


Idaho Department of Correction 	Standard Operating Procedure	Title: Medical Transfers		Page: 1 of 6
		Control Number: 401.06.03.092	Version: 1.0	Adopted: 08-31-2015

Pat Donaldson, chief of the Management Services division, approved this document on 08/31/2015.

Open to the public: **Yes**

SCOPE

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) employees, offenders, contract medical providers and subcontractors.

<p>Revision Summary</p>
<p>Revision date (08/31/2015) version 1.0: Update to new format, combine similar procedures and make redundant documents obsolete, align with current national standards.</p> <p>This new document incorporates and makes obsolete;</p> <ul style="list-style-type: none"> • Directive 401.06.03.081 <i>Intrastate Medical Transfer – Private Prison</i> • Directive 401.06.03.080 <i>In-State/Out-of-State Emergency Transport</i> • Directive 401.06.03.064 <i>Transfer of Health Records</i> • Directive 401.06.03.064.01 <i>Transfer of Inmate Personnel to Other Facilities (Transport)</i> • Directive 401.06.03.042 <i>Transfer of Patients with Acute Illness/Patient Transport</i> • Standard Operating Procedure 401.06.03.033 <i>Transfer Screening</i>

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POLICY CONTROL NUMBER 401

Clinical Services and Treatment

PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures that assure offenders continue to receive appropriate healthcare services when transferred into and out of a secure facility.

RESPONSIBILITY

Health Authority

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services; and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he or she will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to assure compliance with all healthcare-related requirements provided in this SOP **and** in *National Commission on Correctional Health Care (NCCHC) standard P-E-03, Transfer Screening*.

Contract Medical Provider

Nothing in this SOP shall be construed to relieve the contract medical provider of any obligation and/or responsibility stipulated in respective contractual agreements.

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP unless specifically exempted by written contractual agreements;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-E-03, or as indicated in their respective contractual agreement(s)*; and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

Facility Health Authority

The facility health authority will be responsible for:

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- Establishing and monitoring applicable contract medical provider policy and procedure to assure that qualified health professionals are conducting transfers pursuant to this SOP.

Qualified Health Care Professional

The qualified health professional will be responsible for:

- Conducting transfer screening;
- Providing written and verbal explanation to offenders being transferred describing how specific healthcare services are obtained; and
- Facilitating referral to appropriately qualified personnel for all identified healthcare needs and ensuring that the immediate healthcare needs identified are addressed.

Shift Commander (or designee)

The shift commander (or designee) will be responsible for notifying healthcare services staff when receiving transferred offenders.

GENERAL REQUIREMENTS

The criteria used to establish the method of transportation of any offender shall be based upon the stability of the offender requiring the transportation services.

The contract medical provider assures that medically necessary in-state or out-of-state transport is provided for all offenders who meet the medical criteria for such transport. Transport will be provided by either IDOC institutional transportation services with or without medical assistance or by medical air services, either rotary or fixed wing, or ground transport services, which provides skilled medical personnel in attendance.

In the event that the medical air craft has inadequate space for a security staff member to accompany the offender on the flight, the facility head or designee shall have the authority to waive the need for such security staff.

The method of transportation for acutely ill offenders is the decision of the contract medical director or designee, or the facility authority in the absence of medical staff.

When the medical transport arrangements have been made, the Facility Health Authority or designee shall report the scheduled transport to the facility head or designee.

1. Routine Transfer of Offenders

The facility health authority or designee assures that when a roster of names of offenders to be transferred is received by medical staff, this roster of names and the accompanying health record is screened by a qualified health care professional and all pertinent information noted on the transfer screening form.

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If an offender to be transferred requires special medication or observation during travel, this information is documented in the medical file and made readily accessible to those transporting the offender.

The facility health authority or designee assures that the following items accompany the offender being transported;

- Offender's health record
- Any prosthetic appliance
- Wheelchairs and/or crutches
- Medications, to include supplies of at least seven days for IDOC facility-to-facility transfers or 14 day supplies for transfers out-of-state or to county jails

Security must be informed of any medical conditions where a special transport would be necessary. This includes, but is not limited to:

- Handicap
- Special medical order/medication
- Geriatric
- Mental health diagnosis and presentation
- Pregnancies of six months or greater gestation

The IDOC offender placement group in coordination with the IDOC health services director has the authority and may request medical attendants on a special transport. Contract medical staff will cooperate. If there is a dispute, the decision will be made by the IDOC health services director.

The IDOC transport team has the authority to refuse transport of an offender requiring "special needs."

The facility health authority does not allow an offender to be transported if doing so would jeopardize that offender's health or medical stability.

2. Intrastate Transfer Screening

Transfer screening is performed by qualified health care professionals on all intrasystem transfers. The transfer screening findings are recorded on the intrasystem transfer form. Intrasystem transfer forms shall be uniform throughout all facilities.

- The intrasystem transfer screening is intended to assure that offenders continue to receive appropriate health services for health needs already identified.
- Qualified health care professionals review each transferred offender's health record within 12 hours of arrival at the facility to assure continuity of care.
- Immediate healthcare needs shall be identified and addressed, and potentially infectious offenders shall be isolated from other offenders. (See SOP [401.06.03.014](#), *Infection Control Program*, and *NCCHC standard P-B-01, Infection Control Program*, for further guidance.)

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3. Transfer of Offenders with Acute Illness

The contract medical director or designee assures that specialty clinic and/or community hospital services are available to offenders who have acute illnesses, and that they are transferred in a timely manner to those community-based organizations for treatment. Offenders may be transferred by institutional vehicle or community-based ambulance service when deemed necessary.

4. Transfer of Health Records

Written authorization in the form of a signed medical release by the offender is required for the transfer of their health records outside the correctional system's jurisdiction unless otherwise provided by law or administrative regulation.

A summary of pertinent health information or the health record will be sent with the offender upon referral to an off-site health care provider.

When an offender is transferred to another correctional facility in the same correctional system the complete health record shall be sent at the time of transfer.

When an offender is transferred to an out-of-state correctional facility the entire health record shall be sent at the time of transfer.

5. Referrals

When clinically indicated, immediate referral shall be made to an appropriate healthcare service. The referral shall be noted on the intrasystem transfer form.

6. Compliance

Compliance with this SOP and all related department-approved protocols will be monitored by the health authority or designee by using various sources to include;

- This SOP
- Clinical practice guidelines
- Routine reports
- Program reviews
- Record reviews

The health authority or designee must conduct two audits per year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of 15 individual records.

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DEFINITIONS

Contract Medical Provider: A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

Facility Health Authority: The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

Health Authority: The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

Qualified Health Care Professional: A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional or others who -- by virtue of their education, credentials, and experience -- are permitted by law (within the scope of their professional practice) to evaluate and care for offenders.

REFERENCES

Standards for Adult Correctional Institutions, Third Edition, Standards 3-4360, 3-4361, 3-4378, 3-4379.

National Commission on Correctional Health Care (NCCHC), Standard P-E-03, *2014 Edition* SOP [401.06.03.014](#), *Infection Control Program*, and NCCHC standard P-B-01, *Infection Control Program*, for further guidance.)

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