

SUBJECT: HEALTH CARE RECEPTION PROCESS FOR NEW COMMITMENTS

EFFECTIVE: 11/1/2021

I. PURPOSE:

To establish procedures for the proper health screenings and evaluation of inmates entering the Florida Department of Corrections.

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

II. PROCEDURES:

Prior to conducting all screenings and evaluations, the inmate will be provided reasonable accommodations or auxiliary aid(s) or service(s) based on their disability as identified by the inmate or observed by the health care staff.

The following procedural guidelines are for proper medical health appraisal, dental and mental health screening, and evaluation of inmates entering the Florida Department of Corrections' system prior to transfer to permanent facilities. All screenings and evaluations will be conducted in accordance with [procedure 401.014](#) "Health Services Intake and Reception Process."

Inmates identified as needing adaptive devices or interpretive services such as non-English speaking, or deaf/hard of hearing inmates shall be provided a qualified interpreter or appropriate device according to need to ensure access to programs and services in accordance with [HSB 15.03.25](#), "Services for Inmates with Auditory, Mobility or Vision Impairments and Disabilities."

A. Initial Screening:

1. A licensed nurse will conduct an initial screening to include, but not limited to vital signs and weight of the inmate and review any transfer information from the county jail to identify inmate health care needs. The [DC4-707 Health Appraisal](#) form will be completed by the receiving nurse upon arrival. The initial screening must commence on arrival and should be completed within eight (8) hours of arrival at the receiving facility. The health appraisal will include:

- A thorough socio/medical history with:
- a) Present illness and health problems,
 - b) Current medications,
 - c) Medical history,
 - d) Mental health history,

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- e) Previous hospitalizations,
 - f) Surgical history,
 - g) History of any sexually transmitted diseases,
 - h) Childhood diseases,
 - i) Chronic conditions,
 - j) Family history of any significant medical problems (cancer, tuberculosis, diabetes, heart disease, etc.)
 - k) Social history especially drug abuse and sexual activity (frequency, number of partners, orientation, or preference,) and
 - l) Immunization history.
2. Any inmate who needs immediate mental, dental, or medical services will be identified and referred to respective specialties for evaluation and appropriate treatment.
 3. When an impairment or disability is identified at the initial screening, the inmate will be scheduled within the first 48 hours upon arrival for a focused screening related to their impairment or disability prior to clinician evaluation in accordance with [HSB 15.03.25](#) “*Services for Inmates with Auditory, Mobility, and Vision Impairment and Disability.*” The Institutional ADA Coordinator shall be notified of the disability and recommended accommodation needs for the identified inmate.
 4. A visual screening will be conducted in accordance with [HSB 15.03.25.03](#) “*Vision Services,*” by trained health care personnel.
 5. An audiometric screening will be conducted in accordance with [HSB 15.03.25.01](#) “*Auditory Services,*” by trained health care personnel.
 6. A mobility screening will be conducted in accordance with [HSB 15.03.25.02](#) “*Mobility Services,*” by trained health care personnel.
 7. A licensed nurse will review prior immunization history, provide immunizations as needed, and document them on the [DC4-710A](#), “*Immunization Record,*” at the time of reception according to [HSB 15.03.30](#) “*Immunization Requirements for Inmates*”.
 8. Any inmate suspected of an infectious or communicable disease will be placed in appropriate isolation and assessed using the appropriate DC4-683 series Nursing Protocol. Treatment will be provided as directed by the Nursing Protocol and clinician orders until s/he is rendered noninfectious. The inmate will be placed on medical hold until such time that s/he is medically cleared for transfer.

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9. Communicable diseases shall be documented on the DC4-710 "*Communicable Disease Record*". Any inmate identified as having had an exposure to an infectious or communicable disease will be assessed concerning susceptibility for that infection/communicable disease. Dates of the exposure and possible development of communicable disease will be identified. Plans for isolation, if needed, will be determined. Further assistance with this process will be provided by the central office Clinical Contract Monitor-Public Health.
10. The examining clinician will determine if a review of the inactive medical record/s is needed and will request a copy of all relevant non-correctional medical records necessary to ascertain previous medical history.

