

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO. 15.02.02

Page 1 of 8

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

I. PURPOSE:

The purpose of this Health Services Bulletin (HSB) is to establish guidelines regarding the use and clearance of medical holds, in effort to ensure the continuity of health care for inmates scheduled to transfer.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff. All patient medical documentation will be maintained within the Department's Electronic Medical Record unless specifically indicated

II. ACTION REQUIRED:

A. Before an inmate can be transferred, health care personnel at the sending institution shall review the inmate's medical record and complete the first section of the [DC4-760A](#), *Health Information Transfer / Arrival Summary*. For the purposes of this HSB, a health assessment includes, but is not limited to, a comprehensive review of the medical records to identify any health related issues that may affect the transfer. The reviewer shall ensure that the following has occurred and the required documentation is in the medical record:

1. The date and time the record was reviewed, as well as the signature and stamp of the reviewer.
2. The current health profile of the inmate is documented on [DC4-706](#), *Health Services Profile*.

Note: Health services profile grades of E9 and H9 are pending evaluation by specialist and will not be transferred until consult is completed and impairment grade assigned.

3. All medications currently prescribed, the correct dosage, and if clinically indicated, directly observed therapy (DOT), single dose (SD) or keep on person (KOP).
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.

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

- b. Urgent/emergent recommendations should be addressed prior to transfer and a healthcare hold is warranted (See other indications for a healthcare hold below).
 - c. Any new commitments that have been referred for specialty consults have been completed prior to transfer from the reception center.
 - d. Any needed reporting of communicable disease has been completed or must be done as soon as possible. See Infection Control Program Manual.
5. All data entry and OBIS-HS screens are current before the inmate departs the institution.
- B. The following health care providers are authorized to initiate, renew, or remove a healthcare hold:
1. Medical provider: physician, advanced practice registered nurse (APRN), physician assistant (PA), others as designated by the Chief Health Officer (CHO)/ Institutional Medical Director
 2. Mental health provider: psychiatrist, psychologist, psychiatric APRN, 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 a hold has been placed.
- D. Once a medical hold has been removed by a provider, the institutional Health Services Administrator (HSA) or designee shall ensure OBIS is updated and all holds are released. (Refer to [DC4-706](#).)
- Holds will not be removed if it has been determined that the inmate would be adversely affected by a transfer, to include one of the conditions listed in sections III. B., IV. B., V. A.
- E. HSS-06 Report should be run every two weeks and all existing holds reviewed and updated by the appropriate provider. Medical holds that expire before the inmate has completed treatment should be renewed. If the medical hold is not renewed, it will expire on the end date listed on the HSS-06 report.
- F. Any problems encountered in transferring or receiving inmates shall be reported to the Regional Medical Director.

III. MEDICAL HOLDS:

- A. Any inmate who is on medical hold cannot be approved for routine transfer unless the inmate's chart has been reviewed by the appropriate health care provider and

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

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).
 7. Will be leaving the correctional system within six (6) months and will require prerelease planning for continuity of healthcare and/or housing.
 8. Is awaiting transfer to a staging facility.
 9. Is in an infirmary or other medical inpatient setting, except as noted in C below.
 10. Has begun the HIV testing process and is awaiting the test result and/or posttest counseling.
 11. Is enrolled in the 340B program; or is currently undergoing HCV treatment.
 - 12.. 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 until 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, transfer shall be coordinated with institutional health services and the Regional Medical Director as appropriate.
 3. An inmate that has been approved for participation in a Program may be approved for transfer upon coordination with the institutional health

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

services at the sending and receiving facilities and the Regional Medical Director as appropriate.

- 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 GH08 screen. The end date shall be no later than 365 days after the start date.
 2. Only a clinician 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 OBIS 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. A note on the DC4-701 (Chronological Record of Health Care) detailing the reason for the medical hold shall be made and placed in the health record.
- E. 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.
- F. 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 OBIS-HS Technical Reference and Procedure Manual to change the hold end date on the computer.
 2. Modify OBIS GH08 when applicable. Enter the date that the hold was removed. The expiration date will not be affected regardless of how 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.

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

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. A note on the DC4-701 (Chronological Record of Health Care) detailing the reason for the release of the medical hold shall be made and placed in the health record.

IV. 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 clinically indicated, the patient may be placed on a mental health hold with clinical justification documented in the health record.
- B. Mental health holds can be placed by either institutional or Central Office staff. Holds placed by Central Office staff require Central Office review before removal. Mental health holds are to be placed on inmates in accordance with the following guidelines:

If the inmate is:

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 completing clinical objectives.
 - b. When security or classification requirements preclude this hold, or when clinical considerations dictate otherwise, it shall be documented in the health record.

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

5. One 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.

C. To Place an Inmate on Mental Health Hold:

1. A Mental Health hold requires documentation on the DC4-706, Health Services Profile and electronic communication, via OBIS, with a start and end date no longer than 90 days.
2. Section II (Place on Hold) of the [DC4-706, Health Services Profile](#), should [be completed to indicate the hold status with](#) the pink copy forwarded to classification staff and the original and canary copies placed in the medical record.
3. A complete entry detailing the reason for the mental health hold is to be recorded as an incidental note in the medical record.
4. The Mental Health Hold Log is available on OBIS-HS and in report #HSS-06.

D. To Remove an Inmate from a Mental Health Hold:

1. Central Office holds can only be removed by Central Office staff after review of the completed DC4-669A, Request for Removal of a Central Office Mental Health Hold routed via the Regional Mental Health Consultant to the Mental Health Transfer Coordinator at Inpatient-Transfers@fdc.myflorida.com. The completed form should be placed in the medical record.
2. Removal of an institutional hold requires electronic communication, via OBIS, and completion of an updated DC4-706, Health Service Profile.
2. Section III (Remove from Hold) of the [DC4-706, Health Services Profile](#), [currently](#) placed in the medical record should be completed and entered into the medical record.
3. Forward the canary copy of the DC4-706 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 recorded as an incidental note in the medical record.

V. **DENTAL HOLDS:**

- A. Dental holds are to be placed on inmate's receiving:
1. Orthodontic follow-up therapy.

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

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 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. The dental clinic is responsible for maintaining a dental hold log: The dental hold log is available from OBIS-HS by obtaining report #HSS-53 or #HSS-06.
- C. To Remove an Inmate From Dental Hold:
1. Use the dental hold section of [DC4-700A](#); enter the ending date in OBIS-HS. 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](#).

VI. RELEVANT FORMS:

[DC4-642, Chronological Record of Outpatient Mental Health Care](#)

[DC4-669A, Request for Removal of a Central Office Mental Health Hold](#)

[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](#)

SUBJECT: HEALTH CARE CLEARANCE/HOLDS

EFFECTIVE DATE: 02/04/2022

Director of Health Services

Date

This Health Services Bulletin Supersedes:

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