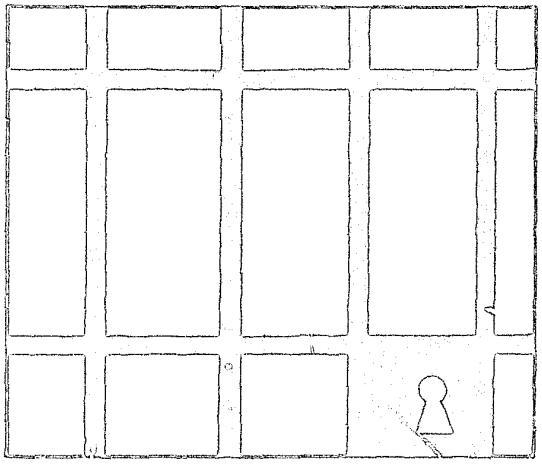
PROCEEDINGS

2nd National Conference on Medical Care and Health Services in Correctional Institutions



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RECEIVING SCREENING*

Sheriff Winston has given you the administrative viewpoint of receiving screening and the example of how receiving screening is done in his jail. I agree with the Sheriff, as do the AMA and others, that especially important is the concept of responsibility, the responsibility to know the medical health situation of the inmate at in-take and to act on that knowledge in the most appropriate manner. Based on the need of this knowledge, we at the Medical Association of Georgia have developed a training program in receiving screening for jailors and particularly for booking officers. Not every jail is blessed with the resources of Sheriff Winston's jail, and many must use deputies and correctional officers to perform receiving screening duties. To answer this need, our training program has been designed to develop skills for these officers.

In this part of the program we will be doing several things. We are handing out a specially designed receiving screening form which is keyed to the manual we use in our training sessions. The manual is based on the outline which we are also handing out. We will be showing you some videotape segments of actual training sessions. We will also show you some special cases that will test your observational skills and perhaps help you to become more aware of the need for receiving screening. I will talk to you later about the course content. First, however, I would like to introduce my assistant in the AMA Jail Health Care Project in Georgia, Day Ann Doak. Day Ann is a medical records administrator and has been working in jail health care for over a year now. Day Ann has worked very closely with the receiving screening training and co-presented two receiving screening workshops in Georgia. She will describe the development of our training program.

DESCRIPTION OF RECEIVING SCREENING WORKSHOPS

Two workshops on Receiving Health Screening for Jail Personnel have been conducted by the MAG as part of the AMA Jail Health Project to date, one in November, 1977, and the second in February, 1978. A total of 26 jailors attended, representing eight pilot jails that were participating at the time in the AMA Jail Project. Inivitations were extended to only those jails that were participating in our Project, and we encouraged the actual booking officers, or jailors who perform the book-in duties, rather than the Sheriff or jail administrator, to come. This course is a detailed "how-to" approach to the subject material, and we wanted to teach directly those persons on the jail staff who would actually be performing receiving health screening.

Both workshops were taught by two people: a physician who has worked as a full-time jail physician and who also wrote the course, and a correctional officer who has had experience doing receiving screening. The course was designed to be taught by two people of such backgrounds: one, a medical professional (though not necessarily a physician) who has some experience in jail health care, and two, a correctional officer experienced in receiving health screening.

The course content of the two workshops was the same, with the exception that teaching how to take blood pressure was included in the first one but omitted from the course after that. This followed the decision by the course

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*Presented by Dorothy Parker, Jail Pilot Project Director, Medical Association of Georgia.

authors that blood pressure screening is a luxurious but not essential component of routine screening of incoming inmates for their appropriateness to be admitted into the jail population. It was a time-consuming exercise that was not altogether successful anyway. Even with this omission, the second workshop lasted about as long as the first, approximately a day and a half.

Both MAG workshops were conducted at local universities in Atlanta. An upcoming workshop is being planned for December in Savannah and is being sponsored by a local state college there for any interested jails in Georgia and neighboring states. An important feature of the course is that it was designed to be replicable on a local level, with the sponsoring agency supplying the teachers and some equipment and MAG providing the teaching materials and audiovisual aids. A videotape playback unit and monitor are required for the A-V's, so the community must at least have these resources, as well as qualified individuals willing to teach (unless someone is imported and therefor paid). We suggest that the local medical society be approached to identify the medical member of the teaching team.