B. Use of Medication Received from County Jails for Inmates Entering the System:

Every effort will be made to ensure continuity of medication in accordance with [HSB 15.14.04](#) "*Pharmacy Operations*".

1. Under certain conditions, medications received from a county jail may be used to prevent disruptions in therapy and to allow the use of identifiable unit-dosed medications. Medication, which can be identified and is unadulterated, from outside providers that is properly prescribed, dispensed, and has a label indicating the inmate's name will be single-dosed until seen by a clinician. If the medication is unidentifiable or there is a clinical concern, the inmate must be referred to a clinician.
2. On the day of arrival, licensed health care staff will review the inmate's medical information from the sending facility for active medications. Compare the medications listed in the medical record to those sent from the county jail. Medications from jails may be used if they are sealed, labeled, and kept separately from all other inmate property and ordered by a practitioner. See HSB [15.14.02](#) "*Prescription Orders*," for labeling requirements.
3. Medications which can be used will be sent to the appropriate medical staff (nursing) who will prepare a [DC4-701A](#) "*Medication and Treatment Record*," and single-dose the medication until such time as a new prescription arrives from the FDC pharmacy.
4. Do not use medications received from a jail if:
 - a) There is evidence of package tampering,
 - b) There is defacement of the label,
 - c) There are no medical records corroborating that the medication is to be used,
 - d) The medication does not arrive sealed separately from other property,

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- e) The medication arrives in the possession of the inmate, or
- f) The medication orders do not match the information on the prescription label.

C. Orientation:

1. Newly committed inmates will be provided with an orientation to health services and communicable disease education in accordance with [Procedure 403.008](#) “*Inmate Health Services Orientation and Education*,” within seven (7) days of arrival. A licensed nurse or trained nursing support staff will conduct and document that the inmate received orientation in the Offender Based Information System (OBIS) screen and on the [DC4-773](#) “*Inmate Health Education*” form.
2. All inmates will receive a “[Health Services Inmate Orientation Handbook](#),” [N11-010](#), in an accessible format based upon their disability, upon arrival at the facility with information regarding access to emergency and routine medical, mental health, dental care, and the grievance procedure for health services issues. Examples of accessible formats include, but are not limited to large print, documents interpreted into American Sign Language or Braille.
3. Information related to access to health care will also be provided to the inmate verbally at the time of the initial screening.
4. Inmates will be instructed on their right to maintain their health information as confidential, and instructed that to allow disclosures of protected health information they must sign the [DC4-711B](#) “*Consent and Authorization for Use Disclosure Inspection and Release of Confidential Information*”.
5. Inmates will be instructed on designating a health care surrogate and will be offered the DC4-666 “*Designation of Health Care Surrogate*” to complete.

D. Laboratory Tests/Physical Examination:

1. Following arrival, newly committed inmates will receive the following tests, within 7 days:
 - a) Rapid Plasma Reagin,
 - b) Complete Blood Count (CBC),
 - c) Comprehensive Metabolic Panel (CMP),
 - d) Urinalysis by dipstick,
 - e) Sickle Cell Screening (if clinically indicated by intake physician),

