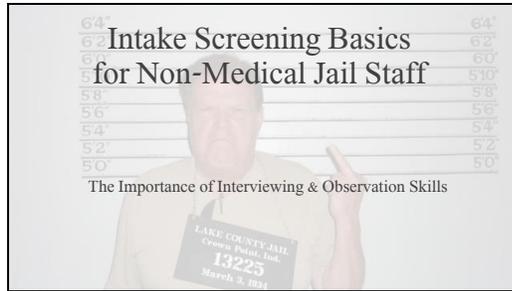


Slide 1



Slide 2

Learning Objectives

- Explain the purpose of intake screening for inmates arriving at a correctional facility.
- Describe the components of an effective intake screening process.
- Given an intake screening scenario, make an appropriate disposition for the inmate using the components of the intake screen process.

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This course teaches you the interviewing and observation skills you need to conduct an effective health receiving screening. It will also explain the importance and purpose of health screening at intake and discuss the key requirements, observations, and inquiries of effective receiving screening.

Slide 3

A lack of or inadequate intake screening can lead to:

- 1) Medical Emergencies,
- 2) Suicide Attempts,
- 3) Deaths,
- 4) Injuries to Staff and Inmates,
- 5) & Lawsuits.

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Effective screening for newly admitted inmates is vital to the safety and security of a correctional facility. A lack of or inadequate receiving screening can lead to medical emergencies, suicide attempts, deaths, injuries to staff and inmates, and lawsuits. AJA deems the intake area of the jail one of the most critical areas of the jails – it is unpredictable, can be violent, and can be busy. This is the area when the inmate realizes “he’s really putting me in jail.” Your assessment skills have to be spot on for not only listening to the inmate, but watching their body language.

Slide 4

501 KAR 3:120 ADMISSION SEARCHES AND RELEASE

“SECTION 2. Admission. (1) A person in need of emergency medical attention shall not be admitted to the jail unit until a medical examination is conducted. A Denial of Admission document shall be completed, listing the reason for denial. The document shall be signed by jail personnel on duty.”

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Slide 5

DIFFERENT INTERPRETATIONS OF RESPONSIBILITIES



➤ Once a person is accepted into the jail, the jail then becomes responsible for that person;

OR

➤ The arresting agency is responsible for that person until medical cleared and accepted by the jail

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Slide 6

Conflicts for Denial

- > Liability
- > Can the jail refuse
- > Who determines "need" of medical care
- > Arresting Officers are kept "tied up" at the jail and not on the street arresting the bad guys.



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Slide 7

Who Should NOT be Booked

- > Obvious open wound injuries
- > Obvious broken bones, and head wounds
- > Intoxicated inmates blowing a *.30 or higher*
- > Unresponsive individuals
- > Women in labor
- > Unable to stay awake



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Unconscious state
Any evidence of serious injury
Gaping, open, draining wound
Obvious broken bone(s)
Unable to coherently verbalize

Slide 8

What About This???



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Picture 1 (Left side) Someone who comes in with an obvious wound – you will need to check to see if it is clean, is it healing, has it been cared for?
Picture 2 (right side)- A wound where the obvious injury is fresh – let's get this person some medical attention before the booking process.

Slide 9



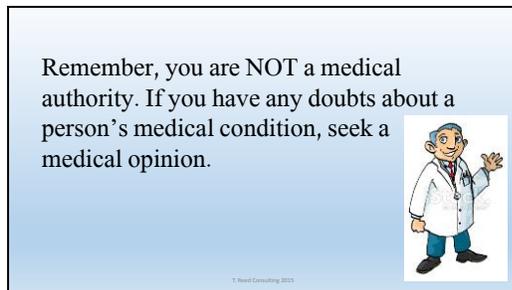
(Picture 1-Left side) Fresh tattoos, obvious wound marks – this could be the start of a MRSA infection – do you want this in your jail without you knowing about it? The individual who is grossly intoxicated -- you need to make sure monitoring of this person begins as soon as they walk thru the door.

