

SUBJECT: PERIODIC SCREENINGS

EFFECTIVE: 08/25/2021

I. PURPOSE:

The purpose of this health services bulletin is to establish guidelines for the evaluation and documentation of inmate patient health status and preventive health maintenance.

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

II. DEFINITIONS:

- A. **Clinician:** For the purposes of this health services bulletin a clinician is a physician or a clinical associate (an Advanced Practice Registered Nurse or Physician Assistant).
- B. **Periodic Screening:** A review of medical and mental health records to determine past and present health status. This periodic screening may include a physical screening, physical examination, and/or mental health evaluation and may or may not require an inmate encounter.
- C. **Periodic Screening Encounter:** A screening performed by licensed healthcare staff requiring the presence of the inmate patient. Health care encounters will be performed in areas that provide the maximum amount of privacy within the constraints of security requirements.
- D. **Auxiliary Aids and Services:** refers to devices and/or services as a Department approved accommodation to provide assistance to allow otherwise eligible individuals with documented impairments and/or disabilities equal access to the Department's programs, services and/or activities.

III. SCREENINGS:

Prior to conducting all screenings, 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.

A. **Periodic Screening Encounter (P.E.):**

1. Inmates shall be scheduled every (5) five years until the inmate is fifty (50) years of age and yearly thereafter.
2. The following diagnostic tests will be performed seven (7) to fourteen (14) days prior to the Periodic Screening Encounter: **It is acceptable to use a diagnostic test result that is already available but the result(s) shall not exceed more than four weeks before the appointment for the Periodic Screening.**
 - a. Complete Blood Count and Urinalysis by dipstick and results

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- recorded in chart.
 - b. Prostatic Specific Antigen (PSA) in accordance with the current American Cancer Society (ACS) guideline, but may be requested if there are clinical indications or as determined by the clinician.
 - a. Lipid Profile to be done at age forty (40) as baseline.
 - b. Random blood glucose by finger stick, if blood pressure reading is 135/80 or higher or has history of diabetes and recorded in chart.
 - c. Electrocardiogram (only if clinically indicated by physician either seven [7] to fourteen [14] days prior to Periodic Screening Encounter, or after inmate seen by clinician at time of Periodic Screening).
 - d. Mammogram every year for females forty-five [45] to fifty-four [54] and every 2 years for females aged fifty-five [55] years and older, with option to screen annually, based on current ACS guideline.
 - e. Nothing herein prevents the clinician from requesting a mammogram in a younger patient if clinically indicated.
 - f. Stool hemocult cards will be given to the inmate patient at the time lab work is drawn with instructions to return the cards at the time of the screening (fifty [50] years of age and older).
 - g. Annual CXR (for ages 55-77 years of age and who are either a current smoker or quit smoking in the previous 15 years, who have had a one pack a day smoking habit for 30 years).
3. This encounter will be performed by licensed health care staff and documented on the [DC4-541](#), *Periodic Screening Encounter* and include the following:
- a. Vital signs: measured and compared to previous screening.
 - b. Weight: measured and compared to previous PE or weight from one year previous.
 - c. Review of the Periodic Screening Encounter lab results to confirm the clinician has made an incidental note on the [DC4-701](#), *Chronological Record of Health Care* or the Laboratory results form documenting the review and recommendation for follow up or the DC4-797, *Individual Lab Tracking Log*, if within normal limits.
 - d. Review for copy of results of electrocardiogram and mammogram (if applicable) and the clinician's documentation on the [DC4-701](#)

