

# JHS HEALTH/ MEDICAL DEFERRALS

## KING COUNTY JAILS – KCCF & MRJC



# AGENDA

- JHS & Health Deferral Overview
- Health Deferral Process
- Health Deferral Data
- FAQ
- Q & A



# OVERVIEW

JHS & HEALTH DEFERRALS

# JAIL HEALTH SERVICES (JHS) IS A DIVISION OF THE PUBLIC HEALTH DEPARTMENT

(1 OF 7 DIVISIONS)

## Public Health – Seattle & King County

Health, well-being, and racial equity – every day for everyone in King County.





# ABOUT JAIL HEALTH SERVICES (JHS)...

JHS is the responsible health authority for King County Correctional Facility (KCCF) and the Maleng Regional Justice Center (MRJC). JHS operates 24 hours a day, 7 days a week to ensure our patients are provided with quality health care and services that are timely and accessible.

Link: [kingcounty.gov/jail-health](http://kingcounty.gov/jail-health)

## Our Mission:

To assess and stabilize serious health problems for the detained population of KCCF and MRJC with a focus on transition from jail.

## Our Services:

- Diversion Program
- Medical, Mental Health, & Dental Care/Services
- Medication Management & In-House Pharmacy
- Routine Care and Health Housing
- Health Information Management Services
- Release Planning/Community Referrals



# HEALTH DEFERRALS

- ALL INDIVIDUALS BROUGHT TO JAIL FOR BOOKING BY ARRESTING AGENCIES RECEIVE A DEFERRAL SCREENING BY DAJD.
- ANY ANSWERS TO THE DEFERRAL SCREENING THAT REQUIRE FURTHER HEALTH EVALUATION OR CLINICAL ASSESSMENT RESULT IN A REGISTERED NURSE CONDUCTING A PREBOOK ASSESSMENT INCLUDING PHYSICAL EXAMINATION.
- THESE HEALTH CARE DECISIONS ARE MADE BY QUALIFIED HEALTH CARE PROFESSIONALS FOR CLINICAL PURPOSES.

# STANDARDS & REQUIREMENTS

National Commission on  
Correctional Health Care  
(NCCHC)

Federal Prison Rape Elimination  
Act (PREA)



**NATIONAL COMMISSION  
ON CORRECTIONAL HEALTH CARE**



## NCCHC

The King County Correctional Facility is required to be accredited, which is achieved through NCCHC.

- Standard J-E-02 “Receiving Screening” requires that “Reception personnel ensure that persons who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately for care and medical clearance into the facility...If they are referred to a community hospital and then returned, admission to the facility is predicated on written medical clearance from the hospital.”

## PREA

As a set of County Jails, the King County Correctional Facility and Maleng Regional Justice Center are required to adhere with the federal PREA standards.

- Standard 115.21(c) requires that “the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate.”

