INTAKE SCREENING

POLICY.

Intake screening will be performed on each person brought to the Deschutes County Adult Jail (DCAJ) and Work Center (WC) for lodging. Intake screening is a system of structured inquiry and observation designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the DCAJ's general population.

PURPOSE.

The purpose of this policy is to provide healthcare screening as part of the booking process.

OREGON JAIL STANDARDS:

- B-107 Inmates Requiring Immediate Medical Attention
- B-208 Medical Screening
- B-209 Suicide Risk Screening
- B-210 Mental Health Screening
- B-211 Segregation During Admission
- G-201 Screening Follow-Up

REFERENCES.

- ORS 169.076 Standards for local correctional facilities

DEFINITIONS.

Health Trained Officer (HTO). Corrections deputy employed at DCAJ who has received specialized training in identifying and handling persons suspected of having medical or mental health disorders.

Facility. Includes Deschutes County Adult Jail and Work Center.

Mental Health Specialist (MHS). A non-sworn employee of DCAJ who is designated to provide mental health services needed during regular business hours.
Psychiatric Mental Health Nurse Practitioner (PMHNP). An employee of DCAJ who is designated to provide mental health services required during regular business hours.

Qualified Mental Health Professional (QMHP). An employee of Deschutes County Mental Health designated as a Qualified Mental Health Professional pursuant to OAR 1309-32-040 (9) who provides after-hours and weekend mental health services.

PROCEDURES.

SECTION A: MEDICAL SCREENING

A-1. All arrestees brought to DCAJ and WC for lodging will be medically screened by a Health Trained Officer (HTO) or by the facility nurse before admission to the jail or work center. If an arrestee is uncooperative or otherwise unable to assist with the screening, a visual screening, as outlined in A-4, shall be completed. Further information shall be obtained as soon as possible.

A-2. The HTO shall complete the Intake Medical Screening Form No. 501 in the jail management system (JMS). Upon completing the booking, staff will place a copy of the Intake Medical Screening form in medical’s in-box for review by the facility nurse.

A-3. The intake medical screening will obtain information concerning:
   a. Current illnesses or injuries.
   b. Significant medical history problems.
   c. Name of physician if being treated by one.
   d. Currently prescribed medication.
   e. Pregnancy or other female medical conditions.
   f. Past psychiatric history (in-patient, out-patient, past medications not currently being taken for psychiatric problems).
   g. Use of alcohol and other drugs, including types, methods, amounts, frequency, date or time of last use and history of problems which may occur after ceasing use.
   h. Medical insurance providers and inmate’s account information.

A-4. The intake medical screening will include observations of:
   a. Amputations or significant deformities.
   b. Obvious injury or illness.
   c. Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes, infestations and needle marks or other indications of drug abuse.
   d. Behavior, which includes state of consciousness, mental status, appearance, conduct, tremors and sweating.

A-5. All findings of the intake medical screening will be documented on a printed form approved by the Facility Provider.
A-6. Upon arrival at the facility, information regarding access to health services is communicated to the inmates both orally and in writing.

A-7. Arrestees who are in need of immediate medical attention are not to be admitted to jail but are referred immediately for emergency care. If they are referred to the hospital, their admission to the jail is predicated upon written medical clearance. DCAJ or WC will not admit arrestees who are:

a. Unconscious.
b. Seriously injured, or
c. Seriously ill and in need of urgent medical care.

SECTION B: SUICIDE RISK SCREENING

B-1. As part of the intake screening, the HTO will screen arrestees for risk of attempting suicide or other self-destructive behavior.

B-2. During the intake process, the HTO will screen incoming inmates concerning:

a. Previous suicide attempts.
b. Current state of mind and suicidal ideation.
c. A family history of suicide or suicide attempts.
d. Scars or other physical manifestations of previous suicide attempts.
e. Information from arrest or transport authorities related to observed or noted risk factors.
f. If information is discovered or if an arrestee discloses information that indicates they are a suicide risk.
g. If arrestee has previously been lodged in the jail and was a risk to commit suicide or engaged in other self destructive behavior or suicide attempts.

B-3. If the HTO determines that the arrestee is a potential suicide risk, the HTO will immediately contact jail mental health staff if one is on-duty in accordance with DCAJ Policy CD-10-23, Suicide Prevention, and comply with any verbal and written instructions. If jail mental health staff is unavailable, the shift supervisor will determine if the arrestee will be accepted into the facility or be seen by MCAT. The HTO will document the contact with MCAT and/or supervisor’s instructions on the Pre-Booking Questionnaire Form No. 500. Mental Health staff will complete an in-person evaluation of the inmate when on-duty.

SECTION C: MENTAL HEALTH SCREENING

C-1. Each person brought to DCAJ and WC for lodging will receive at least minimal mental health screening by an HTO. If an arrestee is uncooperative or otherwise unable to assist with the screening, a visual screening, as outlined in A-4, will be completed.

C-2. The intake mental health screening will obtain information concerning:
a. Providers of past or current mental health treatment and type of treatment
b. Observation or signs of behavior which indicate an obvious risk to self or others

C-3. The HTO will refer inmates suspected of being mentally ill to the attention of the Mental Health staff. Inmates with more obvious and serious acute mental health needs will be immediately referred to Mental Health staff for evaluation.

SECTION D: FACILITY NURSE REVIEW

D-1. Daily, the Facility Nurse will review the medical screening forms; interview and/or examine the inmate; contact the treating physician when medically necessary, follow Standing Orders and refer medical questions to the Facility Provider, as necessary. The Facility Provider may also perform this review.

SECTION E: SEGREGATION DURING ADMISSION

E-1. Inmates determined to be assaultive towards others or at risk of being assaulted will be temporarily segregated prior to classification and housing.

E-2. Inmates who pose a risk of infecting others with an infectious disease will be temporarily segregated prior to classification and housing.

E-3. Inmates who demonstrate obvious suicide risk or are extremely vulnerable will be closely observed prior to classification and housing. Close observation includes visual checks every ten, fifteen or thirty minutes as ordered by medical, mental health or shift supervisor.

E-4. Inmates who are obviously highly dangerous to themselves or other inmates or who are obviously extremely vulnerable will be closely observed prior to classification and housing. Close observation includes visual checks every ten, fifteen or thirty minutes as ordered by medical, mental health or shift supervisor.

FORMS USED:

- Intake Medical Screening Form No. 501
- Pre-Booking Questionnaire Form No. 500