

 <p style="text-align: center;">STATE OF WYOMING DEPARTMENT OF CORRECTIONS</p> <p style="text-align: center;">Policies & Procedures</p>	<p>Authority: Wyoming Statute <u>25-1-105 (a)</u> ACA Standard <u>2-CO-4E-01; 3-4330;3-4343; 3-4344; 3-4345; 3-4346; 3-4348; 3-4366</u></p>	<p>Policy # <u>4.305</u> : Section <u>4.3</u> : Part <u>IV</u> Title: Screening New Inmate Arrivals and Inmate Health Assessment</p>
<p>Approved: _____ Judith Uphoff /ss/ Director</p> <p>Date Approved: <u>05/06/02</u></p>	<p>Effective Date: <u>June 6, 2002</u></p> <p>Supersedes Existing Policy # _____</p> <p>Next Review Due: <u>June 6, 2003</u></p>	

I. Purpose

To provide guidelines for the screening of new arrivals to the Wyoming Department of Corrections' (WDOC) correctional facilities, to assure WDOC inmates' medical, mental health and dental needs are identified in accordance with the National Commission on Correctional Health Care (NCCHC) standards.

II. Policy

Medical, dental, and mental health screening will be conducted by qualified healthcare providers or contracted healthcare professionals on all inmates upon arrival at the assessment and reception center. Results of the health screening will be documented. The purpose of the health screening is to gather information about each new arrival's health needs to ensure continuity of care and to prevent medical emergencies.

III. Definitions

- A. CBC: Complete blood count.
- B. Enzyme-Linked Immunosorbent Assay (ELISA): A test used in diagnosing the present of the HIV virus.
- C. National Commission on Correctional Healthcare (NCCHC): Standards for Health Services in Prisons, 1997.
- D. Qualified healthcare professional: A physician, psychiatrist, psychologist, mid level practitioner, registered nurse, licensed practical nurse, or an individual with a

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masters degree in clinical social work or counseling, designated by the correctional healthcare provider's medical director to make clinical decisions regarding suicide precautions for inmates identified as being at risk.

IV. Procedure

A. The health screening performed by the contract medical provider will include, but is not limited to, the following:

1. Patient inquiry

- a. Current illness and health problems, including venereal diseases and other infectious diseases.
- b. Dental problems.
- c. Mental health problems.
- d. Use of alcohol, tobacco and drugs.
- e. Past and present treatment or hospitalization for mental disturbance or attempted suicide.
- f. Possibility of pregnancy.
- g. Current medications/allergies.
- h. Prosthetic devices.

2. Patient observation

- a. Behavior, including state of consciousness, mental status (including suicidal ideation), appearance, conduct, tremor or sweating.
- b. Body deformities, ease of movement, etc.

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- c. Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infections, infestations, surgical scars, tattoos and needle marks or other indications of drug use.

3. Mental health screening

All inmates will receive an initial mental health screening upon arrival at the reception center to identify those inmates with serious mental illness and inmates with mental health needs. The initial screening will be performed by a qualified healthcare professional trained in mental health screening and will occur immediately upon arrival of all inmates. Identification of inmates upon initial screening with mental illness or in need of mental health services requires expedited referral to the mental health staff for further evaluation and detailed screening.

- a. Guidelines for immediate referral to a mental health professional includes:

- (1) Patients who report they are currently on psychotropic medication will be referred and orders received by a psychiatrist within twenty-four (24) hours.
- (2) Self-report of current symptoms of mental disorders; history of mental health treatment and history of suicide issues will be referred to and seen by a qualified mental health professional within twenty-four (24) hours.
- (3) Observations of unusual or inappropriate behavior, self report of current suicide or homicidal ideation will be placed on constant observation and will be evaluated by a qualified mental health professional immediately.

4. Medical disposition

- a. to assessment-reception housing unit, or

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- b. to assessment-reception housing unit with prompt referral to the health services unit, or
- c. immediate referral for emergency services.

B. Creation of Health Record

1. Qualified healthcare professionals will ensure a comprehensive health assessment is completed on each inmate, excluding intra system transfers, within seven (7) working days after arrival. If there is documented evidence of a health assessment within the previous ninety (90) days, a new health assessment is not required except as determined by the designated health authority. Health assessment will include completion of the health history by the inmate. Qualified healthcare professionals will be responsible for the initial generation of the inmate health record.
 - a. Review of the completed screening tools and forms used by the intake nurse.
 - b. Assess the inmate’s medical, dental, mental health, and immunization history and obtain a consent for release of medical information in order to obtain pertinent outside health care information.
 - c. Perform laboratory, x-ray, or other diagnostics tests to detect communicable diseases, including sexually transmitted disease, tuberculosis, and HIV infection.
 - d. Record blood pressure, pulse, height, weight, and temperature.
 - e. Perform other tests and examinations as appropriate, to include visual acuity.
 - f. Perform medical examination including review of mental status and dental screening.
 - g. The results of all examinations, tests, and identification of problems

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will be reviewed by a physician or physician assistant.

- h. Pelvic examination and papanicolaou (i.e., pap) smear for women.
 - i. Rectal examination will be performed on all males over the age of forty (40); females age fifty (50) and over and/or anyone under forty (40) if medically indicated.
 - j. Initiate therapy and immunization when appropriate.
 - k. Develop and implement a treatment plan to include recommendations regarding housing, job assignment, and program participation (when required).
 - l. A qualified healthcare professional will flag the medical record for identification of the patient with a serious medical/physical problem or psychiatric problem. Allergies will be noted in the record.
 - m. Staff at all receiving correctional facilities will ensure the medical flag data is completed and is processed as individual patient needs dictate.
2. Documentation of patient observation
- a. Behavior, including state of consciousness, mental status, appearance, conduct, tremor or sweating.
 - b. Body deformities, ease of movement, etc.
 - c. Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infections, infestations, surgical scars, tattoos and needle marks or other indications of drug use.

