



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.04

Page 1 of 8

Effective Date: February 1, 2009

Distribution: A

Supersedes: 113.04 (2/1/08)

Approved by: George M.Little

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish standardized procedures to be used in the release or medical transfer of inmates.
- III. APPLICATION: Wardens, Health Administrators, health care staff, privately managed institutions, medical contractors, security staff, and inmates.
- IV. DEFINITIONS:
 - A. Central Dispatch Office (CDO): A function of the office of the Director of Classification Programs that coordinates and schedules inter-institutional transfers and offender transportation.
 - B. Central Transportation: A division of the Charles Bass Correctional Complex (CBCX) that coordinates, schedules, and performs local offender transportation in the Metro Nashville/Davidson County area.
 - C. DeBerry Special Needs Facility (DSNF) Scheduler: The DSNF employee(s) assigned to coordinate the scheduling of approved inmate specialty consultation services and associated transportation services.
 - D. DSNF Health Care Center: The skilled units (I, II, and III) at DSNF, used for patients requiring long-term nursing care.
 - E. DSNF Sheltered Living Unit: A housing unit at DSNF utilized for inmates with limited ability to ambulate who require close proximity to health services, who need a low risk environment due to progressive illness, or who have a physical health condition that does not allow them to be housed in other Tennessee Department of Correction (TDOC) locations.
 - F. Emergency Medical Transfer: An unexpected inmate housing assignment occurring as the result of a life-threatening medical situation requiring immediate medical attention not available at an inmate's institution.
 - G. Permanent Medical Transfer: Reassignment to another TDOC facility occurring when an inmate requires specialized treatment, prolonged rehabilitative services, or closer proximity to medical care that cannot be provided at the sending facility.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- H. Temporary Medical Transfer: A temporary housing reassignment occurring for the purpose of completing a scheduled specialty medical appointment or for medical evaluation.
- V. POLICY: Inmates identified as having any medical or dental conditions that require evaluation and/or treatment beyond that which are available at his/her institution, shall be released and/or transferred to another institution provider where such care is available.
- VI. PROCEDURES:
- A. Whenever possible, resources available within TDOC facilities shall be utilized for health services referrals.
- B. Emergency Medical Transfers:
1. The institutional physician, dentist, or designee shall be responsible for the identification of acute/chronic medical or dental conditions that are beyond the diagnostic and/or treatment resources available at their facility. (See Policy #113.82.1 for procedures for mental health release/transfer)
 2. The health administrator or designee shall communicate the need for an inmate transfer to the Warden or designee and shall assist in the coordination of the transfer with the receiving facility. Transfers shall be accomplished in accordance with Policy #403.01.
 3. In an emergency situation where routine coordination is not possible, the on-duty referring health professional shall complete and send the Referral for Emergency Care, CR-3425, with the inmate to ensure continuity of care between the sending and receiving institutions. In cases where ambulance services are not utilized, the senior on-site health care professional shall decide if a medical escort is necessary. Appropriate facilities for transfer include the following:
 - a. All inmates in need of immediate medical intervention are to be transferred to the local licensed hospital emergency room or emergency center. The health administrator or designee shall be responsible for notifying the TDOC health services contractor of emergencies within 24 hours after transfer. If the emergency occurs on a weekend or holiday, the notification shall be made the next business day.
 - b. As appropriate, inmates requiring hospitalization are to be transferred to the TDOC secure unit hospital.
 - c. Male inmates requiring skilled nursing care are to be housed at DSNF Health Care Center. Female inmates requiring skilled nursing care are to be housed at the Tennessee Prison for Women (TPFW).

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

4. Long distance transfers for health reasons should not be considered if, in the opinion of the physician or mental health professional, such delay or travel could adversely affect the health of the inmate. In such cases, arrangements for necessary care shall be made at an appropriate health care facility near the institution. The TDOC Medical Director or designee shall be notified of this action as soon as possible. When the long distance transfer of acutely ill inmates is indicated, the sending institution's attending physician shall authorize the transfer and determine the appropriate method of transportation. If the inmate is in a local community hospital, the receiving institutional physician shall obtain the concurrence of the community hospital physician attending the inmate prior to transfer.

