

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. **15.02.02**

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SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/05/15

I. PURPOSE:

The purpose of this Health Services Bulletin (HSB) is to provide guidelines regarding continuity of health care for inmate patients scheduled for transfer due to medical conditions, mental health conditions, dental conditions, or other reasons.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. RELEVANT FORMS:

DC4-642, Chronological Record of Outpatient Mental Health Care
DC4-700A, Dental Contact Coding Sheet
DC4-700B, Medical Encounter Coding Form (Male)
DC4-700C, Medical Encounter Coding Form (Female)
DC4-700D, Oral Surgeon Contact Coding Sheet
DC4-700M, Mental Health Encounter Coding Form (Outpatient)
DC4-701, Chronological Record of Health Care
DC4-706, Health Services Profile
DC4-724, Dental Treatment Record
DC4-760A, Health Information Transfer/Arrival Summary

III. ACTION REQUIRED:

A. Before an inmate can be transferred, health care personnel at the transferring facility shall review the inmate patient's medical record and complete form DC4-760A. For the purposes of this HSB, a health assessment includes, but is not limited to, a careful review of the records to identify any health problems that may affect the transfer. Medical approval for a transfer shall ensure that the following has occurred and the required documentation is in the medical record:

1. The health record has been reviewed, including the date of the review and by whom.
2. The current health profile of the inmate is indicated.
3. All medications currently prescribed are listed, the respective dosage(s) is

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- indicated, and whether or not the inmate is on directly observed therapy (DOT) or self-administration.
4. Any needed follow-up care or consultations have been ordered (but not yet scheduled). For inmates sent to an institution for the purpose of specialty consultation/service:
 - a. Any non-urgent/non-emergent recommendations of specialty services will be addressed by providers at the inmate's permanent institution and these should not preclude transfer. These recommendations should be flagged for the receiving permanent institution's attention.
 - b. Urgent/emergent recommendations should be addressed prior to transfer and a healthcare hold is warranted (See other indications for a healthcare hold below). Any needed reporting of communicable disease has been completed or must be done as soon as possible. See *Infection Control Program Manual*.
 5. All OBIS-HS screens are current before the inmate patient departs the institution.
- B. The following health care providers are authorized to initiate, renew, or remove a healthcare hold:
1. Medical provider: physician, advanced registered nurse practitioner (ARNP), physician assistant (PA), others as designated by the Chief Health Officer (CHO)/ Institutional Medical Director
 2. Mental health provider: psychiatrist, psychologist, psychiatric ARNP, behavioral specialist (when specifically delegated by their supervising psychologist)
 3. Dental provider: dentist
- C. Clearance will not be given if there is any question about the receiving facility's capability of handling the health care needs of the inmate or, if after review by a health care provider, any of the conditions set forth in section IV. B exists.
- D. To assist in the transfer process, the institutional Health Services Administrator and Health Information Specialist shall ensure CARP/OBIS is updated and all holds are released. (Refer to DC4-706.)

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- E. A healthcare hold will be placed on the inmate if it is determined s/he would be adversely affected by a transfer or one of the conditions listed in sections IV. B, V. B, or VI. A exists.
- F. Problems encountered in transferring or receiving inmates shall be reported to the Regional Medical Director.

IV. MEDICAL HOLDS:

- A. Any inmate who is on medical hold cannot be approved for transfer unless the inmate's chart has been reviewed by the appropriate health care provider and authorization is entered (with the respective signature and stamp) and the hold removed.
- B. An inmate will not be transferred if any of the following conditions exist:

The inmate:

1. Is scheduled for surgery.
2. Is scheduled for, or undergoing, a detailed workup (including extensive invasive diagnostic procedures). This is intended to be interpreted as a multiple test intended to make or confirm a complex diagnosis.
3. Is scheduled for a CT, ultrasound, MRI, or nuclear scan. This list is not exhaustive and other procedures may be included at the discretion of the CHO/ Institutional Medical Director.
4. Is scheduled for a specialty consult by an outside provider within 30 days of the date to be transferred.
5. Has been exposed to a communicable disease and may develop the disease within the incubation period. See departmental procedure PM 401.001, Movement Restrictions During Communicable Disease Outbreaks.
6. Requires close healthcare management or surveillance (e.g., inmates who are suspected of having active tuberculosis in an infectious state). Will be leaving the correctional system within six (6) months and will require prerelease planning for continuity of healthcare and/or housing.
7. Is awaiting transfer to a staging facility.

