES

A. Intake Medical Screening

1. A comprehensive health history screening shall be completed by an appropriately trained licensed nurse or Advanced Level Provider (ALP) within 12 hours of arrival at a DRC reception center. All information gathered during the screening will be documented on the Health History form (DRC5031). Additionally, the Female Health History (DRC5032) will be completed for all women received at the Ohio Reformatory for Women. The health history screening shall include inquiry into:
 - a. Past history of serious infectious diseases, including recent symptoms of infectious diseases, and any history of treatment for infectious diseases;
 - b. Current illness and health problems, including sexually transmitted diseases and other infectious diseases;
 - c. When inmates exhibit signs of dental infection, including swelling and drainage, the nurse shall contact the on-call dentist for direction. If the dentist is unavailable, the nurse shall contact the on-call Advanced Level Provider;
 - d. The intake nurse shall complete the initial mental health screening as outlined in Department Policy 67-MNH-02, Mental Health Screening and Assessment Activity and shall document the findings on the Initial Medical/Mental Health/Substance Use Screening (DRC5170);
 - e. Use of substances of abuse, including alcohol, tobacco, and illicit drugs. This should also include mode of use, amounts used, frequency of use, date or time of last use, and history of any problems that may have occurred after ceasing use (e.g. convulsions);
 - f. Past and present treatment or hospitalization for mental disturbance or suicide;
 - g. Current or recent pregnancy (if applicable); and
 - h. Other health problems designated by the responsible physician.

2. Observation of:
 - a. Behavior, including state of consciousness, mental status and appearance;
 - b. Body deformities, ease of movement, any observable disabilities; and
 - c. Condition of skin, including trauma markings, tattoos, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.
3. Medical disposition of inmate:
 - a. General population;
 - b. General population with prompt referral to appropriate health care service for emergency treatment, or
 - c. Referral to the appropriate health care service for emergency treatment. When the intake registered nurse determines that emergency treatment or special housing is indicated, the nurse shall notify the institution physician or mental health professional immediately and obtain appropriate orders.
4. The intake nurse shall provide an oral and written orientation to all reception inmates concerning unimpeded access to health care, dental services, mental health services and the grievance process. This information shall be provided in a language and manner that the patient understands. The Interpreter/Translator Waiver form (DRC4266) must be used whenever a non-medical translator is needed.
5. Prescription medication and medical treatments
 - a. The nurse completing the health history shall inquire about all medication and medical treatments the inmate is prescribed at the time of admission.
 - b. A licensed nurse must verify all prescription medications or medical treatments. Acceptable means of verification include:
 - i. Continuity of care or medical transfer sheets from the admitting jail or other correctional facility;
 - ii. Telephone verification from the inmate's personal physician or pharmacy; or
 - iii. Available prescriptions that are not more than 30 days old.
 - c. The nurse completing the initial intake will obtain an order from an Advanced Level Provider for any medication needed. All medication will be started at the next scheduled dose.
 - i. In the rare circumstance that the medication cannot be obtained for the next scheduled dose, the ALP is to be notified for further decision.

- ii. Documentation must be made in the medical file.
 - iii. Any medication that is not available must be reported as outlined in protocol B-10, Medication Administration.
- d. Verified non-formulary medication orders shall be continued and administered for 14 days pending non-formulary medication approval by the State Medical Director.
6. Durable medical equipment, which is in good condition, brought in with an inmate may be returned to the inmate after inspection by the intake nursing staff and custody staff.
7. Health screening evaluations
 - a. Laboratory screening shall be performed on all inmates. The minimum standards for laboratory screening are outlined in protocol B-16, Reception Diagnostic Screening. Other laboratory tests may be done as ordered by the responsible ALP.
 - b. Healthcare staff will be involved in the collection of DNA evidence only when a blood sample is required.
 - c. Visual screening (minimally the Snelling exam) shall be completed on all reception inmates. Findings shall be documented in the appropriate space on the Health History form (DRC5031).
 - d. Upon reception, all inmates will receive a symptom screening for tuberculosis by nursing staff and will be tested for tuberculosis utilizing an Interferon-Gamma Release Assay (IGRA) blood test.
 - i. The symptom screening will be documented on page 2 of the Health History form (DRC5030).
 - ii. The IGRA test will be performed as part of the routine reception lab studies completed for each inmate entering DRC.
 - iii. Reference Medical Protocol C-3, Tuberculosis Screening Guidelines, for process details.
8. Offenders who are unconscious, semi-conscious or otherwise in need of immediate medical attention shall be referred for emergency treatment and/or transported to an emergency department. Return to the reception center shall be based solely on written medical clearance.
9. If an inmate presents with symptoms of acute alcohol or drug intoxication and/or withdrawal, appropriate detoxification will be conducted under medical supervision in accordance with provisions outlined in protocol B-24, Medical Detoxification Guidelines.