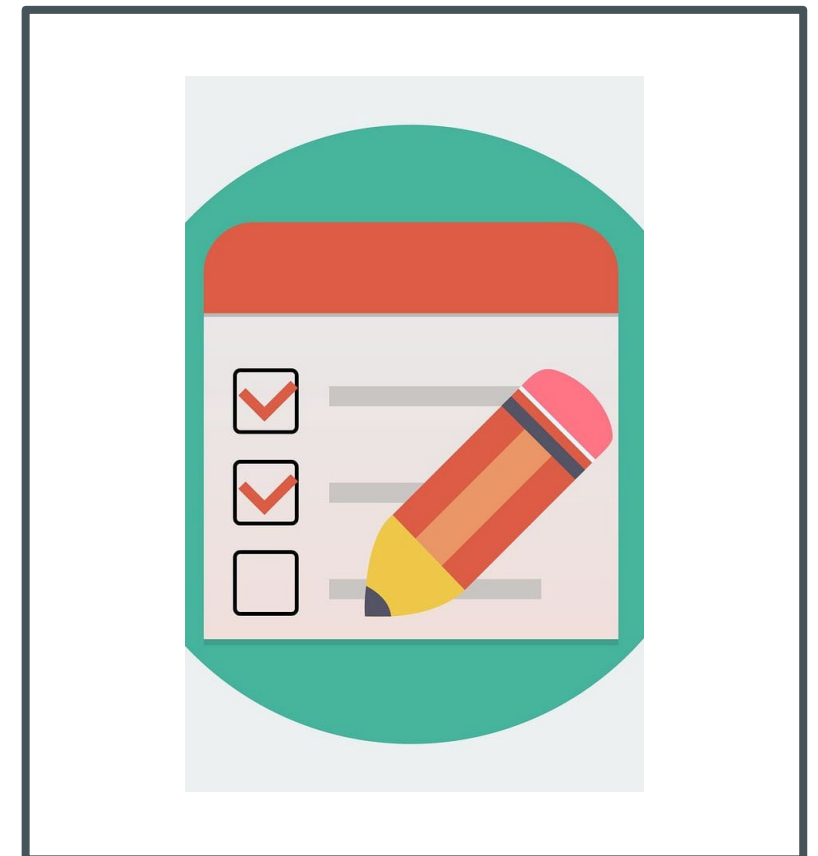
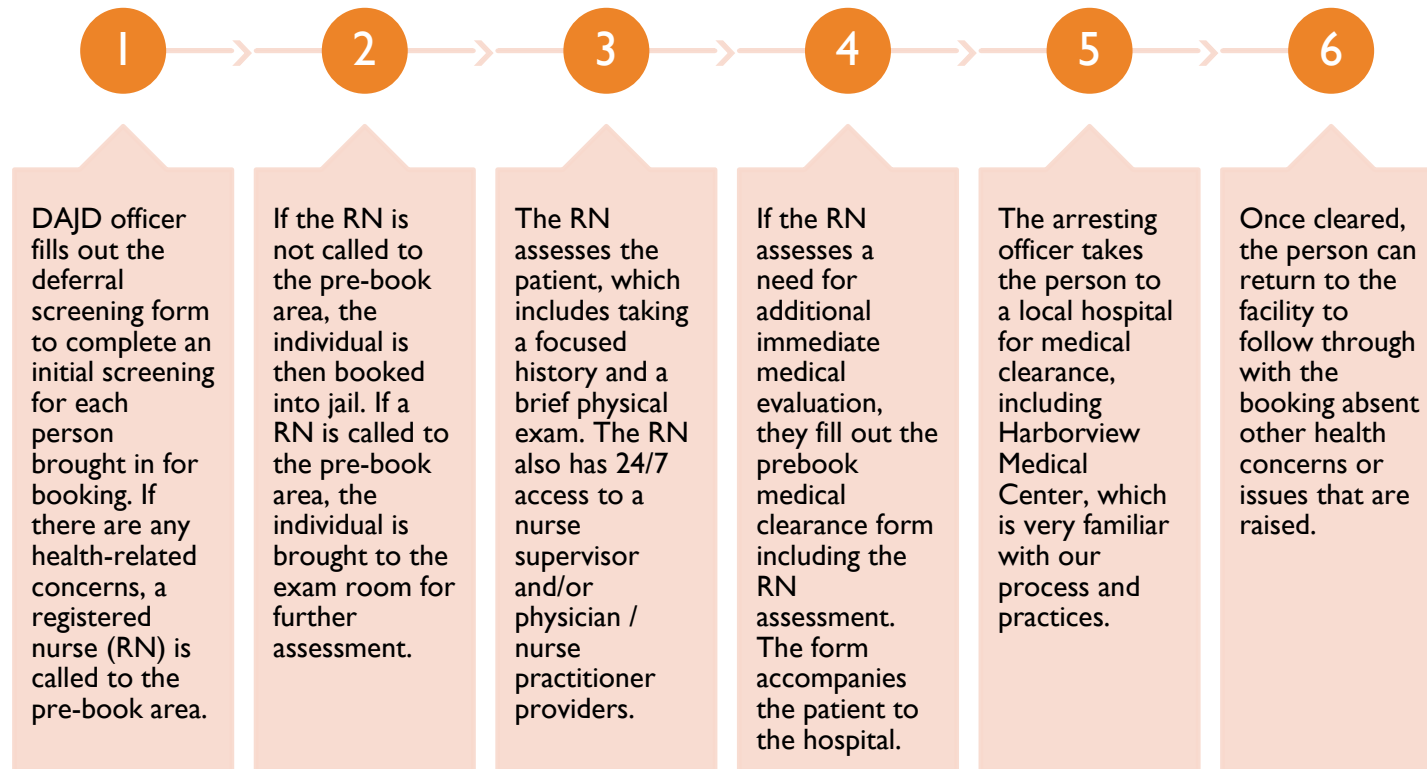