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8. Is in an infirmary or other medical inpatient setting, except as noted in C below.
9. Has begun the HIV testing process and is awaiting the test result and/or posttest counseling.
10. Inmates on INH for Latent Tuberculosis Infection (LTBI) will be placed on medical hold for at least six months except at Reception Centers where this would not be necessary. Inmates on active TB medications will be placed on hold at all institutions till treatment is completed.

C. Exceptions:

1. Any inmate who was staged at the Reception and Medical Center Hospital and has received a specialty consult(s) or specialty procedure(s) and is awaiting a follow-up appointment(s) or procedure that is scheduled beyond 21 days will be released from medical hold and returned to the sending facility or an alternative facility.
2. If an unusual need for security, protection or management should arise, approval must be obtained from the Regional Medical Director.

D. To place or renew an inmate on medical hold:

1. Use the medical hold section of the appropriate medical encounter coding form (DC4-700 series) and enter the hold start date and end date on the OBIS-HS computer system (GH08 screen). The end date shall be no later than 90 days after the start date.
2. Only the physician or clinical associate is to complete section II (place on hold) of DC4-706. The white and canary copies shall be placed in the medical record, and the pink copy shall be forwarded to classification staff.
3. Access the CARP transfer hold screen and input the start and end dates (when applicable). Enter a comment for the reason the hold is to be placed.
4. Enter a complete entry detailing the reason for the medical hold on

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the DC4-701.

- E. A medical hold log is to be maintained and is the responsibility of the Health Information Specialist. The medical hold log is available from the OBIS-HS computer system by obtaining report #HSS-06. This report must be run every two weeks and forwarded to the CHO/ Institutional Medical Director/designee for review and update.
- F. Five days prior to the expiration of the hold, the inmate's record will be reviewed to determine the need to continue or discontinue the hold. If, in the physician's opinion, the inmate continues to have reason to remain on medical hold, the hold will be renewed; otherwise, the hold shall be removed. All holds are automatically deleted at the end date listed unless renewed by the medical unit. Hold dates that expire before treatment is completed must be renewed.
- G. To remove an inmate from hold:
 - 1. Use the hold section of the appropriate DC4-700 series encounter coding form to change the ending date. Follow instructions in *Offender Based Information System - Health Services (OBIS-HS) Technical Reference and Procedure Manual* to change the hold end date on the computer.
 - 2. Access and modify the CARP transfer hold screen (when applicable). Enter the date that the hold was removed. The expiration date will not be affected however the hold has been removed.
 - 3. Complete section III (remove from hold) of DC4-706 previously placed in the medical record. The original white copy will remain in the medical record.
 - 4. Forward the canary copy of DC4-706 to classification staff. If the canary copy is not present, a copy will be made and forwarded to classification staff.
 - 5. An entry detailing the release of the hold is to be entered on DC4-701.

V. MENTAL HEALTH HOLDS:

- A. The placement, duration, and discontinuation of an inmate on a mental health hold will be determined by mental health staff on a case-by-case basis. When

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clinically indicated, the patient may be placed on a mental health hold with clinical justification documented in the health record.