B. Physical Assessment

1. A reception ALP shall perform a physical examination on each inmate within 7 days of the inmate's arrival at the reception center. The results of the physical examination shall be documented on the Physical Examination form (DRC5033) and shall include the following:
 - a. Review of earlier receiving screening;
 - b. Collection of additional data to complete the medical, dental, mental health and immunization histories;
 - c. Laboratory tests, chest x-rays or other diagnostic tests as determined necessary by the physician;
 - d. Appropriate testing to detect tuberculosis, sexually transmitted diseases, and other infectious diseases;
 - e. Review of height, weight, pulse, blood pressure, and temperature;
 - f. Other tests and examination as appropriate;
 - g. Medical examination, including breast, rectal and testicular examinations as indicated by the patient's gender, age and risk factors;
 - h. Pelvic and pap examinations for women;
 - i. Review of the results of the intake medical screening, including mental health and dental status;
 - j. Initiation of medical therapy when appropriate; and
 - k. Development of a treatment plan for any inmate with a health problem requiring on-going treatment. Such a plan would include:
 - i. Any physician's orders for medication, dietary needs or treatment, including any recommendation for job assignment, program participation, and/or housing considerations.
 - ii. Medical disposition of the inmate to general population or special housing;
 - iii. Referrals to specialty clinics; or
 - iv. Physician orders for any durable medical equipment.
2. A dental examination, including panoramic dental films, shall be completed on all inmates within 14 days. Specific dental services will be provided in accordance with the guidelines established in Department Policy 68-MED-12, Dental Services.

C. Health Assessment

1. Within 14 days of admission to a DRC reception center, the responsible ALP shall review and initial all initial screening and physical assessment data.
2. The responsible ALP shall complete the health assessment and determine the inmate's medical classification in accordance with Department Policy 68-MED-13, Medical Classification, and protocol B-13, Evaluation for Functional Limitations Impacting Placement. Inmates classified as medical level 1 require physician chart review only. Inmates classified as medical level 2, 3 or 4 additionally require:
 - a. Development of a patient specific treatment plan;
 - b. A doctors sick call appointment for review of the inmate's treatment plan;
 - c. Any ALP's orders for dietary needs, medication, and/or treatment including any recommendation for job assignment, program participation, and/or housing considerations.
3. An ALP shall enter all identified health problems on the Inmate Health Problem List (DRC5374) following completion of the physical examination.
4. The reception Health Care Administrator shall be responsible for ensuring that the appropriate medical classification information is entered on the NEEDS DOTS Portal screen. The reception Health Care Administrator is further responsible for monitoring the appropriate placement of those inmates determined to be medical classification levels 3 or 4, as well as those inmates with multiple functional limitations. See Department Policy 68-MED-13, Medical Classification, for additional information.
5. Each reception center Health Care Administrator will develop a quality assurance process to ensure that all health screening and assessment is completed and filed in the medical record prior to transfer to a parent institution.

Related Department Forms:

Interpreter/Translator Waiver Form	DRC4266
Health History Form	DRC5031
Health History, Page 2	DRC5030
Female Health History	DRC5032
Physical Examination Form	DRC5033
Initial Medical/Mental Health/Substance Use Screening	DRC5170
Inmate Health Problem List	DRC5374