



# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  10-117D	<b>PAGE NUMBER</b>  1 of 8
		<b>SUBJECT:</b>  <b>PROGRAM AND SERVICES: Health Care Screenings, Assessments, and Evaluations</b>	
<b>Approved By:</b>   Secretary of Corrections		<b>Original Date Issued:</b> 10-06-15	<b>Replaces Version Issued:</b> N/A
		<b>CURRENT VERSION EFFECTIVE: 10-06-15</b>	

<b>APPLICABILITY:</b>	_ ADULT Operations Only	_ JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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## POLICY STATEMENT

The health services contractor shall be responsible to develop procedures and clinical guidelines as required to ensure that all screenings, health assessments, and evaluations of offenders are conducted in a professional manner, consistent with the policy and procedures contained in this IMPP.

## DEFINITIONS

Community Supervision Agency: A local juvenile justice program operated by the administrative county which provides services for juvenile offenders and their families when the juvenile offender is subject to court-ordered supervision such as juvenile intensive supervised probation, court-ordered custody, interstate compact for juveniles, juvenile correctional facility and conditional release.

Departmental Clinical Health Authority: The physician Regional Medical Director of the agency or organization responsible for the provision of health care services for the KDOC. This position has full clinical autonomy and responsibility for clinical health care issues within the KDOC.

Director of Health Care Services: Acts as the administrative health authority for the Department. This position manages health care systems, directs the health care services model, and has final approval on all policies and procedures in the health care system.

Facility Administrative Health Authority: The Health Services Administrator responsible for the provision of health care services at a facility. The facility Health Authority works under the direction of the Regional Medical Director and the Regional Vice President or designee administratively.

Health Assessment: The process of evaluating the health status of an individual, a full health appraisal.

Health Care Staff: Persons who are registered or licensed with a health care regulating agency to include, but not limited to physicians, nurse, psychiatrist, psychologist, and social workers.

Intake: Any new offender or offender who has been out of the system to include condition violators received at a KDOC facility from another jurisdiction. Offenders being returned to custody in pre-revocation status are also considered intakes.

Intake Screening: The structured interview and observation process occurring immediately upon an offender's admission to KDOC custody intended to identify any potential emergency situation among offenders newly arriving at a KDOC facility.

Non-Health Trained Staff: Persons who are not registered or licensed with a health care regulating agency but who have received training in emergency response procedures, such as CPR, etc.

Qualified Behavioral Health Personnel: Psychiatrists, physicians, behavioral health professionals and nurses who meet the educational and registration or licensure/certification criteria specified by their respective discipline to provide evaluation and care for the behavioral health needs of patients.

Regional Psychiatric Director: Responsible for the clinical supervision of all facility psychiatrists. The Regional Psychiatrist is supervised clinically by the Regional Medical Director and administratively by the Regional Vice President and or his designee.

Transfer: An offender who is received at a KDOC facility directly from another KDOC facility.

Transfer Screening: A system of structured inquiry and observation of the general health and medical, dental and behavioral health condition of offenders upon their arrival at a receiving site as the result of a transfer from one site to another within the KDOC system.

## **PROCEDURES**

### **I. Health Screenings and Assessments**

- A. All offenders including intakes and transfers shall receive a health, dental, and behavioral health screening upon arrival at any KDOC facility, prior to the offender's assignment to a living area.
  - 1. Health screenings and health assessments shall be conducted to detect offenders who pose a health or safety threat to themselves or others and who may require immediate health care or treatment.
  - 2. To the extent possible, all screenings and assessments shall be performed in privacy and carried out in a manner designed to encourage the offender's subsequent use of health services.
- B. Inmates who are admitted to KDOC who have not received a documented health assessment within the previous 90 days shall receive a full health assessment performed by health care staff, no later than seven (7) calendar days from admission.
- C. Findings from the health care screening will be reviewed during the health assessment process.