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- or the radiology report of review and recommendation for follow up.
 - e. Identification of any inmate health concerns including any ADA needs.
 - f. Confirm that tuberculin skin test is current and schedule if needed.
 - g. Screening for tuberculosis symptoms.
 - h. Collecting and testing of stool hemocult cards (if applicable).
 - i. Review of sick-call access procedures.
 - j. Provision of required health education as indicated below.
 - k. Measure level of orientation based on appropriateness of answers and refer to Provider if needed.
 - l. Discussion of necessity of Hepatitis C screening if previously refused.
 - m. Review and update of DC4-730 Problem List as indicated.
- 4. Inmates will be informed of Periodic Screening Encounter lab results by nursing staff or the clinician at the time of the screening.
- 5. Referral to the clinician will occur if there is any question as to the current status of the inmate's health (e.g. abnormal vital signs or other significant medical complaints/concerns, or cognitive changes).
- 6. Health education will be provided to include the following:
 - a. Tobacco/smoking cessation
 - b. Hepatitis A, B, C
 - c. Tuberculosis/Tuberculin Skin Test
 - d. Human Immunodeficiency Virus
 - e. Sexually-Transmitted Disease
 - f. Advanced Directives/Health Care Surrogates
- 7. The P.E. shall be selected as encounter type periodic screening encounter in OBIS-HS with a diagnosis code of SHE (Screening/Health Education).

B. Periodic Screening Encounter for Inmates in Chronic Illness Clinics.

Inmates being followed in a chronic illness clinic will have a routine periodic screening during a chronic illness clinic visit. When the Periodic Screening is done during a Chronic Illness Clinic, the physician will document the screening on the

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[DC4-701F](#), *Chronic Illness Clinic* and a licensed health care staff or physician will complete the DC4-541 form.

1. P.E. labs must be scheduled in OBIS along with the applicable labs for the particular chronic illness clinic. Labs for the P.E. will be reviewed with the inmate at the time of the chronic illness clinics. *Note: Chronic Illness labs can substitute for the PE labs if all required components are included and are within the acceptable time-period (within 4 weeks).*
2. Results of the periodic screening laboratory as well as the chronic illness lab work and required tests will be discussed with the inmate by the clinician at the chronic illness clinic encounter.
3. The P.E. shall be selected as encounter type periodic screening encounter in OBIS-HS with a diagnosis code of SHE (Screening/Health Education).

C. **Gynecological examinations:** are defined as those examinations unique to female inmates and are entered in OBIS using the appointment types APAP, ABRE and AMAMO as applicable. A clinician will perform this examination and findings will be recorded on [DC4-686](#), *Gynecological Examination*.

1. Routine Pap smears.
 - a. Beginning at age 21 and continuing until age 65, every three years if previous test is normal. As a preferred method, the ACS recommends HPV co-test for females 30 to 65 years of age every five years.
 - b. If hysterectomy for non-cancerous reasons, no need for pap. These are minimum requirements, and can be done more often if clinically indicated.
2. A baseline mammography study will be performed for female inmates at forty-five (45) years of age and screening mammography will be performed according to the current ACS guideline. The clinician has the discretion to begin earlier or perform mammography more frequently if clinically indicated..

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3. Additional gynecological examinations will be performed as deemed necessary by the clinician.

D. Food service: consistent with state and community standards, *inmate workers do not require approval from Health Services* prior to assignment to departmental food service operations. Per the requirements of Florida Administrative Code 64E-11, the Food Service Director or designee shall provide daily monitoring for obvious signs of inmate health problems. If health questions arise concerning a specific inmate food handler, the Food Service Director shall report the situation to the appropriate medical personnel to determine proper disposition and handling.

E. Pre-release Screening (see also HSB [15.03.29](#), *Pre-release Planning for Continuity of Health Care* for complete prerelease details): prior to U.S. Immigration and Customs Enforcement, parole, placement in a work release facility or community correctional center, or other type release (not to include transfer to outside court or transfers to community hospital), a pre-release screening will be completed by a clinician.

