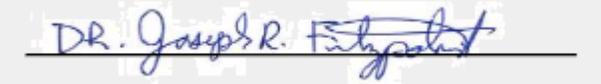


<b>POLICY TITLE: HEALTH SCREENING AND ASSESSMENT</b>		<b>PAGE <u>1</u> OF <u>11</u></b>
<b>POLICY NUMBER: 18.4</b>		
<b>CHAPTER 18: HEALTH CARE SERVICES</b>		
	<b>STATE of MAINE</b> <b>DEPARTMENT OF CORRECTIONS</b>  <b>Approved by Commissioner:</b> 	<b>PROFESSIONAL STANDARDS:</b>  <b>See Section VII</b>
<b>EFFECTIVE DATE:</b> August 4, 2003	<b>LATEST REVISION:</b> September 19, 2018	<b>CHECK ONLY IF</b> APA [ <input type="checkbox"/> ]

**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 Adult Facilities

**III. POLICY**

It is the policy of the Department of Corrections to promote the ongoing health and well being of prisoners. The Department shall accomplish this by ensuring that timely health screenings are conducted by qualified health care professionals whenever prisoners are received into the Department and by conducting assessments as necessary during their incarceration. 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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- Procedure A: Admission Health Screening
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**V. ATTACHMENTS**

- Attachment A: Admission Health Screening Form and Addendum
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- Attachment C: Food Service Worker Medical Clearance and Guidelines
- Attachment D: Admission Physical Health Assessment
- Attachment E: Medical Transfer Form

## VI. PROCEDURES

### Procedure A: Admission Health Screening

1. An admission health screening shall be performed on each prisoner during his or her intake into the reception 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 within four (4) hours of the prisoner's arrival. (See Attachment A, Admission Health Screening Form and Addendum.)
2. During the admission health screening, health care staff shall inform the prisoner, both verbally and in writing, in a language easily understood by the prisoner on
  - a. how to access routine and emergency health care services utilizing the facility's Access to Health Care Services Information Sheet;
  - b. the copay requirements as set forth in Department Policy (AF) 18.1, Governance and Administration; and
  - c. the availability of the prisoner grievance system for medical and mental health care as set forth in Department Policy (AF) 29.2, Prisoner Grievance Process, Medical and Mental Health Care.
3. The above information may also be provided during the facility orientation process. In addition, when a literacy problem, language problem, or mental or physical disability prevents a prisoner 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 prisoner in understanding the above.
4. The screening shall consist of a visual observation and a medical history overview to determine if there are any immediate medical, medication, pregnancy, mental health, dental, or substance abuse issues. This may include special dietary needs, special housing needs, such as lower bunk bed assignment, and/or work restrictions due to disabilities or other medical conditions. Health care staff shall inform appropriate staff of relevant findings.
5. At the admission health care screening, health care staff shall request the signature of a prisoner on release of information forms for medical, dental, optometric and mental health information from prior community providers, if indicated. For a prisoner who has a legal guardian, the health care staff shall request the legal guardian to sign the forms when indicated.
6. 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.

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7. At the admission health screening for a prisoner, the health care staff performing the screening shall obtain information about the prisoner's enrollment and eligibility for MaineCare (Medicaid) and shall obtain the prisoner's signature on the MaineCare Application Authorization form.
8. If, either at admission or any other time, it appears likely that a prisoner will require hospital or other care in the community, reimbursable by MaineCare, the Department's contractual health care provider, or designee, shall take steps to enroll the prisoner in MaineCare.
9. 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 past history of serious infectious or communicable diseases and any treatment or symptoms (e.g., chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness) and current medications;
  - c. inquiry into current illness and health problems, including infectious or communicable diseases;
  - d. a dental screening and inquiry into any dental problems;
  - e. inquiry into use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date and time of last use, and history of any problems that may have occurred after ceasing use (e.g., convulsions);
  - f. for female prisoners, inquiry into possibility of pregnancy, date of last menstrual period, PAP smear, mammogram, current gynecological problems;
  - g. inquiry into allergies; and any significant family medical history;
  - h. observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor and sweating;
  - i. observation of physical disabilities, body deformities, ease of movement, and prosthetic devices;
  - j. observation of condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos, needle marks or other indications of drug abuse;
  - k. immunization status;
  - l. review of current medications; and
  - m. recommendations, as necessary, to the security supervisor, for appropriate housing or other accommodations.
10. In addition to the admission health screening, the prisoner shall be interviewed by intake health care staff to establish the prisoner's history of sexually assaultive behavior or risk of sexual victimization. The prisoner shall be monitored by

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security staff and counseled by mental health staff as appropriate (see Addendum to Admission Health Screening form).