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- f) Two Step Tuberculin Skin Test (The Reception Center should make every effort to complete the 2-Step process on those inmates who need it, BEFORE they are transferred out of the Reception Center),
 - g) Electrocardiogram (only if clinically indicated by intake physician),
 - h) Stool Hemocult on all inmates fifty years (50) of age or greater,
 - i) Chest X-ray (when there is a documented positive TST within the past two years, HIV+ diagnosis or other pertinent findings)
 - j) Other tests as determined necessary
 - k) If an inmate already has a documented positive test for Human Immunodeficiency Virus (HIV) previously, HIV Viral load will be ordered, instead of repeating the confirmatory tests.
 - l) HCV Screening test
2. Any additional laboratory tests and/or a physical examination will be conducted in accordance with health services bulletins issued by the Office of Health Services staff.
 3. Testing for HIV infection will be offered to all new inmates and will be conducted in accordance with [HSB 15.03.08](#) "*DC Policy on Human Immunodeficiency Virus (HIV) Disease and Continuity of Care*".
 4. Inmates identified for placement in a chronic illness clinic will have all tests performed as identified in HSB [15.03.05](#) "*Chronic Illness Monitoring and Clinic Establishment Guidelines*" and its attachments.
 5. Inmates who are taking psychotropic medication will have all tests performed as identified in HSB 15.05.19 "Psychotropic Medication Use Standards and Informed Consent and "[Appendix: Testing Standards for Psychotropic Medication Usage.](#)"

E. Medical Records:

1. Inactive medical records for inmates previously incarcerated are available by practitioner order. The practitioner will determine if the inactive record needs reviewing.
2. The examining physician will order all relevant non-correctional medical records necessary to ascertain previous medical history, including any information from the county jail not provided on the jail transfer summary. Staff will forward records that arrive and the inmate transfers to the institution where the inmate is located.

F. Dental Screening:

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1. A licensed dentist will perform a dental intake examination in accordance with and pursuant to [Rule 33-402.101 F.A.C.](#), not later than seven days after incarceration at a reception center. The examination must include a visual clinical examination of:
 - a) all teeth,
 - b) the intraoral cavity, and
 - c) the head and neck regions.
2. The dentist will provide emergency treatment if necessary. Record all data gathered on [DC4-735](#) “*Dental Clinical Examination Report*,” and [DC4-724](#) “*Dental Treatment Record*”.

G. Mental Health Screening:

1. Newly committed inmates will undergo a mental health screening in accordance with [HSB 15.05.17](#) “Intake Mental Health Screening at Reception Centers,” within fourteen (14) calendar days of arrival. A mental health screening will include, but is not limited to:
 - a) inquiry into whether the inmate:
 - i. is being treated for mental health problems;
 - ii. is presently prescribed psychotropic medication;
 - iii. has a current mental health complaint;
 - iv. has a present suicide ideation;
 - v. has a history of suicidal and/or self-injurious behavior;
 - vi. has a history of inpatient and outpatient psychiatric treatment; and
 - vii. as a history of treatment for substance abuse;
 - b) observation of:
 - i. general appearance and behavior;
 - ii. evidence of abuse and/or trauma; and
 - iii. current symptom of psychosis, depression, anxiety, and/or aggression;
 - c) disposition of inmate:
 - i. general population;
 - ii. general population with appropriate referral to mental health care service; and/or
 - iii. referral to appropriate mental health care service for emergency treatment.

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2. A mental health grade will be assigned by appropriate mental health staff in accordance with [HSB 15.03.13](#) “*Assignment of Health Classification Grades to Inmates*,” issued by the Office of Health Services.
3. Any inmate who appears to qualify for special education as identified by a Behavioral Specialist, Psychologist, or Physician during the initial screening will be referred to the Classification Officer so that a recommendation can be made for placement in appropriate education and job training programs.
 - a) The inmate will be identified as a “special-education potential.”
 - b) Notification will be made by health services staff to classification staff through OBIS.
4. Inmates received at reception centers and transferred for mental health care at a Crisis Stabilization Unit (CSU) prior to undergoing the intake process, will have medical and dental screening completed upon arrival at the facility at which the CSU is located.

