

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.