

ARREST SCREENING GUIDE

To provide assistance in determining the most cost-effective and appropriate placement of arrested individuals with medical and/or mental health concerns to ensure a safe transfer of care.

Yes	No	Questions for Community Corrections Officer (CCO)
<input type="checkbox"/>	<input type="checkbox"/>	Are you taking custody of the individual DIRECTLY FROM a medical/psychiatric hospital or outpatient mental health facility, or is the violator currently involuntarily detained under RCW 71.05? If yes, contact the Nurse Desk <u>BEFORE</u> physically taking individual from the hospital/facility
<input type="checkbox"/>	<input type="checkbox"/>	Discharged within the last 30 days from a medical/psychiatric hospital? If yes, contact the Nurse Desk to obtain medical records (receiving jail will require)
Yes	No	CCO Observation - Does the individual:
<input type="checkbox"/>	<input type="checkbox"/>	Show signs of impairment due to intoxication?
<input type="checkbox"/>	<input type="checkbox"/>	Appear off known baseline?
<input type="checkbox"/>	<input type="checkbox"/>	Not know today's date or current location (confused)?
<input type="checkbox"/>	<input type="checkbox"/>	Have difficulty walking?
<input type="checkbox"/>	<input type="checkbox"/>	Have visible injuries?
<input type="checkbox"/>	<input type="checkbox"/>	Verbalize suicidal thoughts?
<input type="checkbox"/>	<input type="checkbox"/>	Have other visible or verbalize medical concerns?
Yes	No	Questions for Individual
<input type="checkbox"/>	<input type="checkbox"/>	Ingested drugs or alcohol within the last 48 hours? If yes, what and when was last ingestion?
<input type="checkbox"/>	<input type="checkbox"/>	Current thoughts of self-harm?
<input type="checkbox"/>	<input type="checkbox"/>	Past suicide attempts? If yes, what and when was last attempt?
<input type="checkbox"/>	<input type="checkbox"/>	Ever been hospitalized in a psychiatric hospital? If yes, where and when?
<input type="checkbox"/>	<input type="checkbox"/>	Have a current Less Restrictive Alternative (LRA) for Mental Health? If yes, out of which county?
<input type="checkbox"/>	<input type="checkbox"/>	Need any assistive devices (e.g., cane, walker, splint/cast)? If yes, what device?
<input type="checkbox"/>	<input type="checkbox"/>	Need assistance with activities of daily living? If yes, where and when?
<input type="checkbox"/>	<input type="checkbox"/>	Have medical/mental health appointments scheduled within the next 30 days? If yes, where and when?
<input type="checkbox"/>	<input type="checkbox"/>	Had recent surgery/hospitalization?
<input type="checkbox"/>	<input type="checkbox"/>	Need daily medications?
<input type="checkbox"/>	<input type="checkbox"/>	Have medications on person?
<input type="checkbox"/>	<input type="checkbox"/>	Recently ceased taking medications without consulting physician?

Please call the Nurse Desk to discuss "Yes" answers or for any other medical/mental health concerns. Be prepared to share your observations/information for a determination of placement for the individual. The Nurse Desk is available 24/7 at 360-725-8733.