



VOLUME 4: MEDICAL SERVICES	Effective Date: 01/2006
CHAPTER 2	Revision Date: 11/2015
4.2.2 RECEPTION HEALTH CARE PROCEDURE	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCEDURE OVERVIEW

This procedure outlines the processes of a new patient's arrival through reception into a California Department of Corrections and Rehabilitation institution.

II. PROCEDURE

A. Initial Health Screening

1. Nursing staff shall complete an Initial Health Screening (also known as the CDCR Form 7277, Initial Health Screening) for each patient and document in the patient's health record. The Initial Health Screening shall include the following:
 - a. Complete set of vital signs including pain assessment, height, and weight. In addition, finger stick blood glucose shall be obtained for patients with a history of diabetes.
 - b. Tuberculosis (TB) screening and administration of TB skin test when indicated.
 - c. Verification of the patient's current medications by reviewing all available health care information from the sending facility or agency. If this information is unavailable upon arrival, nursing staff shall contact the sending facility or agency and document information collected in the patient's health record.
2. If any questions are answered "yes" by the patient during the Initial Health Screening, or if any vital sign is abnormal, a Registered Nurse (RN) shall assess the patient.
3. The RN shall review relevant data for all new arrivals to determine a disposition that includes timeframe and referral to an appropriate provider and shall document in the patient's health record. Examples of dispositions which warrant a referral include, but are not limited to the following:
 - a. Patients with acute symptoms or those who appear to be in need of urgent medical and/or mental health care shall be escorted to the Triage and Treatment Area for further evaluation.
 - b. Patients who have been receiving prescription medications shall be referred to a health care provider to have their prescription medications ordered within eight hours of arrival to prevent an interruption in receiving medications.
 - c. Patients with a medical condition requiring a referral to a Primary Care Provider (PCP) prior to the seven day initial assessment.
 - d. A routine consult to mental health shall be requested for patients exhibiting any of the characteristics of mental illness (e.g., abnormal behavior, evidence of hallucinations), or evidence of self-harm within the past twelve months.
 - e. An emergent consult to mental health shall be requested for patients identified as having an emergent mental health condition such as suicidal ideations or current self harm.
 - f. Patients identified as having an emergent dental condition shall be referred immediately to dental health services.

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4. At a minimum, the following screening tests shall be offered and documented in the patient's health record:
 - a. Gonorrhea/Chlamydia urine (all men and women if less than or equal to 35 years old).
 - b. Human Immunodeficiency Virus (HIV) antibody screening.
 - c. Serum pregnancy test (women less than 60 years old).
 - d. Varicella Immunoglobulin G (IgG).
 - e. Coccidioidomycosis (Cocci) delayed-type hypersensitivity skin test (Spherusol) and education (male only).
 - f. Rapid Plasma Reagin (RPR).
 - g. Breast examination, pelvic examination, and pap smear (all women).
 - h. Hepatitis C Virus (HCV).
5. Nursing staff shall identify any recommended preventive services and immunization by utilizing the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices' recommendations on immunizations and document on the Initial Health Screening.
6. Nursing staff shall educate and provide the patient with information about how to access health care services at the institution. This shall include education on the Complete Care Model and patient rights.
7. Nursing staff shall conduct interviews with patients in a manner that ensures the privacy of the patients' health care information subject to the safety and security concerns of the institution.

B. Initial Health Assessment

1. Within seven calendar days of a patient's arrival at an institution, a PCP shall perform a complete history and physical examination and document the examination in the patient's health record. A complete history and physical examination shall include the following:
 - a. A review of the Initial Health Screening results.
 - b. Identification of acutely ill, infectious patients, and those who need clinically significant continuity of care.
 - c. Clinical information for newly committed patients.
 - d. Identification of the medical classification factors necessary to complete a Medical Classification Chrono.
 - e. Identification of and addressing significant disabilities, health care accommodation, and durable medical equipment needs.
 - f. Initiation of, or updates to, the patient problem list. Additional diagnostic tests may be ordered if the patient has a condition(s) that requires additional information to determine severity of illness or degree of control or optimal care.
 - g. Completion of a request for services (RFS) for any clinical condition that requires a specialty consultation.
 - 1) For a high priority RFS, initiate a medical hold in accordance with the medical classification system until the specialty consultation has been completed.
 - 2) If the RFS is routine, the patient can be transferred to an endorsed institution prior to obtaining the consultation.
 - h. An order for a follow-up appointment for the care of condition(s), as appropriate.
 - i. Follow-up to ensure the following screening tests have been offered:

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- 1) Gonorrhea/Chlamydia urine (all men and women if less than or equal to 35 years old).
 - 2) HIV antibody screening.
 - 3) Serum pregnancy test (women less than 60 years old).
 - 4) Varicella IgG.
 - 5) Cocci delayed-type hypersensitivity skin test (Spherosol) and education (male only). For further Cocci skin testing information, please refer to your local operating procedure.
 - 6) RPR.
 - 7) Breast examination, pelvic examination, and pap smear (all women).
 - 8) Hepatitis C Virus (HCV).
2. The PCP or designee shall notify the patient of diagnostic test results as per the California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 10, Diagnostic Services.

C. Continuity of Health Care Prior to Transfer to an Endorsed Institution

1. The patient shall be assigned to a Primary Care Team (PCT) while awaiting transfer to an endorsed institution. The PCT shall be responsible for the medical care of the patient, including but not limited to:
 - a. Carrying out the plan outlined in the initial health assessment including follow-up of RFSs that were ordered.
 - b. Reviewing and acting on the results of the screening tests.
 - c. Providing episodic care and chronic disease management.
 - d. Providing care management and care coordination services.
2. The PCP may defer the following until the patient is transferred to an endorsed institution:
 - a. Preventive care services (immunizations and cancer screens such as routine mammograms and fecal occult blood tests) as well as care related to chronic conditions when no symptoms are present, such as retinal screens for diabetics.
 - b. Assessment and management of patients identified to be at high risk for hepatitis C virus (HCV) or those who have identified HCV infection but have not been treated.

III. REFERENCES

- California Department of Corrections and Rehabilitation, Armstrong Remedial Plan, *Armstrong v. Brown*, U.S. District Court of Northern California, Amended January 3, 2001
- California Code of Regulations, Title 15, Division 3, Chapter 1, Article 1, Section 3002(b)(4)
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System Program Guide, 2009
- California Department of Corrections and Rehabilitation, Inmate Dental Services Program Policies and Procedures, Chapter 2.1, Initial Health Screening - Receiving and Release
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 1, Complete Care Model Policy

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- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 7, Preventive Clinical Services Policy
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 4, Chapter 10, Diagnostic Services
- California Correctional Health Care Services, Inmate Medical Services Policies and Procedures, Volume 10, Chapter 3, Tuberculosis Program Policy
- Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, United States Preventive Services Task Force