### **II. Intake Screening (ACI 4-4362; 4-JCF-4C-01; NCCHC P-E-02, Y-E-02)**

- A. At intake facilities the intake screening, which includes an inquiry of the offender's health history, current health/dental/behavioral health condition and the staff member's observations, shall be performed only by qualified health care staff or non-health trained staff who have completed training approved by the health authority.
  - 1. Information obtained shall be put on the form(s) approved by the Director of Health Care Services and the Regional Medical Director to document the intake screening process within four (4) hours of arrival to the facility.
  - 2. All intake and transfer screening findings shall be documented and maintained in the offender's health record. (ACI-4-4362, 4-4363; 4-JCF-4C-01, 4-JCF-4C-02; NCCHC P-E-02, P-E-03, Y-E-02, Y-E-03)
- B. Offenders who are unconscious, semiconscious, bleeding, mentally unstable, or otherwise urgently in need of medical attention at the time of reception shall be immediately referred for emergency care.
  - 1. If the referral is to a community hospital, the offender's admission or return to the receiving facility shall be predicated upon a written medical clearance. All intake and transfer screening findings shall be documented and maintained in the offender's health

record. (ACI-4-4362, 4-4363; 4-JCF-4C-01, 4-JCF-4C-02; NCCHC P-E-02, P-E-03, Y-E-02, Y-E-03)

- C. In facilities or units with less than 24 hours per day coverage by health care staff, transfer screening may only be conducted by health-trained personnel in accordance with the procedures in Section VI. of this IMPP.
- D. Each warden/superintendent shall designate those non-health care trained staff or classes of such employees responsible for conducting transfer-receiving screenings.
- E. The facility health authority or designee shall provide training, in accordance with IMPP 03-104D, for:
  - 1. Staff or volunteers designated to assist in the health intake/transfer screening on non-English speaking offenders shall receive this same training.
  - 2. Training shall be updated annually.

### III. Admission Screenings

- A. At a minimum, the intake screening shall include the following:
  - 1. Provision of initial treatment and inquiry into current and past illnesses, treatment, problems, and complaints to include:
    - a. Any past history of infectious or communicable illness (i.e., HIV, TB, STDs, etc.), treatment, or symptoms (e.g., lethargy, weakness, weight loss, loss of appetite, fever, night sweats) suggestive of such illness;
    - b. Current or past illness, health condition, or special need;
    - c. Behavioral health problems to include suicide potential/risk;
    - d. Past or present treatment or hospitalization for mental disturbance or suicide attempt(s);
    - e. Dental problems, treatment for dental problems;
    - f. Allergies;
    - g. Medications taken and special health (including dietary) requirements;
    - h. Use of alcohol and other drugs including type(s) of drugs used (legal and illegal), mode of use, amounts used, frequency used, date or time of last use and history of any withdrawal symptoms that may have occurred after ceasing use (e.g., convulsions);
    - i. Possibility of current pregnancy, recent pregnancy, and current gynecological problems;
    - j. Other health problems designated on the admission screening form approved by the Director of Healthcare Services;
    - k. Current immunization status; and
    - l. Personal physician, if applicable.
  - 2. Observation of the following:
    - a. Behavior, which includes:

- (1) State of consciousness,
      - (2) Mental status (including suicidal ideation),
      - (3) General appearance,
      - (4) Conduct,
      - (5) Tremors; and,
      - (6) Sweating.
    - b. Physical deformities and ease of movement;
    - c. Persistent cough or lethargy;
    - d. Physical deformities and condition of skin, to include:
      - (1) Evidence of abuse and/or trauma markings,
      - (2) Bruises,
      - (3) Lesions,
      - (4) Jaundice,
      - (5) Rashes and examination for infestations and/or the presence of ectoparasites;
      - (6) Needle marks or other indications of drug abuse; and,
      - (7) Tattoos.
    - e. Breathing.
  3. Administration of a screening test for tuberculosis as recommended by the CDC.
  4. Recommendations for clinical disposition and referral, which may include:
    - a. General Population;
    - b. General population with referral to sick call or appropriate health care service;
    - c. Referral to appropriate health care service for emergency treatment, to include medical isolation, if necessary; or,
    - d. Other disposition as appropriate to the offender's health and/or behavioral health condition.
  5. The date and the time when referral/placement actually takes place shall be documented.
- B. Intake screening results shall be recorded on the intake screening template in the EHR system as approved by the Regional Medical Director and the Director of Health Care Services, which shall become a permanent part of the offender's health record.
1. If the offender refuses to answer the interview questions, this is to be documented on the screening form.

