



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON**  
FACILITY/SPANISH MANUAL

REVISION DATE  
11/28/24

PAGE NUMBER  
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NUMBER  
**DOC 610.040**

**POLICY**

TITLE  
**HEALTH SCREENINGS AND ASSESSMENTS**

**REVIEW/REVISION HISTORY:**

Effective:	12/15/89	Revised:	2/20/09
Revised:	12/6/99	Revised:	6/27/11
Revised:	12/20/00	Revised:	6/21/12
Revised:	6/10/03	Revised:	4/15/13
Revised:	8/10/06 AB 06-009	Revised:	6/22/15
Revised:	9/4/06	Revised:	6/12/18
Revised:	1/4/07	Revised:	11/28/24

**SUMMARY OF REVISION/REVIEW:**

I.C.1., I.F., II.B.3., V.A.4.a., VII.A.4., VIII.A. - Adjusted language for clarification  
 I.E. - Added clarifying language  
 Removed II.A.1. that screenings will not be conducted when returning from escorted leave  
 Added III.A.1.b. that S codes will be added for individuals who report a history of a suicide attempt within the last year  
 Added V.A.2. that intellectual disability assessments will be conducted  
 Removed V.A.7. that medical food service assignments will be completed and entered into the electronic file  
 Added XI.D. that psychiatric social workers and reentry nurses will assist with continuity of care for individuals assessed to be at an elevated health risk

**APPROVED:**

Signature on file

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**MARYANN W. CURL, MD, MS**  
 Chief Medical Officer

10/17/24

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 Date Signed

Signature on file

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**DAVID FLYNN, MPA**  
 Assistant Secretary for Health Services

10/21/24


\_\_\_\_\_  
 Date Signed

Signature on file

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**CHERYL STRANGE, Secretary**  
 Department of Corrections

10/23/24

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 Date Signed

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**REFERENCES:**

DOC 100.100 is hereby incorporated into this policy; DOC 320.255 Restrictive Housing; DOC 320.260 Secured Housing Units; DOC 630.550 Suicide Prevention and Response; DOC 650.020 Pharmaceutical Management; DOC 650.035 Medications for Transfer and Release; DOC 690.400 Individuals with Disabilities; Guideline PULHES Codes; Health Status Reports (HSRs); Tuberculosis (TB) Screening Protocol and Management of TB Disease; [Washington DOC Health Plan](#)

**POLICY:**

- I. The Department will facilitate patient safety, population health, and continuity of care throughout the duration of each individual’s incarceration period with a series of initial and ongoing health screenings, assessments, and updates as necessary, between facility transfers, and upon release into the community.
- II. The Department will ensure systems are in place to appropriately share protected health information in accordance with regulations pertaining to confidentiality of health information.

**DIRECTIVE:**

- I. General Responsibilities
  - A. Healthcare screenings and assessments will be conducted by qualified health services employees/contract staff.
  - B. Urgent needs identified during any healthcare screening or assessment will be addressed as clinically indicated.
    1. Concerns that an individual may be suicidal will be addressed immediately per DOC 630.550 Suicide Prevention and Response.
  - C. When an individual is transferred from a Reception Diagnostic Center (RDC) to another facility, or admitted directly to a parent facility before receiving required initial screenings and/or assessments, the receiving facility will complete them.
    1. Timeframes for completing screenings and/or assessments will be based on the individual’s arrival date at the receiving facility.
  - D. Health Services will use the PULHES coding system per Guideline PULHES Codes to communicate general health status and service needs to custody and classification employees.



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- E. Community supervision violators will be pre-screened through the Headquarters Nurse Desk prior to arrival. At a minimum, relevant health information, to include an up-to-date medication list, will be shared in the handoff communication.
- F. Except for emergency care, the Headquarters Nurse Desk must be contacted for authorization prior to any offsite services being provided to community supervision violators while in confinement.