Slide 10



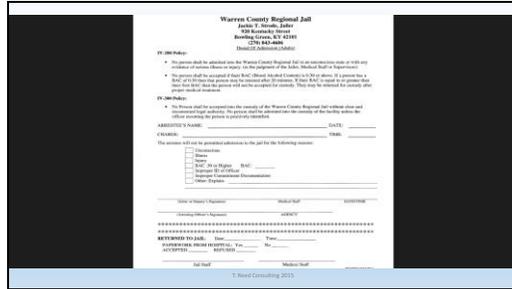
You just never know what condition they were in before they came to us. This is why it is so essential for jail staff to find out as much info from the arresting officer as possible...BE NOSEY! ASK them questions in a way that is not putting them on the defensive & they are not feeling like you are interrogating them.

Slide 11



If you have medical on site- involve them immediately. Get another set of eyes on the inmate in order to make the decision possible as to how to care for this inmate.

Slide 12



The image shows a form titled "Warren County Regional Jail Intake Screening Form". The form includes instructions for staff and inmates, a section for staff to complete (including inmate name, date of birth, and gender), and a section for inmate completion (including medical history, current medications, and other health information). The form is dated 2015.

Slide 13

Intake Screening Basics

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In order to ensure that the medical and mental health needs of inmates are addressed, receiving screening is performed on all inmates arriving at a correctional facility. Receiving screening is a formal, structured process of gathering health information from inmates coming into a facility.

The purpose of receiving screening is to determine whether a newly arrived inmate poses a threat to the health and safety of others or to him/herself, and if so, to perform appropriate intervention prior to the inmate's admission to the facility. Receiving screening is also designed to identify inmates with known illnesses or who are on medications so that they can be further assessed. In addition, receiving screening contributes to appropriate housing assignments, screens for contagious diseases, and identifies other medical and mental health problems needing attention.

Slide 14

At 7pm, an arresting officer arrives with Fred Allen, who was picked up for trespassing. Mr. Allen is well-known to the jail staff. He is a homeless man with alcohol problems who has been booked into the facility over 10 times in the last year for minor crimes.

The booking officer quickly runs through the intake screening form, joking that he has the responses memorized. He places Mr. Allen in a holding cell at the far end of the booking area so that he can "sleep it off." Thirty minutes later, during a routine check, the inmate is found unresponsive and not breathing. The officer calls for medical assistance and begins CPR, but the inmate is pronounced dead on arrival at the hospital. An autopsy determines that Mr. Allen died from a severe head injury, apparently suffered several hours before arriving at the facility.

What might staff have done differently to avoid this incident?

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Rather than assuming that because Mr. Smith had been booked into the facility many times before and that there were no changes to his health information, the booking officer should have completed a thorough receiving screening. This could have uncovered the information that Mr. Smith had suffered a recent head injury and triggered prompt medical attention, which might have avoided this tragedy.

Slide 15

The Intake Screening Interview: Setting the Stage

Position yourself so you are far enough to be safe, but close enough to see and hear the inmate.

- Begin by welcoming the inmate. *"Good evening Mr. Allen."*
- Introduce yourself to the inmate. *"I'm Officer Jones."*
- Tell the inmate the purpose for the interview. *"I'll be asking you some questions so that we can be sure that your medical needs are taken care of while you are here."*
- Use the inmates name. *"Do you have any questions before we begin Mr. Allen?"*
- Attend to that inmates comfort and privacy. *"We will talk over here away from the rest."*

When you are ready to begin, think in terms of "setting the stage" for an effective interview. Show respect for the inmate by using common courtesies...how? SEE ABOVE

As a correctional officer conducting an intake screening, you will gather health & other vital information during a formal interview with the inmate using a form provided by your facility.