11. Upon completion of the admission health screening, the health care staff shall:
  - a. explain to the prisoner the meaning of the Consent to Treatment form and request the prisoner’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’s assistant, or nurse practitioner of any significant findings and carry out any resulting orders;
  - d. refer to appropriate services, e.g., mental health, optometry, dental, social services, detoxification, substance abuse;
  - e. complete the Physical Activity Limitation form (Attachment B), if appropriate;
  - f. complete the Therapeutic Diet Order form as set forth in Department Policy 18.14, Therapeutic Diets, if appropriate; and
  - g. complete the Food Service Worker Medical Clearance and Guidelines form (Attachment C).
  
12. A mental health screening shall be conducted as set out in Department Policy (AF) 18.6, Mental Health Services.

**Procedure B: Health Assessment**

1. Health assessments shall be performed on each prisoner.
  
2. A physical health assessment must be completed by qualified health care staff within fourteen (14) days of a prisoner’s intake into the facility, (Attachment D, 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;
  - c. laboratory or diagnostic tests to detect communicable disease, to include venereal disease and tuberculosis, pregnancy tests on females when indicated, and any other laboratory tests deemed medically necessary;
  - d. recording of height, weight, pulse, blood pressure, and temperature;
  - e. other tests and examinations, as appropriate to include, but not limited to, urinalysis, serology, chemistry profile, CBC with differential;
  - f. an age and gender appropriate physical examination, including review of mental status (e.g., mood, affect, orientation) and dental status, a Snellen vision test, and hearing screening;

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- g. immunizations as indicated, e.g., tetanus toxoid;
  - h. scheduling of necessary diagnostic procedures, including evidence-based health maintenance procedures; and
  - i. enrollment in appropriate follow-up chronic care clinic(s), for those prisoners with significant health problems (for example, cardiac problems, diabetes, communicable diseases, etc.) identified at admission screening.
3. The results of the physical health assessment and any tests shall be reviewed by the physician, physician assistant, or nurse practitioner, who shall, when appropriate, initiate therapy, develop and implement a treatment plan, and determine physical activity restrictions (Attachment B) and special needs that might impact housing, job assignment, and program participation.
  4. A full dental examination must be completed by a dentist within thirty (30) days of admission.
  5. A mental health assessment shall be conducted as set out in Department Policy (AF) 18.6, Mental Health Services.

**Procedure C: Medical Transfer Screening (Transferring/Receiving)**

1. Upon notification of a pending transfer by appropriate Departmental staff, health care staff shall conduct a review of the prisoner’s health care record and complete the Medical Transfer – Transfer Facility form. Any medications to be transferred with the prisoner shall be placed in a labeled and sealed tamper-proof bag. Health care staff shall deliver the medications and any medical equipment that the prisoner uses to facility classification or other designated staff. Designated health care staff shall evaluate the prisoner’s physical and psychological suitability for travel and shall provide written instructions, if necessary, regarding medication or health interventions required en route and/or any specific precautions to be taken by transporting officers, and shall complete a Medical Transfer form (Attachment E). A Medical Transfer form shall be completed for all prisoners scheduled for transfer to a facility outside the jurisdiction of the Department (another state, federal authority, or county jail).
2. Upon a prisoner’s arrival, health care staff at the receiving facility shall review the sending facility’s Medical Transfer form in the prisoner’s electronic health care record. Health care staff shall also review the prisoner’s health care record, as appropriate.
3. Health care staff at the receiving facility shall perform a health screening and complete the receiving portion of the Medical Transfer Form (Attachment E), which shall include, at a minimum:
  - a. inquiry into whether the prisoner is being treated for a medical or dental problem, to include infectious or communicable diseases, and if the prisoner has a current medical or dental complaint;

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- b. inquiry into whether the prisoner is presently on medication;
  - c. inquiry into mental health problems, including suicide attempts or ideation;
  - d. inquiry into use of alcohol and/or other drugs, including type(s) of drugs used, mode of use, amounts used, frequency of use, date and time of last use, and history of any problems that may have occurred after ceasing use (e.g., convulsions);
  - e. inquiry into other health problems designated by the responsible physician, physician assistant or nurse practitioner; and
  - f. observation of the prisoner's general appearance and behavior, which shall include state of consciousness, mental status, conduct, tremor and sweating, any physical deformities, ease of movement, and the condition of the prisoner's skin, to include trauma markings, bruises, lesions, jaundice, rashes, infestations, needle marks or other indications of drug abuse.
4. Health care staff shall refer the prisoner for health care services or make arrangements for emergency care, as appropriate.
  5. Health care staff shall complete the receiving portion of the Medical Transfer form and shall make necessary follow-up contact with the sending facility to assure continuity of health care.