II. Initial Health Screening

- A. All individuals received at a Department facility (e.g., from court, jail, Juvenile Rehabilitation Administration, hospital, out-of-state, newly sentenced, community supervision violators/revokes) will receive an initial health screening to evaluate health status within 16 hours of arrival.
- B. The initial health services screening process will include health information pertinent to facility safety, custody, housing, and job placement.
  - 1. Current health information will be collected and documented on DOC 13-024 Intersystem Intake Screening and as an encounter in the health services section of the individual's electronic file.
    - a. Health information for community supervision violators may be documented on DOC 13-505 Violator Intake Screening.
  - 2. Initial healthcare needs will be identified and services administered as clinically indicated.
  - 3. Screening for signs and symptoms of active tuberculosis (TB) disease, as well as a history of positive Purified Protein Derivative or TB treatment will be completed and documented in the individual's health record.
    - a. A patient with symptoms of TB disease will be referred to a practitioner for immediate evaluation and isolation protocols will be initiated per Tuberculosis Screening Protocol and Management of TB Disease.

III. Initial Mental Health Screening

- A. Mental health screenings will be conducted within one business day of arrival to determine subsequent need for further mental health evaluation. Current mental health status will be documented on DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening and as an encounter in the health services section of the individual's electronic file.

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1. Based on screening responses, initial mental health PULHES “S” and suicidal risk “R” codes will be assigned.
  - a. Patients with emergent needs will receive immediate clinical follow-up. Full assessment will be completed as soon as possible after the patient is stabilized.
  - b. Individuals who report a history of a suicide attempt within the last year will be coded at least “S2” or “R2”.
2. In facilities with onsite mental health, screenings completed by a provider that does not specialize in mental health will be reviewed by a mental health employee/contract staff the next business day.

#### IV. Mental Health Assessments

- A. Mental health assessments will be performed within 14 days of arrival and documented on DOC 13-376 Mental Health Appraisal and as an encounter in the health services section of the individual’s electronic file for the following patients who are:
  1. Exhibiting moderate to severe expression of psychiatric symptoms (i.e., “S3” and above), regardless of current psychotropic medication regimen,
  2. Currently prescribed more than 2 psychotropic medications,
  3. Currently prescribed any anti-psychotic medication, or
  4. Arriving at reception with one or more verified non-formulary psychotropic medication prescriptions.
- B. Patients with an S2 code that do not meet the 14 day mental health assessment criteria will receive an assessment within 30 days of arrival at the parent facility. Assessments will be documented on DOC 13-376 Mental Health Appraisal.
  1. Each parent facility and permanent housing unit at an RDC will develop a process to identify and schedule assessments for patients requiring mental health assessments.
- C. A psychiatric assessment must be completed within 60 days of arrival when an individual is on at least one psychotropic medication and/or referred by a mental health employee/contract staff as having a priority need. Assessments will be documented on DOC 13-236 Psychiatric Assessment and as an encounter in the health services section of the patient’s electronic file.



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1. Patients will be prioritized in order of severity based on “S” code assigned and/or arriving with any anti-psychotic, multiple psychotropic prescriptions, or any non-formulary psychotropic prescription.
2. If the patient has a verified prescription, the medication will be issued for no more than 60 days by medical practitioners per DOC 650.020 Pharmaceutical Management to ensure continuity of care prior to the first psychiatric appointment.
  - a. Initial mental health prescriptions written by a medical practitioner may include a non-specific mental health diagnosis code.
  - b. Renewal of initial psychotropic prescriptions must be updated by a psychiatric prescriber in the pharmacy database to reflect a specific mental health diagnosis.
3. Each parent facility and permanent housing unit at an RDC will develop a process to identify patients arriving without a psychiatric assessment and ensure the assessment is completed within 30 days of arrival.

## V. Initial Physical Examination

- A. An initial physical examination will be conducted within 14 days of arrival and documented on DOC 13-303 History and Physical and as an encounter in the health services section of the individual’s electronic file.
  1. Community supervision violators with a sanction longer than 30 days will receive an initial physical examination unless it is documented in the health record that the individual has had one in the last 90 days.
  2. Intellectual disability assessments will be conducted per DOC 690.400 Individuals with Disabilities.
  3. Except for mental health “S” and “R” and dental “D” codes, PULHES codes will be assigned as the result of the physical examination.
    - a. “H” codes for intellectual disability will default to “1” initially unless already carried over as a “4” from a previous incarceration.
    - b. As they are identified, employees/contract staff will coordinate updates to “H” codes with the Headquarters Systems Manager.

