

DATE:	DECEMBER 29, 2023
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 individuals during the receiving screening process.

POLICY

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

PROCEDURE

I. DEFINITIONS

- A. 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 an emergency department (ED).
- B. Receiving Screening – a process of structured inquiry/observation intended to identify potential emergency situations among new individuals. Also, a process to identify individuals with known illnesses and those on medications for further assessment and continued treatment.

II. 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 individual and record the responses in the individual's health record.
- B. Medically unstable individuals presenting signs of psychosis may be refused based on the RN's assessment. Individuals 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. Individuals 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 individual will be medically cleared for acceptance into the detention facility. Individuals 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 individual will be admitted into the detention facility based on clinical presentation at that time.
- D. If an individual 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 individual 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.
 - 1. Upon notification, the RN will respond to the vehicle sally port.
 - 2. The AO shall remove the individual from the vehicle for a nursing assessment to be conducted for clearance into the detention facility. Nursing staff will not conduct a nursing assessment while an individual is inside of a vehicle.
 - 3. Nursing staff will generally reject individuals who have acute alteration in cognition/mentation or are otherwise unable to ambulate on their own due to a potentially acute medical condition.
- E. Individuals exhibiting signs of an agitated chaotic event (ACE), 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.
- F. Individuals who have an immediate/emergent medical need, as determined by the RN, will be refused and sent to the ED for medical clearance.
- G. The watch commander will have the overall authority to accept or reject an individual after the individual has been evaluated by health staff.
- H. The receiving screening RN will notify Detentions Processing Division (DPD) staff of a rejection. DPD staff will release the individual from custody in the Jail Information Management System (JIMS) utilizing the disposition, "Not Fit For Jail" (NFFJ).
- I. Individuals 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 individual and witnessed by an ED physician or nurse.
- J. Any individual 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, if indicated by health staff.
- K. Individuals confined in or needing a wheelchair will only be accepted for booking at the San Diego Central Jail (SDCJ) or Las Colinas Detention and Reentry Facility (LCDRF).

The AO with an individual meeting these criteria, that presents at the Vista Detention Facility (VDF), will be advised to transport the individual to SDCJ or LCDRF.

- L. Acceptance for booking will be indicated on the Booking Intake/Personal Property Inventory (J-15) form with a "Medical Cleared" stamp.
- M. All individuals with mild or moderate signs and symptoms in need of Nurse Assessment Protocol (NAP) or medical care will have a red wristband placed on their right wrist by the RN. The RN will staple a blue "Proceed" slip on the J-15 form. The RN will communicate to sworn staff the need for the individual to proceed to NAP screening. The deputy will be responsible for escorting the individual to the designated area and have the individual seen by a RN no later than two hours from the time stamped on the J-15 form. The red wristband will be removed by the RN once the NAP is complete. The individual may continue through the booking process with sworn staff, taking into consideration any recommendations given by health staff.
- N. Individuals who have been identified as potentially at risk for self-harm will have a pink wristband reading "DSP" placed on their right wrist by the RN.
 - 1. The RN will staple an "DSP Eval" slip to the J-15 form and refer the individual to the gatekeeper for further evaluation.
 - 2. Sworn staff working intake will be notified immediately by the RN of the need for evaluation by the gatekeeper.
 - 3. The pink wristband will be removed by sworn or health staff after the individual is cleared by the gatekeeper or placed into the Detentions Safety Program (DSP).
 - 4. Each facility will detail specific processes for "Proceed" and "DSP Eval" incarcerated persons 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 NAP and assessments for DSP housing.
- O. Any prescription medications brought in by an individual 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 health staff.
- P. Patient flags (e.g., lower bunk, lower tier, precautions, and chronic diseases, etc.) will be entered in the individual's health record.
- Q. Medically indicated equipment and or accommodations (e.g., wheelchairs, canes, crutches, oxygen, prosthetic appliances, prescription eyewear and hearing aids) will be evaluated by health staff for the necessity to retain for use by the individual during confinement. Health staff will add the applicable patient flag in the individual's health record, to include "ADA Mobility" (ADM). All individuals who are identified as requiring the aforementioned equipment will be housed by the Jail Population Management Unit (JPMU) in a facility with appropriate accommodations.

- R. Persons with developmental disabilities will be identified and reported to the San Diego Regional Center's developmental disability intake office the next business day. All individuals who are identified as clients of the San Diego Regional Center will have the administrative alert "RCC" applied and will be housed accordingly.
- S. All individuals who have been screened and determined to be disabled must be reasonably accommodated. Health staff shall enter patient flags into the individual's health record. The MSD "ADA" case manager or designee will routinely review the corresponding patient flag entered in the individual'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.
- T. Any individual 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.
- U. An individual 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.
- V. An individual 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.

III. SEXUAL ASSAULTS OCCURRING IN THE COMMUNITY

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

- A. The individual 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 individual 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 individual may choose to give consent for health staff to share information related to sexual victimization in the community with sworn staff. If the individual chooses to report the incident, sworn staff will follow procedures outlined in DSB P&P F.16.