**Procedure D: Annual Health Assessment**

1. Each prisoner shall receive an annual age and gender appropriate physical health assessment by qualified health care staff, unless his or her medical condition requires more frequent assessment. This assessment may be done by a physician, physician's assistant, or nurse practitioner, or may, in part, be done by nursing staff and reviewed and completed by the responsible facility physician, physician's assistant, or nurse practitioner, as approved by the Medical Director.

**Procedure E: Prisoner Kitchen Worker Requirements**

1. All prisoner kitchen workers shall be seen by health care staff and medically screened prior to beginning work in the food service area and on an annual basis at their yearly physical examination, or more often, as determined necessary by the facility physician, physician assistant, or nurse practitioner.
2. A Food Service Worker Medical Clearance and Guidelines form (Attachment C) shall be completed for each prisoner who is being considered for assignment to the food service area prior to beginning work and shall be reviewed annually thereafter. This form shall be included in the prisoner's electronic medical record.
3. Prisoners who have diarrhea, skin infections, runny noses, and other illnesses, including, but not limited to, Hepatitis A, and MRSA, transmissible by food or utensils, shall not be cleared to work in the food service area. Prisoners who are already assigned to the food service area and who develop any of these

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conditions shall be relieved of their duties until such time as they are medically cleared to return to work.

4. The Unit Management Team, or other staff designated by the Chief Administrative Officer, shall be notified in writing of all prisoners who have been cleared to work in the kitchen.

## VII. PROFESSIONAL STANDARDS

### ACA:

ACI - 4-[4281-4](#) Written policy, procedure, and practice require that inmates identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional. Inmates with a history of sexually assaultive behavior are identified, monitored, and counseled.

ACI - 4-[4281-5](#) Written policy, procedure, and practice provide that inmates identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Inmates at risk for sexual victimization are identified, monitored, and counseled.

**ACI - 4-4285** Written policies and procedures govern the admission of inmates new to the system. These procedures include at a minimum the following:

- determination that the inmate is legally committed to the institution
- thorough search of the individual and possessions
- disposition of personal property
- shower and hair care, if necessary
- issue of clean, laundered clothing as needed
- photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics
- **medical, dental, and mental health screening**
- assignment to housing unit
- recording basic personal data and information to be used for mail and visiting list
- explanation of mail and visiting procedures
- assistance to inmates in notifying their next of kin and families of admission
- assignment of registered number to the inmate
- giving written orientation materials to the inmate
- documentation of any reception and orientation procedure completed at a central reception facility

ACI - 4-4322 Written policy, procedure, and practice provide for adequate health protection for all inmates and staff in the institution, and inmates and other persons working in the food service, including the following:

- Where required by the laws and/or regulations applicable to food service employees in the community where the facility is located, all persons involved in the preparation of food receive a pre-assignment medical examination and periodic reexaminations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils; all examinations are conducted in accordance with local requirements.

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- When the institution's food services are provided by an outside agency or individual, the institution has written verification that the outside provider complies with the state and local regulations regarding food service.
- All food handlers are instructed to wash their hands upon reporting to duty and after using toilet facilities.
- Inmates and other persons working in food service are monitored each day for health and cleanliness by the director of food services (or designee).

**ACI - 4-4344** Revised August 2014. (Mandatory) At the time of admission/intake all inmates are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an inmate's ability to pay. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. When a literacy or language problem prevents an inmate for understanding written information, a staff member or translator assists the inmate.