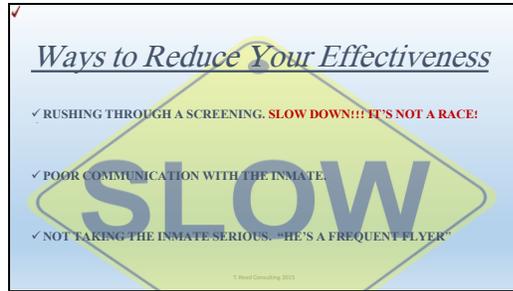
When inmates first come into your facility, they may or may not be cooperative or have the ability to respond to an interview. They may be angry, scared, under the influence of drugs or alcohol, or even injured. It is essential that you approach each inmate with these possibilities in mind. Using plain language, tell the inmate that you are going to conduct an interview to assure that his/her health needs are met. If there are drugs, alcohol, or injuries involved, include medical staff in the process.

POSITION YOURSELF

At times, an officer may be up to 4 ft. away from the inmate, asking him/her screening questions. Patient confidentiality may be compromised and therefore the inmate may be less than candid or truthful as to his/her answers. For this reason, it is imperative that the Intake personnel pay special attention to signs and symptoms that are being displayed by the inmate and of course for obvious injuries.

Patient Confidentiality can be an aspect in the patient actually telling you what the issue is! He has HIV but doesn't want to tell you because there are other people standing around, or maybe his girlfriend is being booked in at the same time and he doesn't want her to hear it. Or he swallowed a bag of meth to keep it from being discovered in the car, but now he sees the same officer who arrested him standing next to the booking desk. Some jails have posted signs in their intake/booking/sally port area – "This is your opportunity to tell us if you have or will have a medical condition. If you don't tell us, we won't know how to take care of you.

Slide 16



As you conduct the interview, it is important to recognize and avoid poor practices that can reduce your effectiveness. These are the practices to avoid.

Slide 17



IF ONLY IT WERE THIS EASY!!!!!! I used to jokingly say, "let me look into my crystal ball so I can tell if I'm getting all the facts!" Unfortunately, no one can rely on a crystal ball.

Maintaining objectivity is a **key** way to increase the validity of the information you gather during the interview. The keys to conducting an effective interview include: 1) Remove your own biases and beliefs. 2) Use active listening and give feedback to the inmate. 3) Avoid premature interpretation.

Slide 18



Developing and demonstrating certain attitudes will allow you to interview more effectively.

For Example:

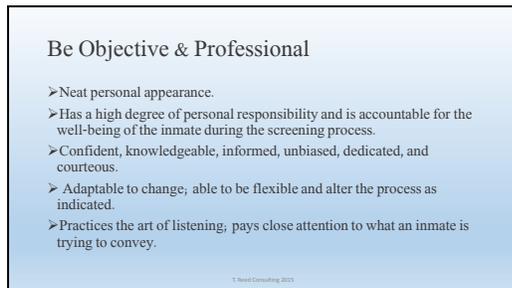
RESPECT- Valuing an individual's traits and beliefs.

GENUINENESS: Being yourself, both personally and professionally.

EMPATHY: Understanding another person's feelings, thoughts, or attitudes. **COMMUNICATION:**

Expressing your understanding back to the inmate

Slide 19



As a corrections officer, it is essential that you approach each inmate you screen with an unbiased and impartial manner. Whether an inmate comes to the facility for a misdemeanor or a heinous crime, your contact with the inmate must be objective to achieve the goal of effective receiving screening.

It is also necessary to maintain professionalism in order to be safe and in control during the interview. To conduct an effective receiving screening, you should commit to being firm, fair, and consistent; being assertive and self- confident; and maintaining a neutral and objective attitude

These are some ways to be objective & personal. See Slide

Slide 20

Taking a Medical and Mental Health History

The medical and mental history focuses on:

- ✓ The inmate's identifying data
- ✓ Past and present illnesses
- ✓ Significant family history
- ✓ Current medications
- ✓ Allergy information
- ✓ Substance abuse
- ✓ Possible Tuberculosis symptoms
- ✓ Past or current mental illness
- ✓ Past or current thoughts of suicide

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The medical and mental history focuses on the above issues. Before beginning the receiving screening interview, determine if the inmate speaks English or if you need an interpreter. During the interview, keep in mind that the inmate is your source of information.

While you are conducting the receiving screening, you will make basic physical observations about the inmate, and with practice, these will become almost automatic. You will learn to observe for anything abnormal; for example, an unsteady gait, lethargy, trouble breathing, open sores on the skin, or crying. Any abnormal observations will be documented on the receiving screening form.