# PROCESS

## HEALTH DEFERRALS



# DEFERRAL SCREENING PROCESS



## Deferral Screening



King County

Department of Adult and Juvenile Detention

DAJD Officer Name	DAJD Officer Number	Seattle <input type="checkbox"/> Kent <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
Inmate Name (print)	DOB	Side Cell <input type="checkbox"/>
		Uncooperative/Combative <input type="checkbox"/>

*If shaded questions are checked, complete form then call RN immediately for positive responses.*

### OBSERVATIONS: (check all that apply)

<input type="checkbox"/> Bleeding	<input type="checkbox"/> Injury	<input type="checkbox"/> Observable Pain	<input type="checkbox"/> Limping	<input type="checkbox"/> Excess Sweating	<input type="checkbox"/> AOB
<input type="checkbox"/> Sores	<input type="checkbox"/> Shakes	<input type="checkbox"/> Breathing Difficulties	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Crutches/Cane	
<input type="checkbox"/> Groggy	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Coughing up Blood	<input type="checkbox"/> Yellow Eyes	<input type="checkbox"/> Skin Condition	
<input type="checkbox"/> Severely Agitated / Irrational Behavior					No Observed Medical Problems <input type="checkbox"/>

### MEDICAL: (check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Tuberculosis / Cough > 3 wk	ITR RN Called <input type="checkbox"/>
<input type="checkbox"/> Chest Pains	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Vehicle accident within 24 hours	Name/Time: _____
<input type="checkbox"/> Skin Sores	<input type="checkbox"/> Infection	<input type="checkbox"/> Are you Pregnant?	No Stated Medical Problems <input type="checkbox"/>
<input type="checkbox"/> On Dialysis	<input type="checkbox"/> Meds on Person	— Probable Active Labor	Would Not Respond <input type="checkbox"/>
<input type="checkbox"/> Disability Requiring Accommodation	— Water Broke/ruptured membrane	Bleeding	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Sexual Assault/Rape within 5 days?	<input type="checkbox"/> Ingested Drugs within 6 Hours?	

### MENTAL HEALTH:

Suicidal Now	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suicide Attempt in Past 12 Months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would Not Respond <input type="checkbox"/>

### DAJD STAFF COMMENTS:

### ARRESTING/TRANSPORTING OFFICER OBSERVATIONS:

*(If YES to any questions, provide narrative below and call RN if information provided would fall into any of the shaded areas above.)*

Were suicidal or self-harm comments made to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information that would be helpful to DAJD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Narrative:	

### TRANSLATIONS:

Non-English Speaking: ☐

TB	<input type="checkbox"/> Y <input type="checkbox"/> N
Sick	<input type="checkbox"/> Y <input type="checkbox"/> N
Meds	<input type="checkbox"/> Y <input type="checkbox"/> N
Hurt Self	<input type="checkbox"/> Y <input type="checkbox"/> N

DAJD F-584 (REV. 8/22)

# DAJD DEFERRAL SCREENING FORM

## Prebook Medical Clearance Form

Write legibly

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

S: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
O: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
A: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ PLAN: Booking is approved. See Receiving Screening Form (RSF) for receiving screening.