H. New Commitment Initial Physical Exam:

1. All newly committed inmates will receive a complete initial physical exam (PI) by a physician assistant, advanced practice registered nurse or a physician, within fourteen (14) days of arrival. The PI will be documented on the appropriate OBIS screen and consist of:
 - a) Complete physical examination including:
 - i. A review of systems,
 - ii. Digital rectal exam for all inmates over age 50, or if indicated,
 - iii. Visual screening results reviewed for consultation referral,
 - iv. Audiometric screening results reviewed for consultation referral
 - v. Mobility screening results reviewed and evaluated for mobility needs,
 - vi. In addition to the above requirements, a female inmate shall have the following:
 - a. Gynecological and obstetrical history,
 - b. Pelvic examination,
 - c. Pap smear done age 21-65, (exception: women who have had a total hysterectomy)
 - d. Vaginal and cervical smears for gonorrhea and chlamydia,
 - e. Baseline mammography for inmates aged fifty (50 years or older, (The clinician has the discretion to order earlier, if clinically indicated.)
 - f. Serum Pregnancy test, and
 - g. Prenatal referral for all pregnant inmates.

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- b) Any deviations from the above shall be documented.
 - c) Review, initial, stamp, and date all laboratory results.
 - d) Review any transfer information from the county jail.
 - e) Identify inmates who need enrollment in a chronic illness clinic and schedule at the clinically appropriate time per HSB [15.03.05](#) "*Chronic Illness Monitoring and Clinic Establishment Guidelines*".
2. The [DC4-707](#) "*Health Appraisal*" form completed by the receiving nurse upon arrival will be reviewed at this time.
 3. The practitioner will provide additional care as needed based on her/his finding. A practitioner may place the inmate on a medical hold to facilitate diagnosis or treatment. Medical holds are to be documented on [DC4-706](#) "*Health Service Profile*". Medical holds should continue until an inmate's care is stable to the point that a transfer will not compromise treatment or the health of the inmate.
 4. Document additional assessment and treatment on the "*Chronological Record of Health Care,*" [DC4-701](#) or appropriate OBIS screen. Initiate the "*Problem List,*" [DC4-730](#) at this time.
- G. Health Classification of Inmates:
- Upon completion of the health assessment, assign the inmate appropriate health grades per [HSB 15.03.13](#) "*Assignment of Health Classification Grades to Inmates*".
- I. Transfers to Permanent Institutions:
- Complete the "Health Information Transfer/Arrival Summary," [DC4-760A](#) prior to transfer.

III. RELEVANT FORMS AND DOCUMENTS:

- A. [15.03.05 Chronic Illness Monitoring and Clinic Establishment Guidelines](#)
- B. [15.03.13 Assignment of Health Classification Grades to Inmates](#)
- C. [15.03.25 Services for Inmates with Auditory, Mobility, and Vision Impairment and Disability](#)
- D. [15.03.25.01 Auditory Care](#)
- E. [15.03.25.02 Mobility Services](#)
- F. [15.03.25.03 Vision Care](#)

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- G. [15.03.30 Immunization Requirements for Inmates](#)
- H. [15.04.13 Dental Services/Standard Operating Procedures](#)
- I. [15.14.02 Prescription Orders](#)
- J. [15.14.04 Pharmacy Operations](#)
- K. [15.05.17 Intake Mental Health Screening at Reception Centers](#)
- L. [15.05.19 Psychotropic Medication Use Standards, Appendix- Testing Standards for Psychotropic Medication Usage](#)
- M. [401.014 Health Services Intake and Reception Process](#)
- N. [403.008 Inmate Health Services Orientation and Education](#)
- O. [DC4-666 Designation of Health Care Surrogate](#)
- P. [DC4-701 Chronological Record of Health Care](#)
- Q. [DC4-707 Health Appraisal](#)
- R. [DC4-710 Communicable Disease Record](#)
- S. [DC4-724 Dental Treatment Record](#)
- T. [DC4-730 Problem List](#)
- U. [DC4-735 Dental Clinical Examination Report](#)
- V. [DC4-760A Health Information Transfer/Arrival Summary](#)
- W. [DC4-773 Inmate Health Education](#)

Health Services Director

Date

This Health Services Bulletin Supersedes: HSB 15.01.06 dated 10/17/93, 7/7/95, 9/22/95,
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