**ACI - 4-4362** (MANDATORY) Intake medical screening for offender transfers, excluding intra-system, commences upon the offender's arrival at the facility and is performed by health-trained or qualified health care personnel. All findings are recorded on a screening form approved by the health authority. The screening includes at least the following:

**Inquiry into:**

- any past history of serious infectious or communicable illness, and any treatment or symptoms (for example, a chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats that are suggestive of such illness), and medications
- current illness and health problems, including communicable diseases
- dental problems
- use of alcohol and other drugs, including type(s) of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use (for example, convulsions)
- the possibility of pregnancy and history of problems (female only); and other health problems designated by the responsible physician

**Observation of the following:**

- behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
- body deformities, ease of movement, and so forth
- condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, and infestations, recent tattoos, and needle marks or other indications of drug abuse

**Medical disposition of the offender:**

- general population
- general population with prompt referral to appropriate health care service
- referral to appropriate health care service for emergency treatment

Offenders who are unconscious, semiconscious, bleeding, or otherwise obviously in need of immediate medical attention are referred. When they are referred to an emergency department, their admission or return to the facility is predicated on written medical clearance. When screening is conducted by

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trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedures and screening protocols are established by the responsible physician in cooperation with the facility manager. Inmates confined within a correctional complex with consolidated medical services do not require health screening for intra-system transfers.

**ACI - 4-4363** (MANDATORY) All intra-system transfers receive a health screening by health-trained or qualified health care personnel which commences upon their arrival at the facility. All findings are recorded on a screening form approved by the health authority. The screening includes at a minimum the following:

**Inquiry into:**

- whether the inmate is being treated for a medical or dental problem
- whether the inmate is presently on medication
- whether the inmate has a current medical, or dental complaint

**Observation of:**

- general appearance and behavior
- physical deformities
- evidence of abuse or trauma

**Medical disposition of inmate:**

- to general population
- general population with appropriate referral to health care service
- referral to appropriate health care service for emergency treatment

**ACI - 4-4363-1** Written policy, procedure, and practice provide for early identification and treatment of offenders with alcohol and drug abuse problems through a standardized battery assessment. The battery shall be documented and include, at a minimum, the following:

- screening and sorting
- clinical assessment and reassessment
- medical assessment for appropriate drug and alcohol program assignment to meet the needs of the individual inmates
- referral

**ACI - 4-4364** All in-transit offenders receive a health screening by health-trained or qualified health care personnel on entry into the agency system. Findings are recorded on a screening form that will accompany the offender to all subsequent facilities until the offender reaches his or her final destination. Health screens will be reviewed at each facility by health-trained or qualified health care personnel. Procedures will be in place for continuity of care.

**ACI - 4-4365** (MANDATORY) A comprehensive health appraisal for each offender, excluding intra-system transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous ninety days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following:

**Within fourteen days after arrival at facility:**

- review of the earlier receiving screening
- collection of additional data to complete the medical, dental, mental health, and immunization histories.

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- laboratory or diagnostic tests to detect communicable disease, including venereal disease and tuberculosis
- record of height, weight, pulse, blood pressure, and temperature
- other tests and examinations, as appropriate

**Within fourteen days after arrival for inmates with identified significant health care problems:**

- medical examination, including review of mental and dental status (for those inmates with significant health problems discovered on earlier screening such as cardiac problems, diabetes, communicable diseases, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

**Within thirty days after arrival at facility for inmates without significant health care problems:**

- medical examination, including review of mental and dental status (for those inmates without significant health care concerns identified during earlier screening -- no identified acute or chronic disease, no identified communicable disease, and so forth)
- review of the results of the medical examination, tests, and identification of problems by a health care practitioner or other qualified health care professional, if such is authorized in the medical practice act.
- initiation of therapy, when appropriate
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

**\*\* Note: (Interpretation January 2004).** The criterion for testing for venereal diseases is at the discretion of the agency's/facility's health authority.

**ACI - 4-4366** Health appraisal data collection and recording will include the following:

- a uniform process, as determined by the health authority.
- health history and vital signs collected by health-trained or qualified health care personnel
- collection of all other health appraisal data performed only by qualified health professional(s)
- review of the results of the medical examination, tests, and identification of problems is performed by a physician or mid-level practitioner, as allowed by law

**ACI - 4-4367** The conditions for periodic health examinations for offenders are determined by the health authority.

**4-ACRS-4C-06** (MANDATORY) Medical, dental and mental health screening is performed by health-trained or qualified health-care personnel on all offenders upon arrival at the facility. The screening includes the following:

**Inquiry into:**

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- current illness and health problems, including venereal diseases and other infectious diseases;
- dental problems;
- mental health problems, including suicide attempts or ideation;
- use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (for example, convulsions);
- Other health problems designated by the responsible physician.

**Observation of:**

- behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;
- body deformities, ease of movement, and so forth;
- condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.

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