2. If the offender is unable to answer the questions during the interview, this is to be documented on the form with the reason, if health care personnel are able to ascertain the reason.

**IV. Intake Health/Dental Health Assessments (ACI 4-4365, 4-4366; 4-JCF-4C-03; NCCHC P-E-04, Y-E-04)**

- A. Each offender incarcerated within the Kansas Department of Corrections shall receive a health assessment in accordance with policies and procedures as outlined by the health services coordinator and approved by the Director of Health Care Services.
  1. Assessments shall be based upon a consideration of the offender's age, sex, and health needs, as determined necessary by the Director of Health Care Services and the recommendation for periodic examinations by the American Academy of Family Physicians.
  2. Qualified health care staff under the supervision of the facility health authority shall perform routine health assessments.
- B. The collection and recording of all health assessment data shall be completed by a qualified health care staff in a uniform manner as determined by the Regional Medical Director and approved by the Director of Health Care Services which shall require that:
  1. The collection of offenders' health history, vital signs, and all other health assessment data is completed within seven (7) days of arrival and recorded in the Electronic Health Record (EHR) Data Base in accordance with procedures established by the health services contractor.
  2. All procedures shall be approved by the Director of Health Care Services and must demonstrate compliance with ACA and NCCHC standards. (ACI 4-4362, 4-4363, 4-4364, 4-4365; 4-JCF-4C-01, 4-JCF-4C-02, 4-JCF-4C-03, 4-JCF-4C-04; NCCHC P-E-02, P-E-03, P-E-04, P-E-05, Y-E-02, Y-E-03, Y-E-04, Y-E-05)
- C. The health assessment shall, at a minimum, include the following:
  1. Review of the intake screening information;
  2. Collection of additional data to complete the health, dental, behavioral health, and immunization histories;
  3. Laboratory and/or diagnostic results to detect communicable diseases, including sexually transmitted diseases and tuberculosis and other tests as determined by the responsible physician;
  4. Recording of height, weight, pulse, blood pressure, respiration, and temperature;
    - (a) **JUVENILE:** Offenders will also have their BMI's recorded.
  5. Physical examination, involving inspection, palpation, auscultation and percussion of the body to determine presence or absence of physical signs of disease. The examination shall include pelvic, breast, pap exams, rectal and testicular exams as indicated by offender's gender, age and risk factors, vision and hearing screening;
  6. Other tests and examinations as appropriate;
  7. A review of the significant findings/results of the health assessment and tests, and identification of problems by a physician, or other qualified health care personnel;
  8. Initiation of therapy and immunizations, when appropriate; and,

9. Development and implementation of a health classification form including recommendations concerning housing, job assignment, and program participation for offenders with special health circumstances and needs to include behavioral health, chronic, and convalescent health problems.
- D. All dental screenings and examinations shall be conducted in accordance with provisions of IMPP 10-116D.
- E. Each offender shall receive a behavioral health screening upon intake during the health screening process.
  1. Each offender shall have a full follow up psychological evaluation, by behavioral health staff, within 14 calendar days of the offender's admission to KDOC custody. (ACI 4-4370, 4-4371; 4-JCF-4D-02, 4-JCF-4D-03; NCCHC P-E-05 Y-E-05)
  2. The behavioral health screening and psychological evaluation shall become a permanent part of the offender's health record.
- F. An updated classification assignment, using a Health Classification Report shall be given to Health Records, Unit Team, and Classification at the time of the completion of the offender's health assessment.
  1. The unit team counselor shall be responsible to provide offenders with a copy of any changes to their classification assignment.