☐ PLAN: Booking is deferred to ED for evaluation, treatment, and jail clearance.

Printed RN Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*\*NOTE: CONTINUE BELOW FOR DEFERRALS ONLY\*\*\*

**TO: Receiving Emergency Department (ED):**

The patient has a medical condition that meets the guidelines for a deferral to the emergency department for further evaluation, treatment, and clearance for jail. King County Jail will only accept this patient for booking into jail after the patient has been cleared by a medical authority. Attach medical records to this form and have it returned to the Intake Nurse (RN). If patient refuses treatment, please call Jail RN at 206-477-6323.


Name of Arresting Agency (circle or write in): Bellevue PD, Kent PD, Renton PD, SeaTac PD, Seattle PD,

King County Sheriff, Washington State Patrol (WSP), SCORE jail, Tukwila PD \_\_\_\_\_

Intake # \_\_\_\_\_

\*\*\* This is a permanent part of the health record \*\*\*

### Prebook Medical Clearance Form

<b>Public Health</b> Seattle & King County	 <b>Jail Health Services</b> 500 5th Avenue Seattle, WA 98104 Ph: 206.296.1091 Fax: 206.296.1771	<b>Jail Health Services</b> 620 West James St Kent, WA 98032 Ph: 206.477.2001 Fax: 206.205-2439
		<b>PATIENT NAME:</b> <b>BA #:</b> <b>DOB:</b>
		<b>HRN:</b> <b>SEX:</b>

Form #PH-JHS-Pilot (Rev. 12172024) - Page 1-

# JHS PREBOOK MEDICAL CLEARANCE FORM

# GUIDELINES FOR POTENTIAL REFERRALS TO HOSPITAL

1. Health deferrals/referrals include reference to clinical guidelines – “JHS Guidelines for Potential Referrals to ED”
2. The guidelines are used in tandem with the clinical assessment and judgment by trained health professionals
3. If a person has heightened health needs that exceed JHS’ ability to care for/treat them or they are assessed as having an immediate health risk/threat, they are referred to the hospital for additional evaluation

The following are categories of conditions that could result in potential deferral:

- Trauma/Injuries
- Gastrointestinal/Genitourinary (GI/GU)
- Ethyl Alcohol (ETOH)/Drug Intoxication
- Cardiac
- Endocrine
- Psych
- Neurology
- Pulmonary
- Skin & Joint
- Dialysis
- Miscellaneous