C. Screening and Evaluation for HIV Infection

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1. General guidelines
 - a. Confidential screening for HIV will be conducted on all inmates during the initial assessment and reception process at the assessment and reception center.
 - b. The Enzyme-Linked Immunosorbent Assay (ELISA) method will be utilized for all baseline testing. The Western Blot method will be utilized as a secondary, confirmatory test whenever the baseline ELISA test result is active.
 - c. Routine repeat ELISA, if appropriate or inmate is symptomatic.

2. Pre-test and post-test counseling
 - a. All inmates will receive pre-test counseling before serological testing for HIV and post-test counseling as indicated.
 - b. Pre-test counseling may be provided through videotapes, pamphlets, brochures, and fact sheets. Post-test counseling will be conducted on a one-to-one basis with a clinical staff member.
 - c. A clinical staff member or a trained HIV counselor will be available to answer the inmate's questions concerning HIV during each counseling session.
 - d. HIV counseling will:
 - (1) Identify inmates who are unaware, uninformed, misinformed, or in denial of their risk for HIV infection and facilitate an accurate self-perception of the risk.
 - (2) Prepare inmates for and give them information concerning the interpretation of HIV test results, the natural history of HIV infection, its effects on physical and mental health, the role of health maintenance, and available treatments.

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- (3) Assist inmates in negotiating a relevant risk reduction plan and attempt to secure a commitment from them to reduce their HIV risk.
- (4) Include patient referrals to the appropriate individuals for psychological support and provide them with encouragement to make desired behavioral changes.
- (5) Include patient referrals to appropriate drug treatment services for individuals whose substance abuse problems enhance their HIV risk.
- (6) Include information concerning the increased risk of HIV transmission associated with other sexually transmitted diseases and make patient referrals for additional sexually transmitted diseases examination and treatment.
- (7) Include patient referrals for high-risk negative inmates who require additional medical, preventive, and psycho social services.
- (8) Communicate the importance of the inmate's responsibility to disclose appropriate information concerning notification of past sexual and needle-sharing partners.

D. Interim Health Assessment/Intra System Transfers

1. Patients reviewed by clinical staff

Every inmate received from outside the WDOC, inmates within the system received from adult community corrections status going to a higher level of security; and inmates received from court or escape status will be reviewed by clinical staff in accordance with this procedure.

- a. Qualified health care professionals will assess the inmate for signs of physical or psychological illness.

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- b. Health services units will receive a copy of the daily movement record each day from the records' office. They will review the movement record and clinical staff will determine which inmates require an interim health assessment. The assessment will be completed within seven (7) working days of reception.

- c. If an inmate has documented evidence of an assessment performed by the WDOC clinical staff within the past ninety (90) days, another assessment will not be required unless requested by the physician or physician assistant.

- d. The interim health assessment will include, but not be limited to:
 - (1) a review of any health care received while away from correctional facility custody;
 - (2) a review of medications taken while away from correctional facility custody and those currently prescribed;
 - (3) a brief body systems review and a review of their medical record, noting any changes and problems;
 - (4) Review of prior laboratory or diagnostic test results to detect communicable disease including sexually transmitted disease and followup tests as indicated. Tuberculosis screening will be conducted in accordance with the WDOC policy entitled Testing, Treatment and Prevention of Tuberculosis in Correctional Institutions: Inmates.
 - (5) CBC with differential, urinalysis with micro, and other tests and examinations as deemed appropriate.
 - (6) Temperature, height, weight, pulse and blood pressure.
 - (7) Review of dental health.

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(8) Review of mental health.

(9) Review of visual acuity i.e.; Snellen chart.

- e. Results of the assessment and findings will be reviewed by a physician or physician assistant. Appropriate treatment will be implemented. Any physical limitations or restrictions that affect housing or job assignment or program participation will be reported to the correctional facility's program director, unit manager or case manager coordinator.

E. Periodic Health Assessment

1. Qualified health care professionals will provide periodic health assessments for inmates. Inmates with documented health problems will receive follow-up assessments as determined by the physician/physician assistant. Health assessments will be made available every two (2) years for inmates under the age of fifty (50) and annually for inmates over the age of fifty (50).
2. The periodic assessment will include, but will not be limited to:
 - a. A complete physical examination with an updated health history, rectal examination, and a general laboratory screening profile.
 - b. Chest x-rays will be performed as determined by the physician.
 - c. The health assessment for females will include a pelvic examination and pap smear. After two (2) negative pap smears a year apart, women under the age of fifty (50) will be offered a pap smear at least every two (2) years.
 - d. Inmates fifty (50) years of age and older will be offered an electrocardiogram. Male inmates over forty (40) will be offered a Prostate Screening Assessment (PSA) and digital rectal examination.
 - e. An annual screening mammogram will be conducted on all female

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inmates fifty (50) years and older. Female inmates ages forty (40) to forty-nine (49) will have a screening mammogram every one (1) to two (2) years. If the mammogram results indicate a need for additional evaluation, the qualified healthcare professional will order the required specialty consult for testing and/or treatment.

f. All inmates will receive annual tuberculosis screening.

V. Training Points

- A. What information does the health screening include?
- B. How long after an inmate arrives at a correctional facility will the mental health screening be performed?
- C. How long after an inmate arrives at a correctional facility will the comprehensive health assessment be completed?
- D. How is it determined which inmates will receive an HIV test?
- E. What is the time frame for creation of the medical record?
- F. Are all intakes screened for HIV?
- G. Give three (3) component of an interim health assessment.