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		HEALTH SCREENINGS, EXAMINATIONS, APPRAISALS and REVIEWS	

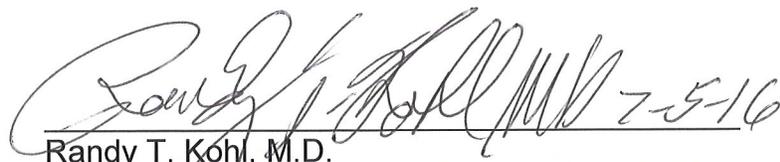
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SUMMARY of REVISION/REVIEW

Annual review completed with Health Review prior to placement in Restrictive Housing (pg 5 & 6).
 Attachment: Nurse Treatment Protocol # 50.(pg 7)

APPROVED:


 Randy T. Kohl, M.D.
 Deputy Director, Health Services


 Scott R. Frakes, Director
 Nebraska Department of Correctional Services

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PURPOSE

To protect the health and well being of individual inmates and the correctional community by the use of health screenings, examinations, appraisals and reviews.

GENERAL

It is the policy of the Nebraska Department of Correctional Services (NDCS) that institutions provide health screenings, examinations, appraisals and/or reviews, as applicable, to inmates. The implementation of the procedures listed below will ensure the protection of the health and well-being of individual inmates and the correctional community. Health Care encounters, including Medical and Mental Health interviews, examinations, and procedures, should be conducted in a setting that respects the offenders' privacy. This policy applies to all institutions.

PROCEDURES

I. INITIAL MEDICAL SCREENING

Medical, dental and mental health screenings are performed by health trained or qualified health care personnel on all inmates (excluding intrasystem transfers), upon the inmate's arrival at the facility. New admissions and readmissions shall be required to have this screening. All findings are recorded on the Intake Medical Screening form (DEC, NCCW, NCYF) (Attachment A), and Patient Questionnaire & Health History form (DEC, NCCW, NCYF) (Attachment B) as approved by the Deputy Director, Health Services and includes at least the following:

A. Inquiry into:

1. Current illness and health problems, including venereal diseases and other infectious diseases
2. Any past history of serious infectious or communicable illness, and any treatment or symptoms, and medications
3. Dental problems
4. Mental health problems
5. Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last used, and history of any problems that may have occurred after ceasing use (e.g., convulsions)
6. Past and present treatment or hospitalization for mental disturbance or suicidal ideation
7. Possibility of pregnancy and history of problems (female only)
8. Other health problems designated by the responsible physician

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B. Observation of:

1. Behavior, including state of consciousness, mental status, appearance, conduct, and reality orientation.
2. Body deformities, ease of movement, etc.
3. Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.
4. Visible signs and symptoms.

C. Medical disposition of inmate:

1. General population, and/or
2. General population with prompt referral to appropriate health care services, and/or
3. Immediate referral to appropriate medical/mental health care services for emergency treatment.

D. 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 trained custody staff, procedures will require a subsequent review of positive findings by the licensed health care staff. Written procedure and screening protocols are established by the responsible physician in cooperation with the facility manager.

II. INTRASYSTEM TRANSFER and IN-TRANSIT OFFENDER SCREENINGS

Intrasystem transfers and in-transit offenders receive a health screening by qualified health care personnel immediately upon arrival at the institution. All findings are recorded on the Intra-System Medical Screening form (Attachment C) approved by the NDCS Deputy Director, Health Services and will be reviewed at each facility by qualified health care personnel for continuity of care purposes. The screening includes at a minimum the following:

A. Inquiry into:

1. Whether the inmate is being treated for a medical, dental, or mental health problem.
2. Whether the inmate is presently on medication.
3. Whether the inmate has a current medical, dental or mental health complaint.

B. Observation of:

1. General appearance and behavior.

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2. Physical deformities, evidence of abuse, and/or trauma.

C. Medical disposition of inmate:

1. General population, and/or
2. General population with appropriate referral to health care service, and/or
3. Immediate referral to appropriate medical/mental health care services for emergency treatment.

III. HEALTH APPRAISALS

A comprehensive health appraisal for each offender, excluding intrasystem transfers, is completed as defined below, after arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, a new health appraisal is not required, except as determined by the designated health authority. Health appraisals include the following:

Within 14 days after arrival at the facility:

- Review of the earlier receiving data
- Collection of additional data to complete the medical, dental, mental health, and immunization histories
- Laboratory or diagnostic tests to detect communicable diseases, including venereal disease and tuberculosis
- Record of height, weight, pulse, blood pressure, and temperature
- Other tests and examinations, as appropriate

Within 14 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, etc)
- Review of the results of the medical examination, tests, and identification of problems by a physician or other qualified health care personnel, 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 assignments, and program participation

Within 30 days after arrival 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)
- Review of the results of the medical examination, tests, and identification of problems by a physician 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

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IV. RECORDING and COLLECTION of DATA

Collection and recording of health appraisal data require the following:

- A. The process is completed in a uniform manner as determined by the NDCS Health Authority.
- B. Health history and vital signs are collected by qualified health personnel.
- C. Collection of all other health appraisal data is performed only by qualified health personnel.
- D. Review of the results of the medical examinations, tests, and identification of problems are performed by a physician or mid-level practitioner, as allowed by law.