Slide 21

DOCUMENT YOUR FINDINGS



- ✓ Document responses from the inmate clearly.
- ✓ Identifying data that is accurate.
- ✓ Document just what you observe; don't label, for example, "crying and tearful" not "depressed."
- ✓ Address each inquiry on the screening form.
- ✓ Obtain the inmate's signature on the completed document.
- ✓ As the interviewer, sign the completed form and include your title, date, and time the screening was completed.

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The above is a list of **documentation requirements**.

Your attention to detail on the receiving screening form is essential. If your facility's receiving screening form is not electronic, be sure that your writing is legible. If necessary, print the information so that others can read it easily. Typically, medical staff will review every receiving screen on a routine timeframe.

Slide 22

Determining Dispositions/Referrals



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Your receiving screening will ultimately determine the level of supervision the inmate will receive and if an inmate will: (SEE ELEMENTS)

A key element of effective receiving screenings is your ability to make good decisions based on the information you receive during the interview. Disposition and/or referral of an inmate to medical staff or a health facility and arranging safe housing are your responsibility.

Your facility will have a structured form to guide you through the receiving screening interview. While you are conducting a screening, you will ask the inmate health questions and make physical observations about the inmate. Attention to detail when documenting the receiving screening interview is essential.

Slide 23



Receiving screenings should be conducted in a timely manner in order to ensure that inmates with urgent medical needs are not admitted to your facility without medical clearance. It is important to avoid exposing detainees to immediate or long-term health risks or a potentially life-threatening deterioration of their medical condition. Delays in receiving screening can have an adverse effect on an inmate's well-being. You should adhere to your facility's policy regarding timeliness of receiving screenings. Inmates should not be moved from the booking area until the receiving screening is complete. Any major delays in conducting a receiving screening should be brought to the attention of your supervisor.

Slide 24

INMATE DEMOGRAPHICS

Basic identifying information for the inmate, including first and last name, age and sex, date of birth, race and sex, identification number if assigned, and date and time of screening.

Document any information you receive from the arresting/transporting officer on the receiving screening form. For example, the arresting officer may report that the inmate hit his/her head in the police lockup or that the inmate cried all the way to the facility.



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One of the first steps in a receiving screening is the observations of the arresting/transporting officer regarding the inmate's medical or mental health needs. For example, the arresting officer may report that the inmate hit his/her head in the police lockup or that the inmate cried all the way to the facility.

Slide 25

MEDICAL HISTORY

Completing a medical history will help you uncover health problems that should be reported to medical staff.

> **PAY CLOSE ATTENTION** to both nonverbal & verbal communication that YOU are displaying to the inmate.



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This is where your communication skills need to be effective. The inmate will notice both nonverbal and verbal communications. How the inmate interprets your communications will determine his or her relationship with you and the accuracy of his or her responses. Good eye contact, remaining neutral, and dealing with the inmate on a professional level are needed here. If the inmate is hesitant to provide information on certain topics, you need to reassure him/her that confidentiality is part of the process.

Slide 26

MEDICAL HISTORY CONCERNS

- ✓ Allergies to food or medication
- ✓ Recent and past surgery
- ✓ Current medications
- ✓ Currently under care of a doctor
- ✓ Assistive devices (wheelchair, CPAP, breathing machine, cane, crutches)
- ✓ Chronic illnesses (Asthma, Cancer, Diabetes, HIV/AIDS, Epilepsy, TB)
- ✓ Substance abuse (quantity and frequency of use)
- ✓ Tuberculosis symptoms (recent cough, fever, night sweats, weight loss)
- ✓ Tobacco use
- ✓ Special diet
- ✓ Painful dental problems
- ✓ Recent hospitalizations
- ✓ Head injury or loss of consciousness in the last 72 hours
- ✓ If female, any possibility of being pregnant



