

FLORIDA DEPARTMENT OF CORRECTIONS  
OFFICE OF HEALTH SERVICES

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HEALTH SERVICES BULLETIN **15.02.16**

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SUBJECT: INMATE MEDICAL PASSES

EFFECTIVE DATE: 04/01/14

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**I. PURPOSE:**

The purpose of this health services bulletin (HSB) is to provide guidelines for the issuance of a medical pass.

**Note:** All care for impaired inmates must be provided in accordance with HSB 15.03.25, Impaired Inmate Services, and as applicable, DOC Procedure 604.101, Americans with Disabilities Act Provisions for Inmates.

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

**II. DEFINITION:**

A medical pass is a written authorization (based on sound medical judgment) from health services to the other institutional offices that will permit an inmate certain relief from a departmental or institutional requirement which affects a special medical problem.

**III. DURATION OF PASSES:**

The length of time a pass is valid is based upon sound medical judgment and should be written for a period of time consistent with medical need, but should not extend beyond the inmate's next scheduled annual or biennial periodic evaluation called the Periodic screening Encounter (PE). All passes will have a start date and a stop date.

**IV. RESPONSIBILITY:**

The chief health officer/ institutional medical director is responsible for ensuring that any medical pass issued is for a documented medical need and is issued only for the length of time that the need exists.

**V. PROCEDURES:**

- A. A medical pass can only be prescribed by a physician or a clinical associate.  
Non physician health-care providers (nursing staff, dentist, senior mental health

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clinician or mental health specialist) may issue a temporary pass that will not exceed fourteen (14) days.

A valid medical pass held by an inmate in transit will be honored during transit and at the receiving institution until the expiration date. Upon arrival at a new facility, screening health care staff will verify that a pass is, in fact, authorized as documented in the medical records. Passes that are authorized, as documented, will be stamped with the name stamp of the person doing the screening and the pass will be returned to the inmate. An evaluation to determine the continued need for a pass that was already properly authorized at the sending institution may be completed at the discretion of the clinician at the receiving institution, but is not required. Continued need for special passes may, however, be reviewed upon expiration and/or as incidental to an encounter that is related to a condition which required the pass. If a pass expires when an inmate is in transit, the inmate must be appraised by a physician or clinical associate to determine the continuing need as prescribed and, if warranted, a temporary medical pass may be issued until the inmate reaches a permanent institution.

- B. When a pass is revoked by a clinician, the inmate will be notified by health services staff. The rationale for revocation will be explained to the inmate and documented on DC4-701, *Chronological Record of Health Care*.
- C. In addition to the DC4-701, *Chronological Record of Health Care* entry, each medical pass will be entered on page two (2) of the appropriate GH08, DS08, or MH08 screen.
- D. DC4-701D, *Health Slip/Pass* can be ordered from PRIDE.

## VI. CRITERIA:

All inmate medical passes are based on genuine medical need to enhance the resolution of a temporary condition or to facilitate the care and treatment of a permanent condition.

### A. Low/Bottom Bunk

Bunk assignment is a function of the housing officer. A medical request for a low bunk must be based on medical need only.

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B. Cotton Blanket (only for demonstrated allergy to wool)

There are few true allergies to wool and, as such, cotton blanket passes should be rare. To prove allergy, request that the inmate strip to undergarments and remain wrapped in a wool blanket for 20 to 40 minutes. If a rash develops, it may be allergy and a pass may be issued. Follow-up allergy testing must be initiated.

C. No Shave

1. For pseudofolliculitis barbae (PFB), the pass may be issued for a time frame not to extend beyond the inmate's next scheduled annual or biennial periodic evaluation called the Periodic screening Encounter (PE).
2. Can be temporary for treatable infectious conditions while infection is resolving.

An inmate with a no-shave pass must maintain the hair in the area above the collar bones, below the forehead, and forward of the ears at the approved length.

The beard length approved to alleviate irritation from PFB is 1/4". No facial hair will be required to be cut shorter than 1/4". Clippers will be made available as per institutional directive in order to maintain the approximate 1/4" length.

An inmate request for a shaving exemption due to personal or religious reasons should be referred to the chaplain. Health services staff do not issue shaving exemptions unless medically indicated.

D. Restricted Activity

1. Do not write a pass that is subject to interpretation.
2. Bed-Rest Lay In

All lay ins are to be considered a bed-rest lay in requiring the inmate to be

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lying in a bunk except for trips to the bathroom and dining hall. No lay in should exceed 72 hours. A condition requiring a longer stay should be treated in the infirmary.

3. No Work Permitted

Due to medical condition, the inmate cannot perform any work activity either on the facility grounds or off the correctional facility property.

4. No Work Off Site

Due to medical condition, the inmate cannot perform any work activity off the correctional facility property.

5. Light Work On Site

Due to medical condition, the inmate can only perform light work activity on the correctional facility site.

6. Lower-Floor Pass

Assigned to inmates who have severe mobility limitations or who use wheelchairs.

E. Wheel Chair

The following passes will be assigned to inmates who have a temporary or permanent need for the use of a wheelchair:

- WHEE1 will be for a temporary pass not to exceed six (6) months;
- WHEE2 will be for a permanent pass that should be reviewed and renewed annually.

F. Adaptive Device

The following pass will be assigned to an inmate who requires an ADA bed assignment.

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- ADABD will be assigned to an inmate who has a pass for an adaptive device and requires an ADA bed assignment.

**VII. OTHER:**

Instances may arise that require special circumstances or accommodations. These passes must be specific and must be based upon medical reasons. When in doubt, request advice from the Regional Medical Director.

Avoid pass for:

- A. Bed board- All institutions have steel bottom bunks to which the inmate can be assigned.
- B. Double pillows- There are few conditions requiring double pillows.
- C. Double mattresses- Special mattresses (egg crates, polyurethane, gel, and air) are not authorized. Gel or air may be utilized in the infirmary/hospital setting.
- D. No sweat- There is no medical condition requiring the absence of sweat production for healing purposes.
- E. No sun- If the actinic rays cause premalignant lesions or if psychotropic or other medications are being prescribed that increase sun sensitivity, request long-sleeve shirts and a hat (broad-brimmed or straw). Sunscreen or hat passes should only be issued when working conditions require such for medical reasons.
- F. Comfort and convenience items.
- G. Clean shave with clippers.

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Assistant Secretary of Health Services

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Date

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This Health Services Bulletin Supersedes:

HSB 15.03.07 dated 4/1/88,  
12/5/88, 5/22/89 and 4/15/91  
HSB 15.02.16 dated 6/15/95, 2/26/96, and 12/4/97  
6/14/01, 5/3/02, 6/24/04, 9/26/11 and 04/02/13.

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