

DATE:	DECEMBER 18, 2019
NUMBER:	M.9
SUBJECT:	RECEIVING SCREENING
RELATED SECTIONS:	F.16 , M.39 , MSD E.2.1 , MSD P.7 , MSD.P.18 , Americans with Disabilities Act of 1990 , PREA 115.81
IN COMPLIANCE WITH:	NCCHC J-E-02

PURPOSE

To establish uniform procedures in assessing the medical needs of arrestees during the intake/booking process.

POLICY

All arrestees presented by arresting agencies shall be medically screened prior to acceptance for booking at a Sheriff's detention facility. Arrestees who require urgent and immediate medical care shall not be accepted for booking.

DEFINITIONS

Medical Clearance – a documented clinical assessment of medical, dental and mental status before an individual is admitted into the facility. The medical clearance may come from on-site health staff or may require sending the individual to a hospital's emergency department (ED).

Receiving screening – a process of structured inquiry and observation intended to identify potential emergency situations among new arrestees, and to identify inmates with known illnesses and those on medications, for further assessment and continued treatment.

PROCEDURE

I. RECEIVING SCREENING

- A. The registered nurse (RN) assigned to receiving screening will complete a comprehensive assessment of the medical, dental and mental health needs of the arrestee and record the responses in the inmates' health record.
- B. Medically unstable arrestees presenting signs of psychosis may be refused based on the RN's assessment. Arrestees who are severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention will be referred immediately for further evaluation, treatment and/or medical clearance at an ED (refer to Medical Services Division (MSD) Policy and Procedure E.2.1 for further details).

- C. Arrestees who arrive at receiving screening after being tased at the time of arrest, or confined in a restraint chair, maximum restraints or the WRAP device, shall be clinically assessed by the RN who will determine if the arrestee will be medically cleared for acceptance into the detention facility.
- D. Arrestees can return from the hospital with medical clearance paperwork and still be secured in a restraint chair, maximum restraints or the WRAP device. Nursing discretion and a clinical assessment will determine if the arrestee will be allowed admittance into the detention facility at that time.
- E. If an arrestee has been subjected to a restraint device, is combative or in such a state of intoxication or drug influence they cannot stand or walk on their own, the arrestee should remain in the arresting officer's (AO)'s vehicle (preferably in the recovery position) and monitored by the AO until the RN is ready to conduct a nursing assessment. Upon notification, the RN will respond to the vehicle sally port. The AO shall remove the arrestee from the vehicle in order for a nursing assessment to be conducted for clearance into the detention facility. Nursing staff will not conduct a nursing assessment while an arrestee is inside of a vehicle. Nursing staff will generally reject arrestees who are unable to ambulate into the detention facility on their own due to intoxication, drug influence or other acute medical condition.
- F. Arrestees exhibiting signs of excited delirium, drug/alcohol overdose or other medical emergencies will be subject to refusal by the RN. In the event of a life-threatening emergency, 911 will be called.
- G. Arrestees who have an immediate/emergent medical need, as determined by the RN, will be refused and sent to the ED for medical clearance.
- H. The watch commander will have the overall authority to accept or reject an arrestee after the arrestee has been evaluated by medical staff.
- I. The receiving screening RN will notify Inmate Processing Division (IPD) staff of an intake refusal. IPD staff will release the arrestee from custody in the Jail Information Management System (JIMS) utilizing the disposition, "Not Fit For Jail" (NFFJ).
- J. Arrestees who have refused treatment against medical advice (AMA) at the ED may be returned to the detention facility accompanied by a treatment refusal form from the ED signed by the arrestee and witnessed by an ED physician or nurse.
- K. Any arrestee who is accepted into the detention facility after refusing treatment AMA at the ED will require expedited booking and may require placement in the detention facility's medical observation beds (MOB) housing.
- L. Arrestees confined in or needing the use of a wheelchair will only be accepted for booking at the San Diego Central Jail (SDCJ) or Las Colinas Detention and Reentry Facility (LCDRF). Nursing staff will refuse arrestees at the Vista Detention Facility (VDF) and advise the AO to transport the arrestee to SDCJ or LCDRF.

- M. Acceptance for booking will be indicated on the Booking Intake/Personal Property Inventory (J-15) form with a "Medical Cleared" stamp.

