

POLICY TITLE: HEALTH SCREENING AND ASSESSMENT		PAGE 1 OF 8
POLICY NUMBER: 13.4 (JF)		
CHAPTER 13: HEALTH CARE SERVICES		
	STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: 	PROFESSIONAL STANDARDS: See Section VII
EFFECTIVE DATE: December 1, 2003	LATEST REVISION: May 28, 2013	CHECK ONLY IF APA []

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Juvenile Facilities

III. POLICY

It is the policy of the Department of Corrections to promote the ongoing health and well being of residents. The Department shall accomplish this by ensuring that timely health screenings are conducted by qualified health care professionals whenever residents are received into the Department and by conducting assessments as necessary during their incarceration. Resident requests for health care services shall be unimpeded by non health care staff. The collection and recording of health screening and assessment data shall be done in a uniform manner, as determined by the Health Services Administrator, and performed only by qualified health care staff.

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V. ATTACHMENTS

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 Attachment C: Therapeutic Diet Order Form [REVISED] Refer to Department Policy (JF) 13.14, Therapeutic Diets and Health Care Food Restrictions, and its attachments.

Attachment D: Food Service Worker Medical Clearance and Guidelines
Attachment E: Admission Physical Health Assessment Form
Attachment F: Medical Transfer Form

VI. PROCEDURES

Procedure A: Admission Health Screening

1. An admission health screening shall be performed on each resident during his/her intake into the facility. The screening shall be conducted in the area designated by the Chief Administrative Officer. The admission health screening must be completed by qualified health care staff upon the resident's arrival. (See Attachment A, Admission Health Screening & Addendum Form)
2. During the admission health screening, the health care staff shall inform the resident, both verbally and in writing, in a language easily understood by the resident, how to access routine and emergency health care services utilizing the facility's Access to Health Care Services Information Sheet. When a literacy problem, language problem, or mental or physical disability prevents a resident from understanding the oral and/or written information, a staff member or other qualified person (e.g., translator, sign language interpreter, etc.) shall assist the resident. In addition, the resident shall be informed of the availability of the resident grievance system for medical and mental health care. This information may also be provided during the facility orientation process.
3. At a minimum, the admission health screening shall include the following:
 - a. Recording of age, sex, race, height, weight, and vital signs;
 - b. Inquiry into history of chronic illnesses, serious infectious or communicable diseases, including symptoms and treatment;
 - c. For female residents, inquiry into obstetrical/gynecological history, current pregnancy status, date of last menstrual period, PAP smear, current problems;
 - d. Inquiry into use of alcohol and other drugs, to include type(s) of drugs used, 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. Inquiry into current illness and health problems, including infectious or communicable diseases, allergies;
 - f. Inquiry into current medications;
 - g. A dental screening and inquiry into current dental problems;
 - h. Immunization status, e.g., tetanus toxoid;

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- i. Observation of general appearance and behavior, including level of consciousness, mental status, conduct, tremor and sweating;
 - j. Observation of body deformities, ease of movement, physical disabilities, and prosthetic devices;
 - k. Observation of condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse;
 - l. Recommendations regarding the resident's clearance for the housing unit, housing unit with referral to appropriate health care service, or referral to health care service for emergency treatment or other accommodations, as necessary.
4. Health care staff shall request the signature of a resident who has attained the age of 18 on release of information forms for medical, dental, optometric and mental health information from prior providers, when indicated. For a resident who has attained the age of 18, and who has a legal guardian, the legal guardian shall be requested to sign the forms, when indicated. For a resident who has not attained the age of 18, the facility Chief Administrative Officer or Deputy Chief Administrative Officer shall sign the release forms.
 5. The facility health care staff shall forward the signed forms to the prior community providers immediately and shall follow up with the providers if the records are not received timely. When indicated, the facility health care staff shall attempt to contact a prior community provider by phone or other means to obtain necessary information immediately.
 6. At the admission health screening for a resident, who has attained the age of 18, the health care staff performing the screening shall obtain information about the resident's enrollment and eligibility for MaineCare (Medicaid) and shall obtain the resident's signature on the MaineCare Application Authorization form.
 7. In the case of a resident, who has attained the age of 18, and who has a legal guardian, the guardian shall be asked to sign the MaineCare Application Authorization form.
 8. If, either at admission or any other time, it appears likely that a resident, who has attained the age of 18, will require hospital or other care in the community, reimbursable by MaineCare, the Health Services Administrator, (HSA), or designee, shall take steps to enroll the resident in MaineCare.
 9. In the case of a resident who has not attained the age of 18, health care staff shall obtain information regarding private health insurance or enrollment in MaineCare by the resident's parent(s) or other guardian.

