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<b>Section-14 Health Services</b>	<b>OP-140114</b>	<b>Page: 1</b>	<b>Effective Date: 04/15/2016</b>
<b>Screening New Arrivals</b>	<b>ACA Standards: 2-CO-4E-01, 4-4354M, 4-4362M, 4-4363-1, 4-4365M, 4-4368M, 4-4370M, 4-4371M, 4-ACRS-4C-06M</b>		
<b>Joe M. Allbaugh, Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Screening New Arrivals

Medical, dental, and mental health screenings will be conducted by qualified health-care professional on all inmates, excluding intra-system transfers, upon arrival at the assessment and reception center. (4-4362M, 4-ACRS-4C-06M)

For the purpose of this procedure, the term “inmate” will apply to anyone under the custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections.

I. Initial Medical/Mental Health Screening (4-4362M, 4-4368M, 4-4370M, 4-4371M, 4-ACRS-4C-06M)

All inmates will receive an initial medical/mental health screening within 24 hours of arrival. The initial screening will be performed by a qualified health care professional (QHCP) trained in medical/mental health screening. Results of the health screening will be documented utilizing the “Medical/Mental Health Screening” form. The purpose of the medical/mental health screening is to gather information about each new arrival’s health needs to prevent medical emergencies and identify those inmates with serious medical/mental health needs, including those that may impact security.

A. Identification of Inmates

Inmates identified as having acute medical needs will be expedited for further medical evaluation. Inmates identified as needing further evaluation for mental health services will be referred by the medical nurse within the following timeframes.

1. Time Frame for Mental Health Referral

- a. Inmates who are on neuroleptic medication will be referred to and seen by the psychiatrist by the next working day. Inmates who are on other psychotropic (non-neuroleptic) medication will be referred to and seen by a qualified mental health professional (QMHP) by the next working day and by a psychiatrist within one week unless a more urgent need is determined by the QMHP. Additional components of the mental health intake assessment are outlined in [OP-140201](#) entitled "Mental Health Services Duties and Responsibilities." (4-4370M, 4-4371M, b # 11, 12, 13)
- b. Inmates who express current suicidal or homicidal ideation will be referred immediately to a QMHP.
- c. Observations of unusual or inappropriate behavior, verbal complaint or self-report of current symptoms of mental disorders, a history of mental health treatment and any history of suicide issues will be referred to and seen by a QMHP by the end of the next working day.

#### B. Dental Screening

The dentist(s) will ensure that all inmates receive a dental screening and examination in accordance with [OP-140124](#) entitled "Dental Services." (4-4365M, b # 2, 6,10). This will be documented utilizing the "Dental Initial Examination" form.

### II. Initial Health Assessment

#### A. Purpose of Health Assessment

The purpose of the health assessment is to provide essential information for diagnosis of health conditions, preventative health maintenance and treatment. The health assessment provides a baseline, which helps determine programming, work, and activity assignments or restrictions. In addition, conditions impacting security/custody will be identified (e.g., unusual body cavities: cleft palate, ostomies) in which contraband may be hidden.

#### B. Components of the Health Assessment

QHCP's will ensure a comprehensive health assessment is completed on each inmate within four working days after arrival. If there is documented evidence of a health assessment within the previous 90 days, a new health assessment is not required except as determined by the designated health authority. The health assessment will include but not limited to:

1. Review of the "Medical/Mental Health Screening" form and the "Dental Initial Exam" form by the QHCP(4-4365M, b# 1, 6, 7, 10);

2. Completion of the “Initial Intake & Routine Physical Examination” by the healthcare provider to include mental health and dental. (4-4365M, b# 6, 7, 11); and
3. Completion of the “Activity/Housing Summary (IHAP)” by a QHCP or the healthcare provider. (4-4365M, b# 9-12)