**V. Behavioral Health Assessments and Evaluations (ACI-4-4370, 4-4371; 4-JCF-4D-02, 4-JCF-4D-03; NCCHC P-E-05, Y-E-05)**

- A. The Regional Psychiatric Director shall develop procedures for the psychological assessment that focuses on mental illness issues, drug abuse, and sex offense behavior.
- B. A behavioral health psychological evaluation, performed by a multi-disciplinary team, shall be completed within 14 days of admission to KDOC.
- C. A Behavioral Health Classification Level shall be established which permits behavioral health professionals to designate appropriate referral options for each offender evaluated to include provisions for:
  1. Offenders identified as suffering from serious mental illness or developmental disability to be immediately referred to a behavioral health professional for care.
  2. Offenders who require acute behavioral health services beyond that available at intake facilities, or whose adaptation to the correctional environment is significantly impaired shall be transferred to an appropriate facility upon approval from the Regional Psychiatric Director.
- D. Mental health evaluation reports shall become a part of the offender's health record.

**VI. Transfer Screening (ACI 4-4363, 4-4364; 4-JCF-4C-02; NCCHC P-E-03, Y-E-03)**

- A. Transfer screening shall be performed by qualified health care staff on all transfers. The screening shall include a review of each incoming offender's health record or health summary.
  1. When health care staff are not on duty in those facilities or units with less than 24 hours per day coverage by health care staff, the transfer screening shall be conducted by non-health trained staff on the form approved by the Regional Medical Director and Director of Health Care Services (per sample at Attachment A). Transfer screening shall be completed on all transfers, including facility-to-facility, site-to-site and clinic-to-clinic.

2. All in-transit offenders receive a health screening by non-health trained staff on entry into the KDOC system. Findings are recorded on the Electronic Health Record Transfer Screening template and a copy will accompany the offender to all subsequent facilities until the offender reaches his or her destination.
3. Transfer Screens will be reviewed at each facility by non-health trained staff or health care staff. Transfer screening training shall be provided during annual and basic training to all security staff at those facilities or units with less than 24 hours per day coverage by qualified health care personnel. Training shall include inquiry into:
  - a. Whether the offender is being treated for a health, dental or behavioral health problem;
  - b. Whether the offender is currently on medication;
  - c. Whether the offender has a current dental or mental health complaint; and,
  - d. Whether the offender has been abused or has any concern about sexual victimization/abuse.
4. Observation of:
  - a. General appearance and behavior; and,
  - b. Physical deformities, evidence of abuse and/or trauma.
5. Health disposition of offender:
  - a. General population;
  - b. General population with appropriate referral to health care service, including mental health; and/or,
  - c. Referral to appropriate health care service for emergency treatment.

**VII. Periodic Health Assessments (ACI 4-4365, 4-4366; 4-JCF-4C-03, 4-JCF-4C-04; NCCHC P-E-04, Y-E-04)**

- A. The Regional Medical Director shall develop procedures and establish protocol regarding the extent and the frequency of physical examinations based upon a consideration of the age, sex, and health needs of offenders, and risk factors as indicated by ACA and NCCHC standards and other nationally recognized professional health organizations.
  1. The facility physician shall document review of all registered nurse performed physical exams.
- B. Consistent with the Departmental Health Authority's infection control program, a health examination shall be performed on all offenders suspected of having a communicable disease.

**VIII. Release Screening (NCCHC P-E-13, Y-E-13)**

- A. The Regional Medical Director shall develop procedures for release screening as approved by the Director of Health Care Services. The procedures shall include provisions to determine any significant health problems attributed to an offender which require further assessment or treatment. Provisions for such referral to community service providers, as authorized by the Regional Medical Director, shall be included.
- B. The offender's health record shall be reviewed to ensure all information is current and accurate.

- C. Facility health care staff will provide the offender and the departmental Field Service staff or community supervision agency as applicable with a copy of the release health plan that provides pertinent information regarding the offender's health status, medications and follow up appointments.
  - a. **ADULT:** In accordance with IMPP 05-107.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

None.