A teaching manual was developed for the course, and this is used by the participants afterwards in their jails as a companion reference manual in the use of the unique receiving screening form that was designed for this course. A manual for instructors was also written to guide future teachers and organizations or institutions wishing to put on the workshop. MAG has a limited supply of both of these manuals that will be provided while they last to groups sponsoring the workshop for their participants. These are also available upon written request to other interested individuals or agencies. We have brought with us today the form that is used in the course, as well as a course outline for your information.

Audiovisual aids are videocassettes that were produced especially for this course. A 20-minute film, "Recognizing Abnormal Behavior," show a series of six fictitious inmates present at book-in. Participants are asked to identify as many unusual or even abnormal characteristics about each of these persons as they can; they are then discussed, as are the alternatives of disposition of the "inmates", i.e., whether to admit to general population, qualified admission to isolation or special observation, seek medical clearance, or refer straight to the doctor or hospital. We will show segments of this tape to you today and seek your participation as well. In addition to this single tape, we have six one-hour videocassettes of most of the second workshop. This is available to be used in portions of future workshops or viewed prior to conducting one as preparation for teaching the course.

Although there is a good deal of lecture, group discussion and questions are a vital part of the course. In our two workshops the instructors relied on the participants themselves to share their experiences and even come up with answers to questions that were raised. Role-playing is also used as a practice mechanism to familiarize the participants with the form and its use. These samples and other examples to illustrate points are all included in the Instructors Manual.

COURSE CONTENT

Before we discuss the use of the forms and the receiving screening procedure, I want first to focus on the goals of receiving screening. From the medical viewpoint, after being able to cover emergencies, most experts on jail

health care agree that receiving health screening is the next most important thing for the jails to do. The AMA Standard #1011 which is also an Essential Standard, in respect to receiving screening, states the following:

> "Receiving screening is performed on all inmates upon admission to the facility before being placed in the general population or housing area with the findings recorded on a printed receiving screening from approved by the responsible physician. The screening includes inquiry into: current illnesses and health problems including those specific to women; medications taken and special health requirements; screening of other health problems designated by the responsible physician; behavioral observation including state of consciousness and mental status, notation of body deformities, trauma markings, bruises, lesions, ease of movement; jaundice, etc,; condition of skin and body orifices including rashes and infestations; and dispositions or referral of the inmate to qualified medical personnel on an emergency basis."

The following discussion in support of the Standard defines receiving screening as "a system of structured observation/initial health assessment designed to prevent newly arrived inmates who pose a health or safety threat to themselves or others from being admitted to the facility's general population and to rapidly get them to medical care. The receiving screening can be performed by allied health personnel or by a trained correctional officer at the time of booking." The discussion further states that the "initial assessment of health needs and the general condition of the inmate at this crucial point may prevent further complications such as communicable disease epidemics, rapid states of health regression, suicides, and assaults. The welfare of the inmate, other inmates, the correctional staff, and the community can be protected."

In addition to trained personnel, to implement a receiving screening program within a jail a policy statement, set of procedures and a form are a basic minimum. To be effective the form should survey by question and observation these potential health problems and also show disposition. To administer the procedure, the booking officer will need to understand the need for receiving health screening; he will need to be thoroughly familiar with the general principles for performing the screening and understand how to use a receiving screening form. The officer should be ready to ask questions indicated on the form and, with training in the MAG course, be able to ask further appropriate questions indicated by the response to the initial question. The officer should also learn to perform a general physical assessment, including a description of general appearance such as consciousness, walking and gait; detection of breathing difficulties; recording pulse and temperature; be able to describe skin appearance and behavior, and to recognize signs of drug and alcohol use and withdrawal. He should also be able to perform a urine dipstick test for sugar. Further, the officer should be able to develop skills in using this information obtained in the form to make appropriate decisions concerning the need for medical clearance, detoxification, special housing needs, or to admit to the general population.