**GUIDELINES FOR POTENTIAL DEFERRALS TO EMERGENCY DEPARTMENT**  
Updated 10/26/23

TRAUMA/INJURIES	ETOH/DRUG INTOXICATION	NEURO
Recent hx of head trauma and altered neuro status or loss of consciousness. Recent fractures/dislocations of bone/joint - Visible or palpable deformity - Excessive pain/bony point tenderness esp. with ecchymosis, swelling or periorbital involvement  Eye trauma if any of the following: - Decreased vision - Double vision - Decreased eye motion - Eye pain - Foreign body sensation  Puncture, stab or gunshot wounds, unless minor Burns, if any of the following: - Larger than 10 x 10 cm - Significant portion of genitals, face or hands - Evidence of infection - 3rd degree burn  Recent blunt trauma to chest with SOB and abnormal or absent breath sounds, crepitus in neck/chest Arterial bleeding or continual bleeding that doesn't stop with moderate amount of pressure	Hx of moderate/heavy use with any of the following: - Acute head injury - Potential lethal OD - Unstable VS - Current Antabuse use and unstable VS - Severe lethargy or obtundation with respiratory depression - Severely agitated, danger to self/others, unable to assess hx or physical exam (requires joint med/psych evaluation)  Ingestion of illicit substances (*opioids at IMAC ED only)- Are to be monitored for 6 hrs from time of ingestion (not total time in ED) before they are medically cleared  <b>CARDIAC</b> Acute cardiac chest pain, with no prior hx Acute chest pain, hx of angina, unrelieved by two tablets of nitroglycerin Irregular HR with tachycardia (>150) or bradycardia (<60) or hypotension Hx of heart valve surgery on coumadin, but has had none for >24 hrs BP >210/120 with symptoms of chest pain, headache, blurred vision, respiratory distress, altered mental status, or decreased urine output *if asymptomatic, please call provider  <b>ENDOCRINE</b>	Onset of focal neuro deficit in the last 72 hrs Severe headache, stiff neck and T>101 First time seizure Recurring seizures (2+ in last hour)  <b>PULMONARY</b> *respiratory >36 or <8 *productive cough (yellow/ green sputum), T>101, localized chest pain or abnormal lung exam *hemoptysis in last 48 hrs Acute SOB (after attempt to calm) *hx of emphysema or asthma unresponsive to bronchodilators  <b>SKIN AND JOINT</b> *swollen, red, painful joint Any 2 of the following: - T>101 - Toxic or ill appearance - Cellulitis >10 x10 cm - Lymphangitis (red streaking) - 3rd or 4th grade decubitus ulcers - Abscess with fluctuance - Multiple abscesses  Lacerations <6 hrs old (facial lacs <12) requiring sutures (JHS provider not available) Heavily contaminated wounds
GI/GU	ENDOCRINE	OB
Severe abdominal pain and any of the following: - Rigid abdomen - Rebound tenderness - cont'd vomiting and postural changes in HR and/or BP - T>101 or unstable VS  *Hematemesis in last 24 hrs, hx of recent melena or bloody stools and unstable VS *hx of splenectomy and T>101 *hx of kidney stones with acute flank pain and hematuria *flank pain, dysuria and T>101 Acute, swollen, painful testicle Low abdominal pain, vaginal discharge and T>101  <b>MISC</b> Alleged sexual assault within 120 hrs (5 days) Paraplegic unable to perform ADLs Quadriplegia Paraplegic with a service dog Paraplegic with attendant	Hx of IDDM, recent poor compliance or control and any of the following: - Altered mental status unresponsive to oral glucose - Glucose >400 and ketonuria  Hx of chronic steroid use or adrenal insufficiency and unstable VS  <b>PSYCH</b> Severely agitated and danger to self/others and unable to assess hx or physical exam (joint med/ psych evaluation), cannot rule out organic explanation for presentation and cannot be managed currently on the psych unit in jail	Confirmed pregnancy and any of the following: **probable active labor **documented vaginal bleeding **documented ruptured membranes *diastolic BP >90  <b>DIALYSIS</b> Any of the following: - Missed most recent two or more dialysis appointments in a row - Irregular appointments and missed most recent dialysis - Evidence of volume overload, SOB, or palpitations