V. PERIODIC EXAMINATIONS

The conditions for periodic health examinations for offenders are determined by the health authority.

- A. Inmates 50 years of age and over shall be given a complete physical examination every year, unless determined not necessary by the joint decision of the physician and the inmate.
- B. Inmates under 50 years of age shall receive, upon written request, a complete physical examination every five years.
- C. Females should have a pap smear at least every 3 years, more frequent if indicated.
- D. Females aged 40 years or older should receive a mammogram every 1-2 years.
- E. All offenders should be examined prior to release to protect both the offender and the public.

VI. HEALTH REVIEW PRIOR TO PLACEMENT IN RESTRICTIVE HOUSING

Prior to placing an inmate in restrictive housing the shift supervisor will initiate the medical assessment. Health services staff must conduct a face-to-face assessment of the inmate to identify any physical injuries, urgent mental health needs, or other emergent or urgent conditions.

- A. Health services staff will consult the inmate's medical and mental health file prior to beginning the assessment.
- B. Health services staff will complete the Nurse Treatment Protocol #50 (which includes the Self-Report Suicide Screen questions) with the inmate.
- C. If during the initial screening by health services staff, concerns about mental health status are noted, the inmate shall be seen by mental health staff for a one-on-one, out-of-cell assessment within 24 hours.
 1. 24 hours is from the time of placement on Immediate segregation status as noted by the shift supervisor.

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2. If the mental health needs are deemed to be emergent, the inmate shall be held in a location other than restrictive housing until a mental health screening can be completed by mental health staff.

D. Inmates placed on Immediate Segregation status will be housed in the restrictive housing, secure mental health housing, or a skilled nursing facility in response to the medical/mental health assessment.

VII. HEALTH REVIEW PRIOR to TRAVEL/TRANSFER

Upon notification of the Medical staff by Security of pending substantial travel (court, funeral, etc.) or transfer to another facility or state, the inmate and/or their medical record will be reviewed by a health care professional to assess suitability for travel. If medical approval is granted, pertinent data will be documented on the Medical Transfer Sheet (Attachment D) as follows:

- A. Current medications with instructions for administration.
- B. Current medical problems.
- C. Physical limitations and/or special needs to include restraint utilization.
- D. Dietary requirements.
- E. Scheduled appointments.
- F. Miscellaneous information necessary to provide continuity of care which could include behavioral management.

This information will be appropriately documented and readily available to the Transportation staff or others who may be involved with the inmate's medical care during travel and upon reception. The confidentiality of the inmate's medical information will be maintained.

All special medical equipment necessary to minimize pain or the progression of a medical condition and a minimum of a twenty-four hour (a 14-day supply, if transfer to other than an acute care facility or other Nebraska Department of Correctional Services institution not supplied by Central Pharmacy) supply of necessary medication will be sent with the inmate.

VIII. HEALTH REVIEW PRIOR TO DISCHARGE

Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated.

When transferring an inmate to an outside institution, the inmate and/or medical record will be reviewed by health care professionals to assess the need for completion of the community wide transfer form.

Upon notification by Security or the inmate, the inmate and/or medical record will be reviewed by health care professionals to assess the need for a discharge summary and completion of the NDCS Medical Transfer Sheet (Attachment D). The information included on this form will be consistent with the information outlined in Procedure VI, above. This information may not include restraint utilization, behavior management, etc.

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Prior to an inmates discharge to the community they will be evaluated by a Health Care Professional. If the inmate requires special needs when entering into the community setting, including such items as special medical equipment or follow up appointments for medical conditions, the Health Services - Discharge Summary Form (Attachment E) will be completed and arrangements will be made as possible for these special needs, including a minimum 14-day supply of necessary medication sent with the inmate.

IX. SERIOUS and INFECTIOUS DISEASE EXAMINATIONS

A medical examination shall be provided for any inmate suspected of having a serious or infectious disease at any time during their incarceration. A medical examination will also be provided in the event of reported high risk behaviors and/or serious infectious disease during their incarceration.

REFERENCE

I. ATTACHMENTS

- A. Intake Medical Screening (Q:\Health Services\Forms-Q\Discharge & Intake Forms\Intake Medical Screening.doc)
- B. Patient Questionnaire & Health History (Q:\Health Services\Forms-Q\Discharge & Intake Forms\Patient Questionnaire & Health History .doc)
- C. Intra-System Medical Screening (DCS-A-med-012)
- D. Medical Transfer Sheet (DCS-A-med-034)
- E. Health Services Discharge Summary (Q:\~\Health Services\Forms-Q\Discharge & Intake Forms\NDCS Discharge Summary.doc)
- F. Nurse Treatment Protocol #50

II. AMERICAN CORRECTIONAL ASSOCIATION (ACA) STANDARDS

- A. Standards for Adult Correctional Institutions (ACI) (4th Edition): 4-4347, 4-4362, 4-4363, 4-4364, 4-4365, 4-4366, 4-4367, 4-4403
- B. Performance Based Standards for Adult Community Residential Services (ACRS) (4th edition): 4-ACRS-4C-06