Arrestees in need of further evaluation or urgent medical care will have a red wristband reading "Clinically Indicated Assessment" placed on their right wrist by the RN. The RN will stamp "2nd Stage Medical" and staple an "Expedite" slip on the J-15 form. The RN will communicate to sworn staff how quickly the inmate must be taken to 2nd stage medical. Inmates requiring evaluation at 2nd stage medical will be seen no later than four hours from the time the RN stamped the J-15 form. Medical staff will remove the red wristband once the assessment is complete. The inmate may continue through the booking process with sworn staff, taking into consideration any recommendations given by medical staff.

Inmates who have been identified as potentially at risk for self-harm will have a pink wristband reading "ISP" placed on their right wrist by the RN. The RN will staple an "ISP Eval" slip to the J-15 form. The RN will refer the inmate to the gatekeeper for further evaluation. Sworn staff working intake will be notified immediately by the RN of the need for evaluation by the gatekeeper. The pink wristband will be removed by sworn or medical staff after the inmate is cleared by the gatekeeper or placed into the Inmate Safety Program (ISP).

Each facility will detail specific processes for "Clinically Indicated Assessment" and "ISP Eval" inmates in a green sheet. Refer to MSD Policy and Procedure E.2.1 and Detention Services Bureau Policies and Procedures (DSB P&P) J.5 for additional information regarding nursing assessment protocols and assessments for ISP housing.

- N. Any prescription medications brought in by an inmate will be put into their property in a separate property bag after the medications are reviewed and inventoried by the RN. Certain types of medications may be allowed into the detention facility with prior approval from medical staff.
- O. Patient flags (e.g., lower bunk, lower tier, precautions and chronic diseases, etc.) will be entered in the inmate's health record.
- P. Medically indicated equipment and or accommodations (e.g., wheelchairs, canes, crutches, oxygen, prosthetic appliances, prescription eyewear and hearing aids) will be evaluated by medical staff for the necessity to retain for use by the inmate during confinement. Medical staff will add the applicable patient flag in the inmate's health record, to include "ADA Mobility" (ADM). All inmates who are identified as requiring the aforementioned equipment will be housed by JPMU in a facility with appropriate accommodations.
- Q. Developmentally disabled inmates will be identified and reported to the San Diego Regional Center's developmental disability intake office the next business day. All arrestees who are identified as clients of the San Diego Regional Center will have the administrative alert "RCC" applied and will be housed accordingly.
- R. All inmates who have been screened and determined to be disabled must be reasonably accommodated. Medical staff shall enter medical instructions into the inmate's health

record. The MSD "ADA" case manager or designee will routinely review the medical instructions entered in the inmate's health record and make additional referrals as needed for further evaluation of accommodation and/or housing in compliance with DSB.P&P M.39.

- S. Any inmate who, through a review of medical history or physical examination, presents the possibility of communicable disease, will be seen immediately and their treatment needs, appropriate housing and/or referral to a physician will be initiated in compliance with DSB P&P M.37.
- T. An arrestee who advises the RN they have been a victim of sexual assault during a previous incarceration will be referred to a Qualified Mental Health Provider (QMHP) for appropriate intervention and to JPMU staff to determine housing needs.
- U. An inmate with a medical condition(s) who cannot be treated within the limitations of the detention facility will be transported to a contract hospital for diagnosis and treatment in order to provide the level of care available in the community.

II. SEXUAL ASSAULTS OCCURRING IN THE COMMUNITY

Medical and mental health staff shall obtain informed consent from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting and will provide the inmate with a PREA Incident Consent Form (J-316).

- A. The inmate may choose to not report the sexual victimization in the community to sworn staff. If this option is chosen, the following shall occur:
 - 1. The J-316 form shall be completed and filed according to the distribution.
 - 2. Sworn staff will complete an incident report in JIMS, utilizing the incident type "PREA," to document completion of the J-316 form and will include the inmate has declined to report sexual victimization in the community.
 - 3. Sworn staff will notify the watch commander and JPMU of the incident.
 - 4. The watch commander or designee will be responsible for reviewing and approving PREA incident reports in JIMS.
- B. The inmate may choose to give consent for medical staff to share information related to sexual victimization in the community with sworn staff. If the inmate chooses to report the incident, sworn staff will follow procedures outlined in DSB P&P F.16.