# JHS GUIDELINES FOR POTENTIAL DEFERRALS TO EMERGENCY DEPARTMENT

DATA

HEALTH DEFERRALS



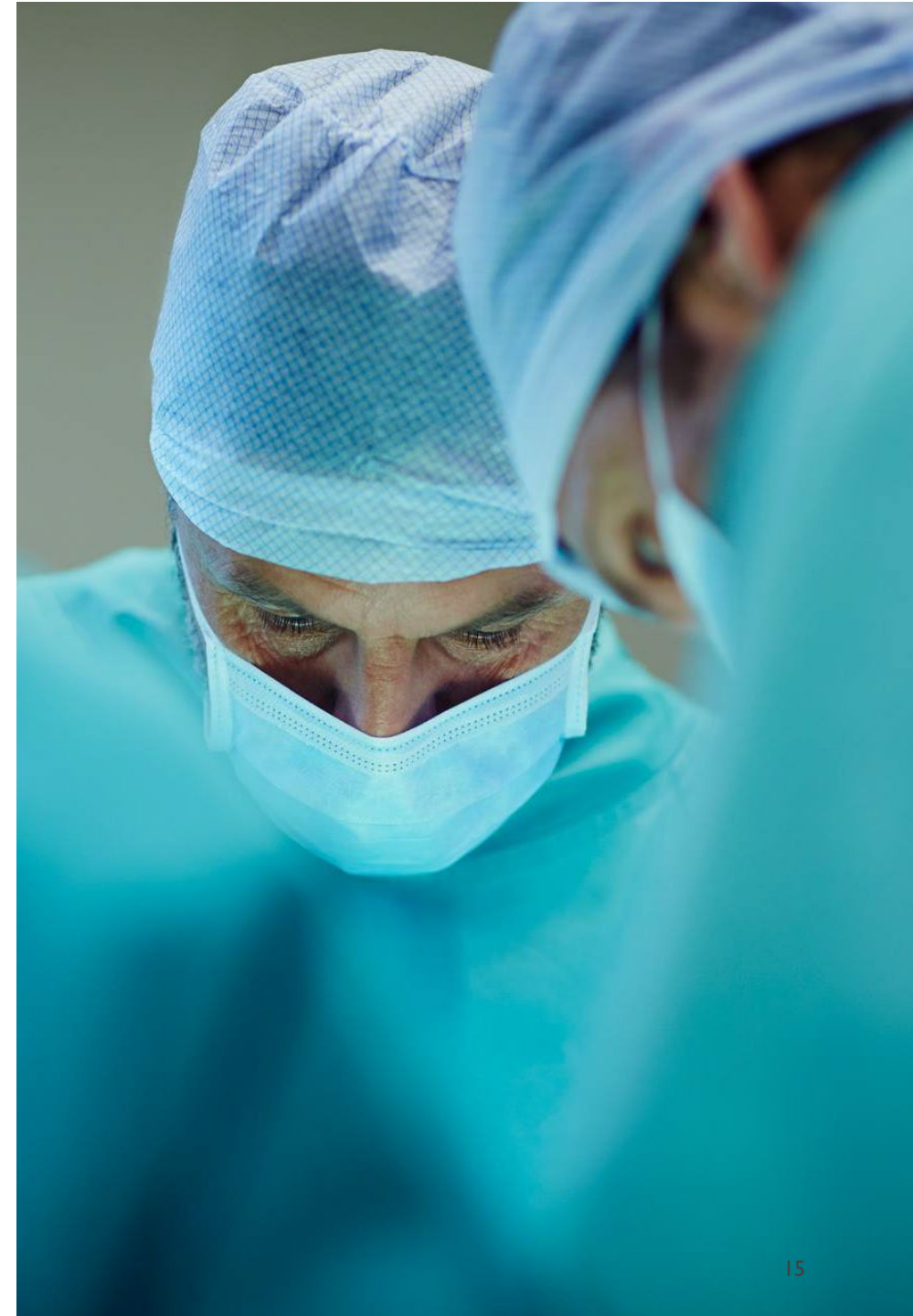
# DATA HISTORY AND CONTEXT SETTING

Historically, the JHS Medical Director has conducted detailed case reviews of the health deferrals for quality assurance purposes. This has typically occurred when JHS has received external questions, concerns, or fact-checking requests. These reviews have evaluated the following:

- Rate of deferral (calculated by actual deferral cases over actual completed bookings by date)
- Reason (or reasons) for deferral as entered by DAJD officers
- Confirmation that listed reasons for deferral (entered by officers) were mostly in agreement with the clinical reason for deferral

Detailed review of hundreds of cases was time consuming, but allowed for greater confidence in use of JMS deferral data for ongoing CQI use, absent a JHS data source, since cases of deferral are for people who are not patients of JHS, as they are not booked into the jail.

JHS implemented use of the Prebook Medical Clearance Form 2/4/2025, in part to provide improved insight into the specific clinical assessments for each case of deferral.