**C. Initial Physical Examination and Laboratory Requirement**

<b>Initial Physical Examination and Laboratory Requirement: Male (4-4365M, b# 3, 5, 7)</b>	
Initial PE Age 39 and younger (4-4312)	<ul style="list-style-type: none"> <li>• Cholesterol, Total</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354, 4-4365 (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> <li>• CMP</li> </ul>
Initial PE Ages 40- 49 yrs.	<ul style="list-style-type: none"> <li>• Lipid Profile</li> <li>• CMP</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> </ul>
Initial PE Ages 50- 64 yrs.	<ul style="list-style-type: none"> <li>• Lipid Profile</li> <li>• ECG</li> <li>• Digital rectal exam</li> <li>• CMP</li> <li>• Fecal occult blood testing or at receiving facility</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> </ul>
Initial PE Ages 65 and older	<ul style="list-style-type: none"> <li>• Lipid Profile</li> <li>• ECG</li> <li>• Digital rectal exam</li> <li>• CMP</li> <li>• Fecal occult blood testing or at receiving facility</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> </ul>
<b>Initial Physical Examination and Laboratory Requirement: Female (4-4365M (b# 3, 5))</b>	
Initial PE Age 39 and younger (4-4312)	<ul style="list-style-type: none"> <li>• Cholesterol, Total</li> <li>• CMP</li> <li>• PAP testing</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> <li>• Chlamydial testing</li> <li>• Gonorrhea testing</li> <li>• Urine pregnancy testing (if clinically indicated)</li> </ul>

Initial PE Ages 40-49 yrs.	<ul style="list-style-type: none"> <li>• Lipid Profile</li> <li>• PAP testing</li> <li>• CMP</li> <li>• Mammography</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> <li>• Chlamydial testing</li> <li>• Gonorrhea testing</li> <li>• Urine pregnancy testing (if clinically indicated)</li> </ul>
Initial PE Ages 50-64 yrs.	<ul style="list-style-type: none"> <li>• Lipid Profile</li> <li>• PAP testing</li> <li>• CMP</li> <li>• Fecal occult blood testing or at receiving facility</li> <li>• Mammography</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> <li>• Chlamydial testing</li> <li>• Gonorrhea testing</li> <li>• Urine pregnancy testing (if clinically indicated)</li> </ul>
Initial PE Ages 65 and older	<ul style="list-style-type: none"> <li>• Lipid Profile</li> <li>• PAP testing</li> <li>• CMP</li> <li>• Fecal occult blood testing or at receiving facility</li> <li>• Mammography</li> <li>• Urinalysis</li> <li>• Tuberculin skin test (4-4365 (b# 3))</li> <li>• HIV testing – Enzyme-Linked Immunosorbent Assay (ELISA). The Western Blot method will be utilized if the baseline ELISA test result is reactive (or positive). (4-4354M, 4-4365M (b# 3))</li> <li>• Rapid Plasma Reagin (Syphilis)</li> <li>• Chlamydial testing</li> <li>• Gonorrhea culture</li> <li>• EKG</li> </ul>

**III. Living Will/Advanced Directive**

Either at reception or upon transfer to a facility, each inmate will receive information about establishing a “Living Will/Advanced Directives for Health Care” ([DOC 140138A](#)) in accordance with [OP-140138](#) entitled “Offender Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent.” Each inmate will be offered the opportunity to designate a person other than the inmate to whom protected health information may be released utilizing the “Authorization for Release of Protected Health Information” form ([DOC 140108A](#)).

**IV. Transfer from Assessment and Reception**

Prior to transferring from the assessment and reception center, a medical staff employee will complete a “Medical Transfer Summary” in the EHR.

V. Receiving Facility

A healthcare chart review will be completed by a QHCP by the next working day of the inmate's arrival. The chart review will be documented on the "Medical Transfer Summary – Receiving Facility."

VI. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-140106 entitled "Healthcare Record System"

OP-140124 entitled "Dental Services"

OP-140138 entitled "Offender Living Will/Advance Directive for Health Care and Do Not Resuscitate (DNR) Consent"

OP-140201 entitled "Mental Health Services, Duties and Responsibilities"

VII. Action

The chief medical officer is responsible for the compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This policy is effective as indicated.

Replaced: Operations Memorandum No. OP-140114 entitled "Screening New Arrivals" dated July 30, 2014

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140108A</a>	"Authorization for Release of Protected Health Information"	<a href="#">OP-140108</a>
<a href="#">DOC 140113A</a>	"Medical Transfer Summary"	<a href="#">OP-140113</a>
<a href="#">DOC 140113C</a>	"Activity/Housing Summary (IHAP)"	<a href="#">OP-140113</a>
<a href="#">DOC 140114A</a>	"Medical/Mental Health Screening"	Attached
<a href="#">DOC 140114C</a>	"Initial Intake & Routine Physical Examination"	Attached
<a href="#">DOC 140124A</a>	"Dental Initial Examination"	<a href="#">OP-140124</a>
<a href="#">DOC 140138A</a>	"Living Will/Advanced Directive for Health Care"	<a href="#">OP-140138</a>

