

	DEPARTMENT OF PUBLIC SAFETY	EFFECTIVE DATE: OCT 08 2007	POLICY NO.: COR.10.1E.03
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	SUPERSEDES (Policy No. & Date): COR.10A.17 (01/13/99)	
	SUBJECT: TRANSFER SCREENING		Page 1 of 5

1.0 PURPOSE

The purpose of this policy is to establish guidelines that ensure the continuity of health services and the elimination of unnecessary repetitive test on transfer of an inmate to another facility.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards For Health Services in Prisons and Jails, (2003).

.2 Definitions

Intersystem Transfer: The transfer of an inmate from one facility to another within the same correctional system.

3.0 POLICY

- .1 Facility clinical sections shall be notified and consulted on decisions made on the transfer of inmates.
- .2 Continuity of medical and mental health care shall be maintained when inmates are transferred from one facility to another and shall ensure that the inmate is placed in the appropriate housing unit.
- .3 Qualified health care professionals shall review each incoming inmate's medical record or summary within twelve (12) hours of arrival to ensure continuity of care.

4.0 PROCEDURES

I. TRANSFERRING FACILITY

- .1 Except for new convictions, health care staff at the sending facility shall be notified of an inmate scheduled for transfer to another facility within the system at least forty-eight (48) hours prior to transfer.

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- .2 The transferring facility's nursing staff shall review all of the transferring inmates' health statuses and complete a Health Status Classification Report (HSCR), DOC 0497 (Attachment A) for each inmate. All transferring inmates are assessed in the following areas:
- a. Ability to tolerate a high altitude (contraindicated for some asthmatics, COPD, and cardiac patients);
 - b. Ability to tolerate a cold damp climate;
 - c. Ability to ambulate over rough uneven terrain (are assistance devices needed for safe ambulation, steady gait);
 - d. Ability to lift over 20 pounds of weight;
 - e. Ability to perform moderate to heavy labor;
 - f. Ability to perform repetitive movement such as bending, stooping and prolonged standing;
 - g. No joint or muscular complaints for a minimum of the last 3 months;
 - h. Stability of any medical condition to safely allow the inmate to reside 45 or more minutes from the nearest medical facility;
 - i. Presence of a serious disabling mental illness that does not permit the inmate to reside in the general population;
 - j. Current medical, dental, or mental health treatments that cannot be provided at the receiving facility;
 - k. Pending movements to community medical specialist.
- .3 Medical staff shall not make a determination as to what facility an inmate may or may not be transferred to. The Health Status Classification Report shall reflect any physical or mental limitations including any necessary accommodations that must be made related to these limitations. For example, inmate may lift only up to 10 lbs., or inmate not able to tolerate a high altitude, or inmate needs to be in a facility with 24-hour nursing coverage, or inmate cannot be housed in general population, or inmate can only be housed in a facility within close proximity of a hospital.

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Sufficient information shall be conveyed so that Inmate Classification can appropriately place the inmate.

- .4 Inmates with questionable stability of a medical or psychiatric condition, or other medical concerns that may affect their successful adaptation to another facility's environment, are to be evaluated by a physician or psychiatrist prior to completing the HSCR.
- .5 The HSCR will be completed using the following determination codes: **C** - cleared; **R** - cleared with restrictions; **H** - hold (60 days or less); **D** - denied transfer or work. Inmate transfers placed on hold for medical reasons may include those inmates undergoing current medical, dental, and mental health treatment that cannot be provided at the receiving facility. A hold may also be due to an acute short-term condition that temporarily limits their ability to transfer because of the receiving facility's environment or work requirements as related to an inmate's physical limitations such as a broken arm. Inmate holds shall not exceed sixty (60) days. After 60 days, the inmate should be denied, cleared, or cleared with restrictions by a physician.
- .6 Medical staff shall thoroughly complete an Inter-facility Transfer -Discharge Summary, Form DOC 0401 (Attachment B) on all inmates cleared for transferred. Form DOC 0401 shall contain documentation of any medical or mental health treatments required within the next twenty-four (24) hours including medications.
- .7 The inmate's medical record(s), most current Medication Administration Record (MAR), medications, mental health and dental records shall accompany the inmate on an intersystem transfer. Form DOC 0486, Transfer of Medical/Dental Records, is the document used to track records in transit and shall be attached to the packet or box containing the medical record(s).
- .8 The Clinical and Mental Health Section Administrators or designees shall notify the receiving facility medical and mental health staff by telephone or other means of communication of any inmate in need of ongoing care or with acute problems that require prompt medical or mental health attention on arrival.

.II RECEIVING FACILITY

- .1 The receiving facility intake nurse shall sign Form 0486 and indicate if the seal is unbroken.

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- .2 Immediately upon the arrival of inmates transferring into a facility health care section staff shall review Form 0401. Inmates with more urgent medical or mental health needs as indicated by Form 0401 shall receive screening and treatment priority. For all other transfers the medical record, MAR and medications shall be reviewed within 12 hours of the inmate's arrival.
- .3 The nurse shall sign Form 0401 and document the chart review and any needed services in the medical record and make appropriate referrals. MH staff shall document the MH review on patients referred by the nurse. The nurse and mental health staff shall develop an immediate plan of care for any serious medical or psychiatric conditions, physical limitations or continuity of care needs.
- .4 Medical record reviews indicating any serious health concerns shall result in the arriving inmate receiving a documented physical or psychiatric assessment in the health care unit on the day of arrival if possible but no later than 24 hours.
- .5 The nursing staff shall implement physician orders; set up the MAR; generate any medical authorizations for restrictions, accommodations, or special diets; schedule chronic care clinics; arrange or coordinate pending medical appointments; and arranges for any necessary mental health services.
- .6 No prescribed medication, treatment or medical diet shall be discontinued by the receiving facility until it has been reviewed and discontinued by the facility provider.
- .7 All arriving inmates will be seen in the health care clinic within 7 days of their transfer. During this visit inmates will receive and have documented in their medical record the following:
 - a. Access to the facility's health care services;
 - b. Medication administration information including self-administration requirements and nurse administration times and procedures;
 - c. Medical co-payment process;
 - d. Access to over the counter medications;
- .8 Verbal or written instructions regarding the facility health care procedures and services including but not limited to:
 - a. Access to the facility's health care services;
 - b. Medication administration information including self-administration requirements and nurse administration times and procedures;
 - c. Medical co-payment process;
 - d. Access to over the counter medications;

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- e. Requesting health record information;
- f. The medical grievance process;
- g. A review of current medications;
- h. A review of chronic conditions and the placement of the inmate on a chronic care clinic schedule;
- i. A review and the offering of applicable preventive screening such as immunizations, mammogram, PPD, PAP, FOB;
- j. Up date the problem list;
- k. Distribute to the inmate medical educational materials as appropriate.

5.0 **SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED

Kay A. Bauman MD, MPH 9/25/07
 Medical Director Date

June Javars 9/27/07
 Health Care Division Administrator Date

[Signature] 10/8/07
 Deputy Director for Corrections Date

APPROVED:

Clayton J. [Signature]
 Director
 10/08/07
 Date