# 2021 – 2022 JHS MEDICAL DIRECTOR CASE REVIEW DATA

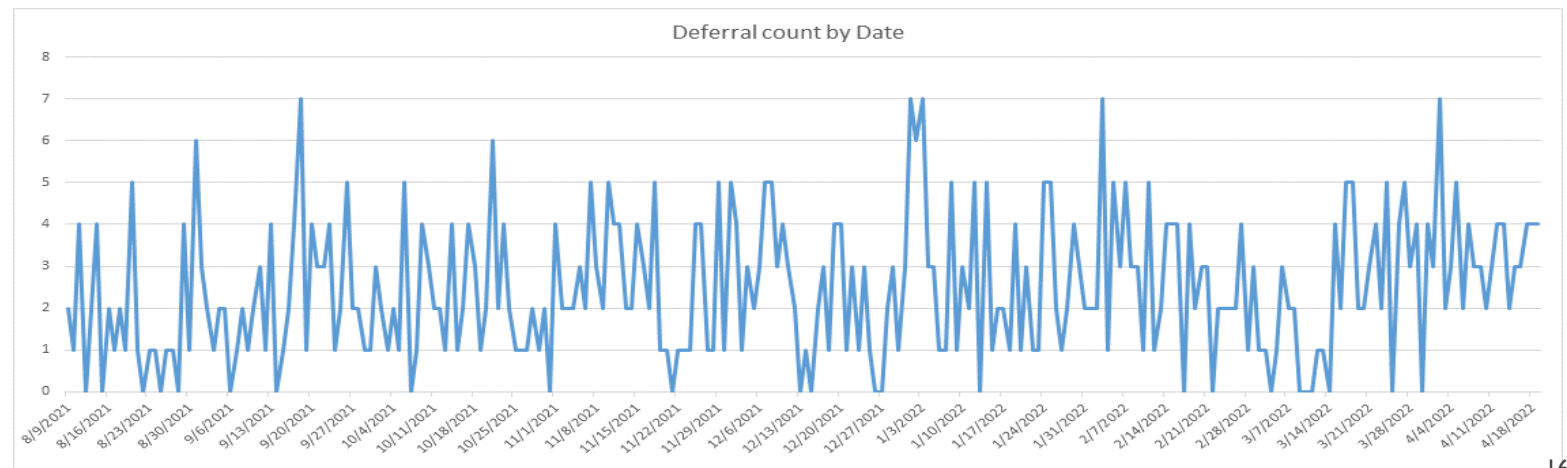
## DEFERRAL RATES

### Results:

Over this one-year period, the health deferral rate average was calculated between 6 and 8 percent.

Daily variation was high, with some days including zero deferrals and others with up to seven. Thus, the “average” rate or count of deferrals does not reflect the actual experience for a specific date and is sensitive to the date range selected for reporting

Timeframe Reviewed	Total Days	Total Bookings	Health Deferrals (rate)	Average Health (mean) Deferrals Per Day
8/9/2021 – 4/19/2022	254	9837	623 (6.33%)	2.45 (2-3 per day)
4/19/2022 – 8/15/2022	119	5343	384 (7.19%)	3.23 (3-4 per day)



## 2025 JHS DATA – DEFERRAL RATES FOR MAY 1-7 SAMPLE

Timeframe Reviewed	Total Days	Bookings	Prebook Nurse Assessments	Health Deferrals (rate)
5/1/25-5/7/25	7	426	144 Total	33 (rate 7.7%)
Daily Average		61/day	21/day	4.1/day

Caveat relates to very short sample period and variability noted over time on earlier study.

### Results:

Over this *one-week* period, the average health deferral rate average was calculated between 7-8 percent. For every 5 patients assessed by a nurse at prebooking, 4 were screened in and 1 was deferred.

