



## **INTAKE SCREENING**

### **POLICY.**

Intake screening will be performed on each person brought to the Deschutes County Sheriff's Office – Adult Jail (AJ) 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 the AJ who has received specialized training in identifying and handling persons suspected of having medical or behavioral health disorders.

**Facility.** Includes Deschutes County Adult Jail (AJ) and Work Center (WC).

**Behavioral Health Specialist (BHS).** A non-sworn employee of the AJ who is designated to provide behavioral health services needed during regular business hours.

**Psychiatric Mental Health Nurse Practitioner (PMHNP).** A nurse practitioner who has specialized training and is designated to provide behavioral health services.

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

## **PROCEDURES.**

### ***SECTION A: MEDICAL SCREENING***

- A-1.** All arrestees brought to the AJ for lodging will be medically screened by an HTO or by the facility nurse before admission. 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.** In the absence of a facility nurse, the HTO shall complete the *Intake Medical Screening Form No. 501* in the Jail Management System (JMS). A facility nurse or deputy will take vital signs on all new arrestees during the intake medical screening. For uncooperative inmates, vital signs will be taken as soon as the inmate is cooperative. All vital signs will be documented on the Inmate Medical Screening Form. Upon completing the booking, staff will place a copy of the Intake Medical Screening Form in medical's inbox 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.
  - i. Suicidal thoughts, attempts or feelings.
  - j. Vital signs (blood pressure, pulse, oxygen saturation and temperature)
- 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. The AJ will not admit arrestees who are:
  - a. Unconscious.
  - b. Seriously injured, or
  - c. Seriously ill and in need of urgent medical care.

***SECTION B: ALCOHOL/DRUG INTOXICATED SUBJECTS***

- B-1.** At any time an intoxicated (drug or alcohol) inmate presents with an unstable medical condition, EMS should be called immediately and a facility nurse should respond to the inmate if on duty. HTOs may use discretion to call EMS immediately, or to have the inmate evaluated by a facility nurse Prior to calling EMS. The intoxicated inmate should have their vital sign measurements (heart rate and blood pressure) taken by a facility nurse or a HTO to determine their medical stability for acceptance into the jail.

Examples of an, “Unstable Medical Condition” are listed below. Deputies will look for, document and pass along to medical staff any of the following during the intake medical screening process:

- a. Confusion
- b. Hallucinations
- c. Seizure
- d. Persistent tachycardia. If heart rate is greater than 120 beats per minute (BPM) call EMS.
- e. Persistent elevated blood pressure greater than 180/100.
- f. Low blood pressure less than 90/50.
- g. Repeated vomiting
- h. Fever – temperature greater than 100.4
- i. Chest pain
- j. Severe headache
- k. Shortness of breath
- l. Agitated, heart rate less than 120 BPM, but elevated. Continue observation, visual and verbally check with inmate. Vitals should be taken every 15 minutes for 1 to 2 hours.

If symptoms change, decrease or increase checks as appropriate, or follow instructions given by a facility nurse or Facility Provider. Call EMS if in doubt.

- B-2.** Deputies and medical staff will pay close attention to the transition period between an inmate's agitated/intoxicated state and going to sleep, or what looks like the inmate going to sleep after being agitated.

When it is safe to do so, a deputy or facility nurse will check on the inmate:

- a. Every 5 minutes for 30 minutes, then
- b. Every 15 minutes for an hour
- c. Checks should include breathing, pulse, snoring and responsiveness
- d. Document any observations for continuity of care

### ***SECTION C: SUICIDE RISK SCREENING***

- C-1.** As part of the intake screening, the HTO will screen arrestees for risk of attempting suicide or other self-destructive behavior.
- C-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.
- C-3.** If the HTO determines that the arrestee is a potential suicide risk, the HTO will immediately contact an on-duty BHS in accordance with DCAJ Policy [CD-10-23, Suicide Prevention](#), and comply with any verbal and/or written instructions. If a corrections BHS is unavailable, the shift supervisor will determine if the arrestee will be accepted into the facility or be seen by the DCBH Mobile Crisis Assessment Team (MCAT). The HTO will document contact with MCAT and/or supervisor's instructions on the Pre-Booking Questionnaire Form No. 500. A BHS will complete an in-person evaluation of the inmate when on-duty..

### ***SECTION D: BEHAVIORAL HEALTH SCREENING***

- D-1.** Each person brought to the AJ for lodging will receive at least minimal behavioral 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.
- D-2.** The intake behavioral health screening will obtain information concerning:

- a. Providers of past or current behavioral health treatment and type of treatment
- b. Observation or signs of behavior which indicate an obvious risk to self or others

**D-3.** The facility nurse or HTO will refer inmates suspected of being mentally ill to the attention of a BHS. Inmates with more obvious and serious acute behavioral health needs will be immediately referred to a BHS for evaluation.

***SECTION E: FACILITY NURSE REVIEW***

**E-1.** Daily, the facility nurse will review the Intake 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 F: SEGREGATION DURING ADMISSION***

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

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

**F-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 facility nurse, BHS or shift supervisor.

**F-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 facility nurse, BHS or shift supervisor.

**FORMS USED:**

- [Intake Medical Screening Form No. 501](#)
- Pre-Booking Questionnaire Form No. 500