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Slide 27

PHYSICAL OBSERVATIONS

WHAT YOU SHOULD ROUTINELY OBSERVE

- ✓ State of consciousness - alert, aware of surroundings, groggy, confused
- ✓ Ease of movement - steady, unsteady, paralysis, body deformities limiting movement
- ✓ Obvious pain - bleeding, trauma
- ✓ Signs of abnormal behavior
- ✓ Obvious fever - very warm to touch, skin and eyes appear yellow
- ✓ Breathing appears difficult
- ✓ Inmate is carrying medication



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Your ability to observe for any physical abnormalities is a key component of an effective receiving screening process. You will routinely observe for: See Slide

Slide 28

Remember, you are NOT a medical authority. If you have any doubts about a person's medical condition, seek a medical opinion.



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Slide 29

MENTAL HEALTH HISTORY & OBSERVATIONS

WHAT YOU SHOULD ROUTINELY OBSERVE

- ✓ HISTORY OF MENTAL HEALTH TREATMENT
- ✓ HISTORY OF HOSPITALIZATION FOR PSYCHIATRIC PROBLEMS
- ✓ PRESCRIPTION MEDICATION FOR MENTAL ILLNESS
- ✓ DISPLAYING OPEN ANGER AND THREATENING BEHAVIOR
- ✓ CRYING, EMOTIONALLY FLAT, OR WITHDRAWN
- ✓ APPEARS OVERLY ANXIOUS, AFRAID, OR PANICKED
- ✓ UNABLE TO FOCUS, ACT/TALK IN A STRANGE MANNER, STAMING OR LOOKING BLANK, BEHAVING TOTALLY RAMPANT, OR SAYING/DOING THINGS THAT ARE NOT THERE, DISORIENTED



Based on the mental health information you receive, mental health intervention may be needed.

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You will also gather information on the inmate's mental health. You will routinely gather: See slide

Slide 30

SUICIDE RISK SCREENING

- ✓ Extreme embarrassment, shame, or feelings of humiliation as result of charge/incarceration
- ✓ Expressing feelings of hopelessness, helplessness, or extreme rage
- ✓ First incarceration
- ✓ Mental health treatment history
- ✓ Family history of suicide
- ✓ Recent loss of significant other
- ✓ Presence of symptoms of psychosis (delusions, hallucinations)
- ✓ Currently under influence of drugs
- ✓ History of psychiatric hospitalization



Any positive responses will require a referral to medical and/or mental health professionals.

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These are list of inquiries for suicide risk screening. See slide

The importance of this screening cannot be overstated, as the majority of suicides and/or attempts happen in the first 24 hours of incarceration.

Slide 31

SUICIDE RISK SCREENING CONTINUED.....

- ✓ Arresting/transport officer believes inmate may be a suicide risk
- ✓ History of suicide attempts
- ✓ Current suicidal thoughts/statements (if yes, do not leave inmate alone and refer to medical and/or mental health professionals)
- ✓ Very worried about physical illness, relationship, or other problem
- ✓ Very upset about his/her expected duration of incarceration
- ✓ History of drug/alcohol use



Any positive responses will require a referral to medical and/or mental health professionals.

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The importance of this screening cannot be overstated, as the majority of suicides and/or attempts happen in the first 24 hours of incarceration.

Slide 32

ALCOHOL/DRUG INTOXICATION SCREENING

- ✓ Current legal or illegal drug use
- ✓ Current alcohol usage
- ✓ Late intake of drugs & alcohol
- ✓ History of withdrawal (seizures, DT's)
- ✓ History of treatment for alcoholism or drug abuse
- ✓ Abnormal skin issues (rashes, needle marks, bruises, open sores, body vermin)
- ✓ Visible signs of alcohol/drug withdrawal symptoms (nausea, vomiting, shaking/tremors, sweating, loss of coordinator, confusion, disoriented, significant anxiety)



Onset of alcohol withdrawal symptoms is a serious event. Notify medical staff if you notice ANY of the visible symptoms.

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Alcohol and drug intoxication screening is extremely important in the receiving screening process. Any failure to assess or document positive findings in this area can lead to suicide attempts or other life-threatening conditions. It is essential that you pay very close attention and make appropriate referrals for any positive responses by the inmate.