1. The pre-release screening will include:
 - a. A review of the medical record.
 - b. An interview with the inmate.
 - c. That part of a physical examination necessary to evaluate the inmate's current health status to include placement needs and ADA accommodations.
 - d. A review of the mental health needs of the inmate (HSB [15.05.18](#), *Outpatient Mental Health Services*).
 - e. Education to the inmate on any needed follow-up care.
2. A clinician shall do the pre-release health screening. If a clinician is not on duty when a release is of an emergency nature (i.e. by court order or other unexpected action), the Senior Licensed Health Care Provider on duty shall accomplish the screening.
3. The interview/pre-release screening shall be documented as follows:
 - a. [DC4-549](#), *Pre-release Health Care Summary*
 - b. [DC4-549A](#) *Pre-release Health Care Summary Supplement* if needed (see [HSB 15.03.29](#), *Pre-Release Planning for Continuity of Health Care*)

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4. The [DC4-549](#) will consist of an original and one copy. The original will be signed by the inmate, maintained in the chart and will be used to make copies to send to the work release center, the county health department or the named provider the inmate patient will be seeing upon release, etc. The canary copy will be given to the inmate, which must include her/his signature on the original.
5. The DC4-710C Immunization Record Card will be completed to include all current immunizations, and TST results including any treatment received. This will be given to the inmate along with the DC4-549 form at the time of EOS. *The Centers for Disease Control, COVID-19 Vaccination Record Card will be filled at the time the inmate receives each vaccine dose, which could be just one time or two times depending of the type of vaccine administered. The Card will remain in the inmate's health record and will be issued to the inmate at the time of EOS.*
6. The interview/pre-release screening shall be entered in OBIS as follows:
 - a. Encounter type: **EOS** and ~~ICD~~ICD-10 CODE:as **EOS** for expiration of sentence, transfer to community correction and work release, or transfer to U.S. Immigration and Customs Enforcement,
7. End-of-sentence (EOS) medications and prescriptions.

All prescriptions written for end-of-sentence purposes should be for maintenance medications only.

- a. Inmates on psychotropic medications may be given up to a fourteen (14) days supply.
- b. Inmates with acute or chronic illness should receive maintenance medications for up to fourteen (14) days, if appropriate.
- c. Human Immunodeficiency Virus (HIV) infected inmates shall be given a full thirty (30) day supply of all medications related to the HIV diagnosis (see HSB [15.03.08](#), *HIV Disease and Continuity of Care* for more information on prerelease planning for HIV infected inmates).
- d. Inmates on tuberculosis related medications will be provided fourteen (14) days of medication unless the medication completion date is less than fourteen (14) days (see [HSB 15.03.18](#) *Identification and Management of Latent Tuberculosis Infection (LTBI) and Tuberculosis Disease*)
- e. Diabetic supplies for insulin dependent diabetics will be provided on release (Pharmacy will supply the strips, glucometer, insulin and Medical will supply the alcohol pads and syringes).

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NOTE: Care must be exercised in prescribing medications with the potential for abuse.

- F. **Special Housing Health Screening** (previously known as Pre-confinement screening): is addressed in Procedure [403.003](#), *Health Services for Inmates in Special Housing*. This encounter is designated as encounter type PC in OBIS and diagnosis code CONF.
- G. **Intrasystem Transfer Health Screening:** are performed for those inmates being transferred from one institution to another institution, including the Florida Civil Commitment Center.
1. Prior to transfer, a review will be designated an encounter type HR in OBIS-HS and the diagnosis code used will be TRAN. These shall be a chart review performed by any licensed health care provider and documented on [DC4-760A](#), *Health Information Transfer/Arrival Summary* for the following purposes:
 - a. To review current diagnoses, medications, and treatments for continuity of care during transfer.
 - b. To provide necessary instructions, personnel, equipment, or medication required during transfer.
 - c. To identify pending appointments or medical holds.
 2. In the event of release/transfer to the Florida Civil Commitment Center operated under contract to the Department of Children and Families, the original of [DC4-760A](#) should be placed in the inmate medical record. A copy should be sealed in a separate secure envelope (NOT with the medical record) and labeled specifically “Florida Civil Commitment Center” for delivery by security to the Florida Civil Commitment Centers- Health Services department.
 3. Upon arrival at the receiving or in transit Department of Corrections institution, health care personnel shall perform a health screening which should be designated an encounter type HR in OBIS-HS and the diagnosis code used will be TRANIN¹. This screening shall be conducted as an encounter/interview with the inmate and shall be documented on [DC4-760A](#), which shall be filed in chronological order on the right-hand side of the medical record. In transit document all * areas of form [DC4-760A](#). A review of [DC4-760A](#) is also required. The purpose of the screening is to determine:

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*Any inmate returned from outside court will have a health screening as outlined above with the exception that when this entry is entered into OBIS-HS, it is entered as encounter type ROSC.