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10. In addition to the admission health screening, the resident shall be interviewed by intake health care staff to establish the resident's history of sexually assaultive behavior or risk of sexual victimization. The resident shall be monitored by staff and counseled by mental health staff as appropriate. (see Attachment A, Admission Health Screening & Addendum form)
11. Upon completion of the admission health screening, the health care staff shall:
 - a. Explain to a resident who has attained the age of 18 the meaning of the Consent to Treatment form and request the resident's signature on the form;
 - b. Ensure the provision of emergency health care, as deemed necessary based on presenting symptoms;
 - c. Notify the physician, physician assistant, or nurse practitioner of any significant findings and carry out any resulting orders;
 - d. Refer to appropriate services, e.g., mental health, social services, detoxification, substance abuse;
 - e. Complete the Physical Activity Limitation Form (Attachment B);
 - ~~f. Complete the Therapeutic Diet Order form, if appropriate (Attachment C);~~
 - g. Complete the Food Service Worker Medical Clearance and Guidelines form; (Attachment D).
12. A mental health screening shall be conducted as set out in Policy 13.6, Mental Health Services.

Procedure B: Health Assessment

1. Health assessments shall be performed on each resident.
2. An admission physical health assessment must be completed by qualified health care staff within fourteen (14) days of the resident's intake into the facility (see Attachment E, Admission Physical Health Assessment). At a minimum, the physical health assessment shall include the following:
 - a. A review of the earlier admission screening, to include interpretation of laboratory and diagnostic tests initiated at admission screening;
 - b. Collection of additional data to complete the medical, dental, mental health and immunization histories, to include consultation with health care practitioners, as appropriate;
 - c. Recording of height, weight, pulse, blood pressure and temperature;

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- d. Laboratory or diagnostic tests to detect communicable disease, to include sexually transmitted diseases (STDs) and tuberculosis;
 - e. Other tests and examinations, as appropriate, which may include, but are not limited to, urinalysis, serology, chemistry profile, CBC with differential;
 - f. A complete health history, and gender appropriate physical examination. The physical examination shall include a Snellen vision test, hearing screening, and review of mental and dental status.
 - g. Enrollment in appropriate follow-up clinic(s), chronic care or wellness, and scheduling of necessary diagnostic procedures;
 - h. Initiation of therapy, when appropriate;
 - i. Development and implementation of a treatment plan, to include recommendations regarding housing and program participation.
3. A mental health assessment shall be conducted as set out in Policy 13.6, Mental Health Services.

Procedure C: Medical Transfer Screening (Transferring / Receiving)

- 1. Upon notification of a pending transfer by appropriate Department staff, health care staff at the sending facility shall assess the resident for suitability for transfer to another Departmental facility and complete the sending portion of a Medical Transfer form (See Attachment F). The sending portion of a Medical Transfer form shall also be completed for all residents scheduled for transfer to a facility outside the jurisdiction of the Department (another state, federal authority, or county jail).
- 2. Upon a resident's arrival at the receiving facility, health care staff shall review the sending facility's Medical Transfer form and complete the receiving portion of the form. Health care staff shall make necessary follow-up contact with the sending facility to assure continuity of health care.
- 3. Health care staff shall interview the resident concerning:
 - a) whether the resident is being treated for a medical or dental problem;
 - b) whether the resident is currently on medication(s); and
 - c) whether the resident has a current medical or dental complaint.
- 4. Health care staff shall make observation of the resident's appearance and behavior, physical deformities, any evidence of abuse or trauma, ease of movement, etc., and make arrangements for emergency care or refer the resident for health care services, as appropriate.

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5. Upon a resident's transfer or return from a facility outside the Department's jurisdiction or upon a resident's return from a leave/pass, the health care staff shall interview the resident and complete the receiving portion of the Medical Transfer Form.

Procedure D: Annual Health Assessment

1. Each resident shall receive an annual physical health assessment by qualified health care staff, unless his/her medical condition requires more frequent assessment. This assessment may be done a physician, physician assistant, or nurse practitioner.