**REFERENCES**

IMPP 03-104D, 05-107, 10-116D  
ACI 4-4362, 4-4363, 4-4364, 4-4365, 4-4366, 4-4370, 4-4371  
JCF 4-JCF-4C-01, 4-JCF-4C-02, 4-JCF-4C-03, 4-JCF-4C-04, 4-JCF-4D-02, 4-JCF-4D-03  
NCCHC P-E-02, P-E-03, P-E-04, P-E-05, P-E-13, Y-E-02, Y-E-03, Y-E-04, Y-E-05, Y-E-13

**ATTACHMENTS**

<b>Attachment</b>	<b>Title of Attachment</b>	<b>Page Total</b>
A	Transfer Health Screening Form	1 page



**KANSAS DEPARTMENT OF CORRECTIONS  
TRANSFER HEALTH SCREENING FORM**  
(To Be Completed By Health-Trained KDOC Staff)

RECEIVED: \_\_\_\_\_, 19\_\_\_\_ At \_\_\_\_\_ A.M./P.M.

**ASK THE FOLLOWING JUST AS WRITTEN (Circle the appropriate response):**

1. Are you allergic to any medication? YES NO (If YES, list medication(s)) \_\_\_\_\_
2. Are you taking any medication at this time? YES NO (If YES, list medication(s)) \_\_\_\_\_
3. Do you now have, have you recently had, or, have you been treated for: (Circle YES responses)

N - Now Have			P - Recently Had			T - Treated For		
a. Toothache	N	P	T	l. Yellow skin or eyes	N	P	T	
b. Sore or bleeding gums	N	P	T	j. Head or body lice	N	P	T	
c. Sore jaws	N	P	T	k. Emotional problems	N	P	T	
d. Mouth sores	N	P	T	l. Other physical problems	N	P	T	
e. Skin rash or sores	N	P	T	LIST:				
f. Frequent cough	N	P	T	m. Continuous headache	N	P	T	
g. Fainting spell	N	P	T	n. None of the above	N	P	T	
h. Pain or swelling of joints	N	P	T					

**INTERVIEWER'S OBSERVATIONS: (Circle YES responses and/or provide appropriate specific information)**

4. Is the Offender:
  - a. Sweating
  - b. Shaking
    - (1) Hands
    - (2) Shoulders/body
  - c. Angry
  - d. Nervous
  - e. Alert
  - f. None of the above
5. Does the Offender:
  - a. Move around well
  - b. Have any deformities
  - c. Have any bruises or injuries
  - d. None of the above

6. Explain conditions noted above:

**PREA:**

7. Interview Questions:
 

a. Have you ever been sexually abused?	Y	N
b. Have you ever been sexually abusive to others?	Y	N
c. Are you concerned about being sexually abused?	Y	N
d. Are you lesbian, gay, bisexual, transgender or intersex?	Y	N

8. Interviewer Observations: Check that which apply to the offender

- |  |   |
|--|---|
| <input type="checkbox"/> Small physical stature may place offender at risk | <input type="checkbox"/> Physical disability              |
| <input type="checkbox"/> Possible mental, emotional, intellectual deficit  | <input type="checkbox"/> Gender non-conforming appearance |

**CONFIRMATION OF THE EXPLANATION OF AVAILABILITY OF HEALTH AND BEHAVIORAL HEALTH SERVICES**

9. The offender named below has been advised as to the availability of health and behavioral services in the facility by the staff member identified below.

YES NO (If NO, identify responsible staff member) \_\_\_\_\_

**OFFENDER'S HEALTH STATUS/DISPOSITION (Circle appropriate response)**

Referred to: Behavioral Health Staff and Supervisor for PREA concerns

- |                     |   |  |
|---------------------|---|--|
| General population. | General population w/appropriate referral to health care service. | Referral to appropriate health care for emergency treatment service. |
|---------------------|---|--|

Other (Specify) \_\_\_\_\_

Offender Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Nursing Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Offender Name (last, first, middle)	DOC#	DOB	R/S	FAC
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(White - Original Chart, Yellow-Offender Copy, Pink-Classification Copy)