- a. If there are current medical, dental, or mental health symptoms or complaints.
- b. If the inmate is presently on medication.
- c. If the inmate needs to be immediately referred to a health professional for care.
- d. What health care services, restrictions, or other needs should be considered in placement of the inmate in the institution.
- e. Any pending follow-up appointment.
- f. Any abnormal x-rays or laboratories which may need follow-up. Determine if tuberculin skin test, Rapid Plasma Reagin, and/or immunizations were administered/collected on the last physical exam; if not, verify, offer again or complete refusal(s) if refused.
- g. If the inmate has a newly identified reportable disease/infection, a report form shall be completed and sent to the Department of Health (see [Infection Control Manual](#)).
- h. [Hepatitis C screening has been completed or treatment has been initiated as indicated.](#)

H. **Post-Use-of-Force Screening:** will be performed by nursing staff with notification and/or referral for medical care to a physical health clinician as necessary and shall be entered as encounter type **PUFE** in OBIS-HS with a diagnosis code as determined by the examiner. Documentation for the post-use-of-force screening will be entered on [DC4-701C, Emergency Room Record](#) and [DC4-708, Diagram of Injury](#). Referral by nursing staff to mental health staff requires documentation on [DC4-529, Staff Request/Referral](#) in accordance with [Rule 33-602.210, F.A.C., Use of Force](#).

IV. RELEVANT FORMS AND DOCUMENTS:

- A. [DC4-529, Staff Request/Referral](#)
- B. [DC4-541, Periodic Encounter Screening](#)
- C. [DC4-549, Prerelease Health Care Summary](#)
- D. [DC4-549A, Pre-release Health Care Summary Supplement](#)
- E. [DC4-686, Gynecological Examination](#)

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- F. [DC4-701, Chronological Record of Health Care](#)
- G. [DC4-701C, Emergency Room Record](#)
- H. [DC4-701F, Chronic Illness Clinic](#)
- I. [DC4-708, Diagram of Injury](#)
- J. [DC4-730, Problem List](#)
- K. [DC4-758, Tuberculosis EOS Health Information Summary](#)
- L. [DC4-760A, Health Information Transfer/Arrival Summary](#)
- M. [HSB 15.03.08, DC Policy on Human Immunodeficiency Virus Disease and Continuity of Care](#)
- N. [HSB 15.03.18, Identification and Management of Latent Tuberculosis Infection \(LTBI\) and Tuberculosis Disease.](#)
- O. [HSB 15.03.29, Prerelease Planning for Continuity of Health Care](#)
- P. [HSB 15.05.18, Outpatient Mental Health Services](#)
- Q. [Procedure 403.003, Health Services for Inmates in Special Housing](#)
- R. [Infection Control Manual](#)
- S. [Rule 33-602.210, F.A.C., Use of Force](#)

Health Services Director

Date

This Health Services Bulletin Supersedes:

HCS 25.07.05 dated 10/1/89

HSB 15.03.04 dated 12/5/88, 6/7/91, 4/3/92, 7/30/92, 7/12/93, 2/22/95, 9/22/95, 12/13/99, 6/5/00, 3/27/01, 6/17/02, 4/7/03, 02/19/04, 04/01/08, 9/12/08, 1/24/11, 07/20/12, 09/24/14, 12/12/14, 01/27/15, 03/17/15, 09/21/15, 2/1/18, 12/13/18, 07/31/2019, 10/02/2020, AND 11/13/2020