# 8/9/2021 – 4/19/2022

## JHS CASE REVIEW OF JAIL MANAGEMENT SYSTEM DATA

### REASONS FOR DEFERRALS (USING JMS ENTRIES THEN GROUPING INTO CATEGORIES SHOWN)



Category	Count (n=649)	Percentage
<b>Body injury</b> (includes eye, extremity/orthopedic, chest/abdomen, genitourinary system, includes “MVC” [motor vehicle collision] where no head injury is specified, as well as severe bleeding or burns)	134	20.6%
<b>Infection</b> (includes abscesses, “wound infection”, and many other types/locations of infection)	129	19.9%
<b>Ingestion</b> (reported or confirmed, symptomatic or not)	106	16.3%
<b>Mental Status change / Head Injury</b> (exclusive of reported ingestion, including cases of “head injury” reported, including possible acute intoxication or non-ingestion based overdose)	78	12.0%
<b>Heart/Kidney/Endocrine problems</b> (includes “chest pain” unrelated to injury, high blood pressure, high blood sugar)	73	11.2%
<b>Unknown</b> (Includes cases where the comment in JMS is not indicative of any specific medical issue)	54	8.3%
<b>Other</b> (Includes cases where comments in JMS indicate a medical issue that is not included in other categories, e.g. pregnancy-related issues, complications from neurological disorders that do not involve mental status changes or reported injuries)	35	5.4%
<b>Sexual Assault</b> (reported)	31	4.8%
<b>Surgical/potentially surgical</b> (includes abdominal pain/pelvic pain unrelated to injury, acute testicle pain unrelated to injury)	9	1.4%

# 5/1/2025 – 5/7/2025 JHS CASE REVIEW OF PREBOOK MEDICAL CLEARANCE FORM DATA

## REASONS FOR DEFERRALS (USING **PMCF** ENTRIES THEN GROUPING INTO CATEGORIES SHOWN)



Category	Count (n=33)	Percentage
<b>Mental Status change / Head Injury</b> (exclusive of reported ingestion, including cases of “head injury” reported, including possible acute intoxication or non-ingestion based overdose)	9	27%
<b>Heart/Kidney/Endocrine problems</b> (includes “chest pain” unrelated to injury, high blood pressure, high blood sugar)	7	21%
<b>Sexual Assault</b> (reported)	7	21%
<b>Infection</b> (includes abscesses, “wound infection”, and many other types/locations of infection)	4	12%
<b>Ingestion</b> (reported or confirmed, symptomatic or not)	4	12%
<b>Body injury</b> (includes eye, extremity/orthopedic, chest/abdomen, genitourinary system, includes “MVC” [motor vehicle collision] where no head injury is specified, as well as severe bleeding or burns)	2	6%
<b>Other</b> (Includes cases where documentation indicates a medical issue that is not included in other categories, e.g. pregnancy-related issues, complications from neurological disorders that do not involve mental status changes or reported injuries)	0	-
<b>Surgical/potentially surgical</b> (includes abdominal pain/pelvic pain unrelated to injury, acute testicle pain unrelated to injury)	0	-
<b>Unknown</b> (*there should be no cases where PMCF documentation is void of medical indication for a case of health deferral)	0	-

# FREQUENTLY ASKED QUESTION (FAQ)

“AUTOMATIC” HEALTH DEFERRALS





## “AUTOMATIC DEFERRAL” OR “MAGIC WORDS” QUESTION

- **Q:** Arresting agencies have asked if there is an “automatic deferral” if a person states that they have ingested drugs or were sexually assaulted. In other words: Is a statement alone a reason for deferral?
- **A:** People assessed as possibly having ingested drugs are referred to medical clearance to ensure safety after ingestion. People assessed as possibly having been sexually assaulted are referred for Sexual Assault Nurse Examination (SANE Exam) per the Prison Rape Elimination Act. These exams are performed at the hospital by qualified nurses.
- JHS asserts that clinical assessment by a health professional drives all health deferral decisions

Q & A

OPEN TO ANY QUESTIONS



# THANK YOU

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