C. Temporary Medical Transfers:

1. Information concerning the availability of specialty consultations at DSNF shall be provided to each institution. (See Policy #113.12) Approval for specialty consultations must be obtained from the health services contractor according to their guidelines. Females at institutions other than TPFW who require continuing diagnostic or treatment resources should be permanently transferred to TPFW.
2. Whenever such a transfer is approved, the health administrator or designee at the sending institution shall coordinate the transfer with the health administrator at the receiving institution in advance.
3. The routine transfer of inmates for medical reasons shall be accomplished in the following process and in accordance with Policy #403.01.
 - a. The DSNF scheduler shall record approved consultations and appointments on LIMA.
 - b. When an inmate refuses to be transported for a scheduled appointment, when a consultation or appointment is no longer required, or when a consultation or appointment is cancelled for any reason, it shall be documented and explained on LIMA by health staff at the institution at which the refusal or cancellation occurred. The health staff shall immediately notify the DSNF Scheduler, the utilization management entity, and (if applicable) Central Dispatch. The DSNF scheduler shall notify Central Transportation of the cancellation.
 - c. Institutional health care staff shall be responsible for patient evaluation and medical clearance for travel. Upon a physician or mid-level provider's review of a patient's medical record, the health administrator/designee shall determine if the patient's medical or mental health conditions require special transportation, medical escort or security measures, and record this information on LIMA. The health administrator/designee shall determine if an inmate's condition prohibits transportation on a Central Transportation vehicle, requires transport by ambulance or specially equipped vehicle, and/or requires escort by a member of the medical staff. Special conditions and precautions shall be promptly communicated with transportation personnel and the receiving/sending institution.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- d. The health administrator/designee shall ensure that the patient is transported with all necessary resources including the health record, medications, and any other information or equipment required for the patient's safety and management. These shall be documented on Health Records Movement Document, CR-2176, and in the inmate's health record. Information and instructions for special treatment and/or medications shall be written in a manner readily accessible and easily understood by escorting and receiving personnel.
4. In the event that the Warden is unable to comply with the physician's recommendation due to overriding concerns such as security, he/she shall set forth the reasons in writing. The Warden shall consult the TDOC Director of Health Services for assistance in determining alternative treatment measures.
- D. Permanent Medical Transfers:
1. A permanent transfer to another TDOC facility should be considered when an inmate requires an extended period of specialized treatment, prolonged rehabilitative services, a close proximity to medical care, or environmental needs which cannot be provided at the sending facility.
 2. The Warden or designee shall be informed by the health administrator of the need for such a transfer in writing or by e-mail. Written notification shall include the relative seriousness of the case, the period of time within which the transfer should be effected, the type of transportation necessary, and whether the sending institution should provide medical escort, any medications or care necessary while the patient is enroute. If it is likely that an inmate may require medical attention en route, transportation alternatives to the chain bus (such as ambulance transport) shall be considered.
 3. The TDOC Medical Director has the final decision regarding medically related placements in TDOC institutions and may overrule medical placement decisions of other physicians. If any physician feels that he/she should appeal a medical placement decision, he/she shall send a written memorandum or e-mail to the TDOC Medical Director and include the rationale for his/her appeal. Transfers to TDOC medical units shall be conducted as follows:
 - a. DSNF Sheltered Unit: Any physician at a TDOC institution who believes that a male inmate is appropriate for placement in the sheltered unit, shall make a written request to the DSNF Medical Director. The physician shall prepare a memorandum justifying (in detail) the inmate's physical needs that qualify him to be placed in the Sheltered Unit. A copy shall be transmitted to the TDOC Medical Director.

If the DSNF Medical Director approves the request, or wishes to step a patient down from the DSNF Health Center, he/she shall forward a memorandum or e-mail requesting transfer of the inmate to the classification coordinator at DSNF, who shall arrange the transfer pending bed availability.

Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES

- b. DSNF Health Care Center: If an institutional physician or designee deems that an inmate needs the level of care provided at the DSNF Health Care Center, that individual shall telephone the DSNF Medical Director or designee and request a transfer. The DSNF Medical Director or designee has authority over admissions and discharges to the health care center. However, in the event there is a disagreement between any physicians regarding placement for medical reasons, the TDOC Medical Director shall have final authority over placement.
- c. If there is an appeal by any physician regarding a medical placement at DSNF or any other institution, the TDOC Medical Director shall respond by letter or e-mail to all involved physicians, and inform classification of his/her placement decision.
- d. Once a medical placement decision is finalized, transfers shall be made in accordance with Policy #403.01.

E. Pre-Release Requirements:

Upon notification that an inmate is scheduled to be paroled or expire his/her sentence, the health services administrator or designee shall forward a current copy of the Transfer/Discharge Health Summary, CR-1895, to the pre-release coordinator. In addition, the health care staff shall ensure that any necessary referrals are made to local health care providers and community resources.

The health services staff will ensure that the inmate receives at least a 14-day supply of current medications. The quantity of medication shall not exceed the quantity remaining for the duration of therapy that has been authorized on the original Prescription order on the Physician's Order, CR-1892. All medications will be in their originally labeled containers.