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4. DOC 13-378 Problem List will be initiated and used to document any identified allergies, necessary accommodations, or major problems that require follow-up.
  - a. Disabilities that may require accommodation will be noted as a PULHES "X" code and procedures followed per DOC 690.400 Individuals with Disabilities.
5. Diagnosis of any prescriptions will be reviewed for accuracy and updated as needed in the pharmacy database.
  - a. All non-specific medical diagnoses codes will be changed to specific medical diagnoses in the pharmacy database.
6. Pregnancy tests will be provided for all female patients when not medically contraindicated.

#### VI. Initial Infection Prevention Screening

- A. Initial TB tests will be completed for all patients when not medically contraindicated and documented on DOC 13-480 TB/Immunization Record.
- B. Initial Human Immunodeficiency Virus and Hepatitis C screening will be offered, and lab tests will be performed for all patients providing consent. History of these or other sexually transmitted diseases will be noted and appropriate referrals made.

#### VII. Initial Dental Screening

- A. An initial dental screening examination will be conducted within 14 days of arrival and documented on DOC 13-017 Initial Dental Screening Examination and a PULHES "D" code assigned.
  1. Dental referrals for community supervision violators will only be made based on urgent need.
  2. Identified emergent dental needs will be treated in order of priority.
  3. Immediate needs that cannot be met onsite may be seen at a community healthcare facility when clinically indicated.
  4. Dental treatment plans will be created and implemented upon arrival at the parent facility, in order of priority per the Washington DOC Health Plan.

#### VIII. Mental Health Screening for Transfer of "S3" or Higher Patients



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- A. The case manager will notify the primary therapist or mental health employee/contract staff when considering the transfer of an individual with an “S” code of 3 or higher.
- B. The primary therapist or mental health employee/contract staff will:
  - 1. Initiate DOC 13-465 Mental Health Transfer Screening,
  - 2. Email the results of the transfer screening to the case manager, and
  - 3. Document the results as a mental health chronological event and in the health services section of the individual’s electronic file.

IX. Transfer Reviews

- A. Patients will be notified by appropriate health services employees/contract staff of any changes to existing treatment plans (e.g., prescriptions, Health Status Reports) prior to transfer. Notification will be documented in the patient’s health record.
- B. Individuals transferred from one facility to another will have a screening upon arrival to include review of available documentation regarding health issues and ensure continuity of care.
  - 1. A medical practitioner will be notified of any active medical condition requiring attention through the electronic file.
  - 2. Current Health Status Reports established by other facilities will be honored until reviewed per the Health Status Reports protocol.
  - 3. Health Services at each facility will establish procedures to review outstanding referrals, appointments, and clinical needs of newly arriving patients and a scheduling process to ensure timely follow-up and continuity of care.

X. Restrictive Housing Assessments

- A. Healthcare assessments and reviews will be conducted for individuals being placed in restrictive housing per DOC 320.255 Restrictive Housing and DOC 320.260 Secured Housing Units.
- B. Facilities will establish processes to review scheduled healthcare appointments for individuals placed in restrictive housing. Appointments will be adjusted according to clinical urgency and local processes.

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XI. Health Services at Release

- A. Primary care practitioners will review health records and current medications for each individual scheduled for release.
  - 1. Release prescriptions will be ordered per DOC 650.035 Medications for Transfer and Release.
- B. Medically necessary durable medical equipment and applicable 30 day supplies will be provided.
- C. The Headquarters Nurse Desk and/or psychiatric social worker will assist with release planning for community supervision violators with extraordinary medical or mental health needs.
  - 1. Community supervision violators may receive release medications per DOC 650.020 Pharmaceutical Management.
- D. Psychiatric social workers and reentry nurses will assist with community continued care for individuals assessed to be at an elevated health risk.

**DEFINITIONS:**

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Contraindicated, Parent Facility. Other words/terms appearing in this policy may also be defined in the glossary section.

**ATTACHMENTS:**

None

**DOC FORMS:**

- DOC 13-017 Initial Dental Screening Examination
- DOC 13-024 Intersystem Intake Screening
- DOC 13-236 Psychiatric Assessment
- DOC 13-303 History and Physical
- DOC 13-349 Intersystem/Restrictive Housing Mental Health Screening
- DOC 13-376 Mental Health Appraisal
- DOC 13-465 Mental Health Transfer Screening
- DOC 13-378 Problem List
- DOC 13-480 TB/Immunization Record
- DOC 13-505 Violator Intake Screening