VII. PROFESSIONAL STANDARDS

ACA

- 4-JCF-3D-03** Juveniles are screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly.
- 4-JCF-4C-01** (MANDATORY) Intake health screening commences upon the juvenile's arrival at the facility, excluding intrasystem transfers, and is performed by a qualified health-care professional or by health-trained personnel. When health-trained personnel conduct the health screening, procedures shall require a subsequent review of positive findings by a qualified health-care professional.

The responsible health-care practitioner in cooperation with the health authority and facility administrator establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority. The health screening shall include at least the following:

Inquiry into:

1. History of chronic illnesses and serious infections or communicable diseases, including symptoms and treatment
2. Obstetrical/gynecological history and current pregnancy status
3. Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of problems that may have occurred after ceasing use (for example, convulsions)
4. Current illness and health problems, including infectious or communicable diseases
5. Current medications
6. Current dental problems
7. Recording of height and weight
8. Other health problems designated by the responsible physician

Observations of the following:

9. Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
10. Body deformities and ease of movement
11. Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, and needle marks or other indications of drug abuse

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Medical disposition of the juvenile:

12. Cleared for general population
13. Cleared for general population with a referral to appropriate health care service
14. Referral to appropriate health-care service for emergency treatment, their admission or return to the facility is predicated on written medical clearance.

4-JCF-4C-03 (MANDATORY) All juveniles, excluding intrasystem transfers, shall receive an intake-health appraisal and examination within 14 days of the juvenile's arrival at the facility. If there is documented evidence of a health examination within the previous 90 days, a new health examination is not required, except as determined by the responsible health-care practitioner. The health-care practitioner in cooperation with the health authority approves health appraisal and examination data collection and documentation format.

The health appraisal, completed by a qualified health-care professional, shall include at least the following:

1. Review of the earlier admissions screenings
2. Review of the results of the previous medical examinations, tests, and identification of problems
3. Recording of height, weight and vital signs (pulse, blood pressure, respiration, and temperature)
4. Collection of additional data to complete the medical, dental, mental health, and immunization histories
5. Consultation with a health-care practitioner, as appropriate

The health examination, completed by a health-care practitioner, shall include at least the following:

6. Review of the earlier admission screening results, appraisal data, previous medical examinations, testing, and health problems
7. Physical examination, including review of mental and dental status
8. Request for any additional data to complete the medical, dental, mental health, and immunization histories
9. Orders for laboratory and/or diagnostic tests to detect communicable disease, including sexually transmitted diseases and tuberculosis
10. Other tests and examinations, as appropriate
11. Initiation of therapy, when appropriate
12. Development and implementation of a treatment plan, including recommendations concerning housing and program participation

4-JCF-4C-05 (MANDATORY) Upon arrival at the facility, all juveniles are informed about how to access health-care services. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each juvenile. When a literacy problem, language problem, or physical handicap prevents a juvenile from understanding oral and written information, a staff member or translator assists the juvenile. No member of the correctional staff shall impede the juvenile's requests for access to health-care services.

4-JCF-4C-15 Routine and emergency dental care is provided to each juvenile under the direction and supervision of a licensed dentist. There is a defined scope of available dental services, including emergency dental care, which includes the following:

1. Dental screening is conducted upon admission by a qualified health-care professional or health-trained personnel

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2. Dental examination by a dentist within 14 days of admission on intersystem transfers, unless documentation of dental examination completed within the last six months, and diagnostic x-rays, as necessary
3. Preventive care by a dentist or dental-trained personnel within 14 days of admission, unless documentation of dental-preventive care completed within the last six months.
4. Dentist determines the conditions for more frequent than annual dental follow-up
5. Defined charting system that identifies the oral-health condition and specifies the priorities for treatment by category is completed
6. Development of an individualized dental-treatment plan as indicated for juveniles receiving dental care
7. Consultation and referral to dental specialists, including oral surgery, when necessary

4-JCF-4E-01 Juveniles with alcohol and other drug abuse problems are identified through a standardized assessment process. This assessment process is documented and includes, at a minimum, the following:

1. Drug and alcohol screening at initial intake to include use, abuse and treatment history
2. Medical assessment for referral to a drug and alcohol crisis-intervention-program appropriate to the needs of the individual juvenile
3. Drug and alcohol assessment, when necessary, for program placement needs
4. Reassessment, if indicated clinically

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