

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**3.3.6.5 Medical/Dental Lay-Ins**

**(a) Policy**

Patients within the California Department of Corrections and Rehabilitation who require medically indicated bed rest shall be provided with medical/dental lay-ins by institution licensed health care staff.

**(b) Purpose**

To establish standards and guidelines for the use of medical/dental lay-ins.

**(c) Procedure**

- (1) Medical/dental lay-ins shall be issued only by physicians, mid-level providers, Mental Health primary clinicians and psychiatrists, dentists, registered nurses, or licensed vocational nurses. Medical/dental lay-ins shall be issued only to patients needing medically indicated bed rest or who temporarily cannot perform their assigned duties, but who do not require inpatient infirmary or hospital care.
- (2) Institution licensed health care staff who are authorized to do so shall use the Lay-In PowerForm in the Electronic Health Record System for all medical/dental lay-ins.
- (3) Medical/dental lay-ins shall be issued for specific time periods. Dental lay-ins requiring confinement to quarters for longer than a 24-hour period shall be ordered only by a physician or a dentist, and the order must include a termination date.
- (4) Upon expiration of the lay-in, the patient shall:
  - (A) Return to normal activities or,
  - (B) Be re-evaluated by the physician or dentist for possible reissue of a lay-in or,
  - (C) Be re-evaluated by the physician or dentist for possible transfer to a facility with an infirmary or hospital.
- (5) Patients on medical/dental lay-ins must be confined to their cells or dormitory beds, except to eat, obtain medication, shower, or to access the facility law library.
- (6) Health care staff may re-evaluate the lay-in status of any patient at any time depending on the patient's behavior and/or activity.
- (7) Dental staff shall print the Lay-In PowerForm and distribute copies as follows:
  - (A) Copy to Central File
  - (B) Copy to patient's supervisor.
  - (C) Copy to housing officer.
  - (D) Copy to patient.

**Revision History**

Effective: 04/2006

Revision: 11/2017, 11/2020, 02/2022