B. Mental health holds are to be placed on inmates in accordance with the following guidelines:

1. In ongoing mental health treatment requiring the services of a specialist.
2. Requiring time-specific therapy, the continuity of which cannot be easily accommodated at another institution. For example, a finite number of focused therapy sessions (e.g., eight weeks of anger/stress management group or 25 weeks of sexual disorder group).
3. Currently involved in psychological diagnostic testing which is incomplete and is necessary to determine the current mental status and/or course of treatment for the inmate patient.
4. Requiring close health care management or surveillance for mental health reasons:
 - a. A 30-day mental health hold shall be considered, when clinically indicated, upon an inmate's discharge from inpatient mental health care. **Note:** Mental health holds shall not be applied routinely for all such discharges, but rather only in individual cases when the hold will facilitate compelling clinical objectives.
 - b. When security or classification requirements preclude this hold, or when clinical considerations dictate otherwise, such shall be documented in the health record.
5. Who will be leaving the correctional system within six (6) months and who will need special consideration for continuity of mental health care and/or housing following release.
6. In a mental health infirmary, transitional care unit, crisis stabilization unit, or a Mental Health Treatment Facility, unless transfer is necessitated for placement in a unit that provides equal or more intensive treatment and care.

C. To Place an Inmate on Mental Health Hold:

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1. Using the hold section of DC4-700M, enter the hold starting date and end date on the OBIS-HS computer system, MH08 screen. The end date shall be no later than 90 days after the start date.
2. Complete section II (Place on Hold) of DC4-706. Forward the pink copy to classification staff. Place a copy of the original in the mental health record. The original and canary copies shall remain in the medical record.
3. A complete entry detailing the reason for the mental health hold is to be placed on DC4-642.
4. A hold log is to be maintained. The *Mental Health Hold Log* is available in the OBIS-HS computer system and in report #HSS-06.
5. **REPORT #HSS-06 MUST BE RUN EVERY TWO WEEKS AND ALL HOLDS REVIEWED AND UPDATED. HOLD END DATES WHICH EXPIRE BEFORE THE INMATE'S TREATMENT IS COMPLETED MUST BE RENEWED. ALL HOLDS AUTOMATICALLY EXPIRE AND ARE REMOVED AT THE END DATE LISTED ON REPORT #HSS-05.**

D. To Remove an Inmate From Mental Health Hold:

1. Use the hold section of DC4-700M to change the end date. Enter the revised information on the MH08 screen of the OBIS-HS system. This entry will update the *Mental Health Hold Log*.
2. Complete section III (Remove from Hold) of DC4-706 previously placed in the medical record.
3. Forward the canary copy to classification staff. If the canary copy is not present, a copy will be made and forwarded to classification staff.
4. An entry detailing the release of the mental health hold is to be placed on DC4-642.

VI. DENTAL HOLDS:

- A. Dental holds are to be placed on inmate's receiving:

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1. Orthodontic follow-up therapy.
 2. Advanced dental therapy involving non-Department of Corrections dentists.
 3. Dental therapy where the inmate would be adversely affected by a transfer.
- B. To Place an Inmate Patient on Dental Hold:
1. Use the dental hold section of DC4-700A; enter the hold and starting date into the OBIS-HS computer system (DS08 screen). If known, enter the end date.
 2. Complete section II (Place on Hold) of DC4-706. Forward the pink copy to classification staff. Place a copy of the original in the dental record. The original and canary copies shall remain in the medical record.
 3. Place a complete entry detailing the reason for the dental hold on DC4-724.
 4. Maintain a dental hold log: The dental hold log is available from the OBIS-HS computer system by obtaining report #HSS-53 or #HSS-05.
- C. To Remove an Inmate From Dental Hold:
1. Use the dental hold section of DC4-700A; enter the ending date in OBIS-HS computer system. This entry will update the dental hold log.
 2. Complete section III (Remove from Hold) of DC4-706 that was previously placed in the medical record. Place a copy in the dental record.
 3. Complete and forward the canary copy to classification staff. If the canary copy is not present, a copy will be made and forwarded to classification staff.
 4. Place a complete entry detailing the release of the dental hold on DC4-724.

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Assistant Secretary of Health Services

Date

This Health Services Bulletin Supersedes:

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