Consequently, receiving screening is not the same as first aid. All

officers should have first aid training before taking this training. Possessing these skills does not replace health personnel and is performed by the officer or health personnel under the authority and direction of the jail's physician. Health personnel or the physician will need to be contacted for cases requiring medical clearance or other medical decisions. Also, screening does not substitute for general health assessment or physical examinations which are more appropriate for long term prisoners.

One the skills are developed and practiced, the receiving screening process can be accomplished in a relatively short period of time and become a component of the regular booking process. Let us look briefly at the receiving screening form which was handed out earlier. This form was designed to be used with a manual. When the booking officer has a positive response to questions or observations made, he is then referred to the appropriate place in the manual, and when appropriate, follow-up questions which help to make decisions regarding disposition can then be asked. At this point, we will show you a short segment of one of the training programs that Dr. Tim Wolbert conducted in Atlanta. Dr. Wolbert was consultant to our project and helped to develop the training materials. He will be discussing decision making during receiving screening in this videotape segment. (Videotape segment shown.)

For those of you who are making notes, I wish to reiterate at this time the six decisions that are likely to be the outcome of the receiving screening process. The first is to admit to the jail; this of course is the most common disposition. The second is to seek medical clearance, in which case medical clearance is usually defined by the physician in authority. Third, the decision may be to put into a separate cell until the inmate can be seen by the jail's health workers or the physician. A forth disposition could be to refer to the infirmary, and a sixth could be to place the inmate in a special location for closer mental observation.

In order for receiving health screening to work effectively, several principles should be emphasized. These principles are as important to the screening process as the health data collection and the decision maing. First, the information collected during receiving screening is health data. Health data must not be used as evidence against the prisoner. It should be explained to the prisoner at the outset that the information that is being gathered for the receiving screening is for the prisoner's benefit and may not be used as evidence. There is a statement to this effect on the screening form and it can be shown to the prisoner. It is helpful if the sheet also contains a brief statement of the purpose for doing the receiving screening. Second, all health data collected are confidential. The only people with whom this information should be shared are health workers associated with the jail or the jail's physician and the duty commander <u>if</u> special attention is required. This confidential information should not be discussed with other officers or prisoners. Third, the receiving screening form must be filled in completely. Each question in the form has been chosen to meet an important need to determine if someone may be safely admitted to the jail. Omitting a question may result in a critical error in judgement. If any question is unable to be completed, one should write in the reason why. Fourth, the officer must assume the inmate is telling the truth. It is the responsibility of the health personnel associated with the jail or the physician to determine the validity of the prisoner's

health complaints. Fifth, the officer's role is deciding whether or not the prisoner is healthy enough to be admitted to the general population in the jail; it is not to make a diagnosis. And last, whenever there are any doubts about admitting a prisoner, call the jail's physician.

As Day Ann described earlier, to develop skills in using the form and manual and to follow up with the appropriate questions and disposition, role playing and other techniques were used extensively in our earlier workshops. You may refer now to the handout in section 4 which lists the various medical problems which need to be recognized before admittance to the jail. The use of the manual helps to assess the extent of each problem if it exists and especially to learn of the current status of that problem so an appropriate disposition can be made.

Still referring to section 4 of the handout, I wish now to move to part C, Physical Assessment. Notice that each of these items will require some very special skills to be developed. Many booking officers are certainly aware of many of them from general experience with hundreds of prisoners. However, this course teaches the officer to focus on making particular and structured observations so that no medical problem is likely to be overlooked. The development of these skills is perhaps the most vital part of the receiving screening process because when other communications fail or are invalid, focused observation will likely communicate to the officer the existence of medical problems requiring attention.

We have another short segment of videotape to show you now in which Dr. Wolbert emphasizes the critical importance of the development of these observational skills for making physical assessments. After this segment we will show you three fictitious cases of inmates being booked into a jail and let you practice making some physical assessments on your own. (Videotape segment shown.)

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