

# Medical Isolation Release Checklist

Version 1, Revised 1/13/2021

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Health Services Manager/Strike Team Lead/POC: \_\_\_\_\_ Time: \_\_\_\_\_

## Required Actions

Actions	Time Started	Time Completed	Initial	N/A
Facility Medical Director & Infection Prevention Nurse or designee should be notified by Facility strike team or Classification Counselor/Unit Supervisor pending the release to include: <ul style="list-style-type: none"> <li>• County of Release</li> <li>• Homelessness</li> <li>• Housing Plan (type of residence &amp; who lives in residence)</li> <li>• Date of Planned Release</li> <li>• If Sponsor is willing to take Patient on isolation status. If Sponsor is willing to hold bed for when Patient completes isolation.</li> <li>• If patient needs alternative housing (if needed include whether patient agrees to quarantine and their smoking status)</li> </ul>				
If alternative housing is needed, Infection Prevention Nurse or designee will contact the county of release's Local Health Jurisdiction (LHJ) for IQF placement.				
IPN gets approval for isolation release plan per Health Services COVID 19 Guideline				
Once approved by Health Services, IPN notifies Facility Strike Team/CC/CUS/FMD/transport of IQF instructions and contact information				
CC notifies CCO/Records of temporary address/plan				
If LHJ does not have available IQF bed, Health Services Conference will take place to discuss release (follow COVID 19 Guideline). Team members to include: <ul style="list-style-type: none"> <li>• Facility Medical Director</li> <li>• Infection Prevention Nurse or designee</li> <li>• Health Services Manager</li> <li>• Headquarters Medical Duty Officer (564) 999-1845</li> <li>• Facility Social Worker</li> <li>• Mental Health Provider (If MH concerns exist)</li> <li>• Classification Counselor/Unit Supervisor</li> </ul> Community Corrections Officer				
Contact will be made with the local Superintendent or Incident Commander (If ICP is open) for Approval of Plan				
A chronological entry will be made regarding this individual's release planning efforts by Classification Counselor/Unit Supervisor.				

Actions	Time Started	Time Completed	Initial	N/A
Transport notified of patient releasing from isolation and instructed to wear PPE per current protocol. Instruct Transport of vehicle planning (single transport vs. group transport if needed)				
Ensure patient has all necessary medications to include a 30 day supply and a prescription for an additional 30 days- including 1 refill, as clinically appropriate.				
Patient provided information including clinical instructions for release				
Ensure appropriate PPE is donned when the incarcerated individual leaves the isolated location and for transport by both the transport Officer and the incarcerated individual.				
Once the Check list is completed, a copy will be distributed to the Incident Commander/Superintendent and to the Medical Liaison in the ICP				
Approval will be granted for release by the Incident Commander/Superintendent.				

## Notes

It is recommended that this checklist be completed from start to finish by a single point of contact.

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