If an inmate is on medication to treat an identified mental disorder and has an established appointment with a community-based mental health provider, the health services staff shall obtain sufficient medication for the inmate to take until that appointment date. The appointment should occur within the first 30 days after release; therefore, the medication issued should not exceed a 30 day supply.

F. Health Records:

1. To ensure continuity of care and prevent the duplication of examinations, diagnostic tests, and treatment at the receiving facility, the health record shall accompany the inmate whenever he/she is transferred either temporarily or permanently to another TDOC facility. This activity shall be coordinated by the institution's records office and the institution's health service staff at least 24 hours before a routine transfer.

Effective Date: February 1, 2009	Index # 113.04	Page 6 of 8
Subject: MEDICAL REQUIREMENTS FOR THE RELEASE/TRANSFER OF INMATES		

2. The Transfer/Discharge Health Summary, CR-1895, shall be completed and signed with the full legal signature of the health care professional completing the form. The completed form shall be affixed to the inmate health record (which is sealed in a manila envelope).
3. The Health Records Movement Document, CR-2176, "Comment" section, shall be completed by the health care professional to alert the transportation official of any special precaution or care necessary for the inmate while en route. Specific types of information shall include the following:
 - a. Medication needs during transit
 - b. Special medical conditions such as diabetes and seizure disorders
 - c. Suicidal tendencies or potentially dangerous behavior caused by mental status
 - d. Physical disabilities that may require special care during transportation, or upon entering the receiving institution
 - e. Isolation precautions, specifying type
4. If an inmate is transferred to a jail, or to any other law enforcement agency for custodial care, a Transfer/Discharge Health Summary, CR-1895, shall be completed by the health care provider, signed with full legal signature and professional title, and forwarded with the inmate. Also, a 14 day supply of the inmate's medications shall be sent with the inmate to the destination. The medications should be clearly labeled with the inmate's name, the medication name, and the dosage instructions. The clinic shall be notified 24 hours prior to transfer whenever possible. The original health record shall be archived as outlined in Policy #113.50.
5. If an inmate arrives at the receiving institution without health care records, the receiving facility's health administrator shall immediately notify the transferring facility's health administrator and arrange for the sending institution to transfer the records as soon as possible. Any pertinent information needed by the receiving facility shall be faxed immediately. If the requested information is not received within 24 hours, the receiving health administrator shall notify the Warden so that further action can be taken to secure the health record.
6. Until the complete health care record arrives, current medical information, including allergies, is to be noted on a progress note. This information may be obtained from the sending institution's health care staff or through an interview with the inmate. The receiving facility shall contact the pharmacy and request a copy of the current medication orders, or the facility's prescribing provider shall write new medication orders.
7. Protected health information shall not be disclosed to an unauthorized third party other than as stated in Policies #103.04, #113.52, and #512.01.

VII. ACA STANDARDS: 4-4347, 4-4348, 4-4349, 4-4389, and 4-4414.

VIII. EXPIRATION DATE: February 1, 2012.



TENNESSEE DEPARTMENT OF CORRECTION
REFERRAL FOR EMERGENCY CARE

INSTITUTION

Name: _____
Last First Middle TDOC Number Date

Date of Birth: _____ Race: _____ Referring Institution: _____

Current Complaint/Pertinent History: _____

Allergies: _____ Current Medication(s): _____

Treatment Given Prior To Transfer Including Immunization: _____

_____ Facility Referring To: _____

Referral Coordinated With (Name): _____ Phone: _____ Time: _____

Ambulance Service Utilized: _____ Date: _____ Time Requested: _____

Referring TDOC Health Professional: _____ Phone: _____
Signature/Professional Title

*** REPORT FROM OUTSIDE FACILITY**

Date Patient Received: _____ Time: _____ Emergency Facility: _____

Treatment Given: _____

Diagnosis: _____

Recommend Disposition/Follow-up: _____

Physician Signature

Date

* May attach copy of Emergency Room Report in lieu of completing above report.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS MOVEMENT DOCUMENT**

DESTINATION: _____

PURPOSE OF RECORDS MOVEMENT

- A. _____ Permanent Transfer
- B. _____ Temporary Transfer for Clinical Services
- C. _____ Record to Archives
- D. _____ Other (See Comments)

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

(Note under "Comments" any records which are unavailable at the time of inmate(s) transfer.)

	Name	Number	Health Record	Dental Record	Medication	Purpose of Records Movement
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Sending Institution: _____ Date: _____

Prepared / Checked by: _____ Date: _____

Transported by: _____ Date: _____

Received by: _____ Date: _____

Comments: _____