Slide 33

DETERMINING DISPOSITION OF INMATE

- ✓ **URGENT:** The inmate reports he was in a fight 3 days ago and had a head injury and repeat strikes. He also reported he lost consciousness for a few minutes and that he currently has a headache. This would necessitate an urgent referral to medical to evaluate the head injury for a possible residual problem.
- ✓ **ROUTINE:** If the inmate is alert, shows no signs of acute illness or injury but had some positive responses in history or inquiries, it is likely that the disposition of this inmate would be to "General Population with routine referral to appropriate healthcare service."
- ✓ **GENERAL POPULATION:** If the inmate is in good health and there are no positive responses to your receiving screening, then it is likely that the disposition of this inmate will be to "General Population."
- ✓ **MEDICATIONS:** If the inmate is a diabetic and is on oral medication but does not know the name of the medication, there should be an urgent referral to medical so treatment can be checked and continued in a timely manner.
- ✓ **EMERGENCY:** If the inmate shows or reports any of the problems shown, then the disposition of this inmate would be an immediate referral to healthcare services for emergency treatment or possible transport to an outside hospital."



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The disposition of the inmate will be determined by the receiving screening you complete. The terms that your facility uses may vary, but disposition generally falls into these categories: general population, routine referral, urgent referral, medication referral or emergency referral. Examples of dispositions include: SEE SLIDE

Slide 34

EMERGENCY DISPOSITION

EXAMPLES THAT REQUIRE IMMEDIATE REFERRAL TO MEDICAL OR EMERGENCY TREATMENT:

- ✓ GABGLED SPEECH, SEVERE STAGGERING GAIT
- ✓ UNSTABLE DIABETES
- ✓ UNTREATED DEEP WOUNDS, FRACTURES OR SUSPECT FRACTURES
- ✓ OVERDUE DIALYSIS
- ✓ SUICIDAL STATEMENTS AND/OR APPEARS AT RISK OF SUICIDE
- ✓ CONFUSION, DISORIENTED, INCOHERENCE
- ✓ INTOXICATED OR EXPERIENCING WITHDRAWAL
- ✓ UNEXPLAINED SEIZURES, LOSS OF CONSCIOUSNESS, SERIOUS HEAD INJURY WA 24 HRS.
- ✓ MODERATE TO SEVERE SHORTNESS OF BREATH, CHEST TIGHTNESS, WHEEZING



DEPENDENT ON YOUR FACILITY'S POLICIES, THE ARRESTING/TRANSPORTING OFFICER MAY BE REQUIRED TO TAKE THE INMATE TO THE HOSPITAL FOR CONCERNS REQUIRING EMERGENCY DISPOSITION

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The following problems require immediate referral to medical staff for emergency treatment or possible transport to an outside hospital.

Slide 35

WHAT YOU WOULD DO???

- Joe Brown, a 56-year-old black male, is brought into booking by an arresting officer who reports "bizarre" behavior by the inmate. The arresting officer describes the behavior as hallucinating and staggering. This is a first-time arrest for disorderly conduct. Mr. Brown is a prominent figure in the community. When you receive the inmate, he is anxious, withdrawn, and has poor eye contact. However, he is alert, oriented, and steady on his feet. You observe no visible injuries.
- **What disposition do you recommend !!**



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Read this scenario and then determine the disposition of Joe Brown, an inmate arriving at your facility

Slide 36

Joe should be immediately referred to mental health for an evaluation.



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you have learned the purpose of receiving screening for inmates arriving at correctional facilities. You can explain that timely receiving screening ensures that inmates' medical and mental health needs are met and that inmates with urgent medical or mental health needs are not admitted to a facility without medical clearance. You have learned that as a correctional officer you will gather health information during formal interviews with inmates, using a form provided by the facility.

You can now describe the components of an effective receiving screening, including taking a medical and mental health history, suicide screening, making physical observations, documenting findings, and determining appropriate dispositions and referrals. You have completed an exercise to perform a receiving screening with an inmate and made a disposition for the inmate.

Slide 37

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- Kristin Keller, M.A. Training Specialist

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