

	State of Indiana Indiana Department of Correction	Effective Date 4/1/2022	Page 1 of 6	Number 2.07A
HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title INTER-FACILITY TRANSFERS (TRANSFER SCREENING)

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Other References (includes but is not limited to)
IC 11-8-2-5	01-02-101 01-04-101	National Correctional Healthcare Standards

I. PURPOSE:

The purpose of this Health Care Services Directive (HCSD) is to provide procedures to staff to ensure all inter-facility transfers receive a health screening and health record review which commences on their arrival at the receiving facility.

II. DEFINITIONS:

- A. **FACILITY STAFF:** Staff employed by the facility, usually a custody officer, who receives the incarcerated individual from the sending facility.
- B. **INTER-FACILITY TRANSFER:** A transfer of an incarcerated individual from one Department facility to another Department facility, including transfers of incarcerated individuals from an intake unit to a receiving facility.
- C. **RECEIVING FACILITY:** The facility accepting the transferring incarcerated individual.
- D. **SENDING FACILITY:** The facility that transfers the incarcerated individual out to another facility.

III. GUIDELINES:

- A. The Department's business hours run 8:00 a.m. to 4:00 p.m., Monday through Friday, excluding State holidays.
 - 1. If a necessary health-related inter-facility transfer is considered, the facility's Health Services staff and Classification staff shall secure

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appropriate authorization, in accordance with Policy and Administrative Procedure 01-04-101, “Adult Offender Classification,” for the transfer prior to 3:00 p.m. in order for the transport to occur same-day.

2. After 3:00 p.m., inter-facility transfers will not be authorized for same-day transport, except in the instance of an emergent medical condition. For emergent physical health transfers, the Executive Director of Physical Health and the Executive Director of Classification must be notified. For emergent behavioral health transfers, the Executive Director of Behavioral Health and the Executive Director of Classification shall be notified.
- B. Transfer screening activities for inter-facility transfers ensure that a patient continues to receive appropriate health care services for health problems which have already been identified and to screen for any new problems which may have developed during transport.
 - C. The patient shall receive necessary health services which were planned or initiated at the previous facility in a continuous manner. This will be verified and communicated with the receiving facility for pending scheduled appointments and procedures.
 - D. The sending facility shall initiate steps to transfer any pending tasks in the electronic medical record (EMR) to the receiving facility.
 - E. Inter-facility transfer screening must commence on the incarcerated individual’s arrival. Facility staff receiving the incarcerated individual upon arrival shall complete a State Form 45998, “Point of Entry,” and ask the following of the incarcerated individual:
 1. Whether the incarcerated individual is being treated for a medical, dental, or mental health problem;
 2. Whether the incarcerated individual is presently on medication including medication used to manage a mental illness, if the medication is in their property, sent from the transferring facility or in the packet from Custody staff.
 3. Whether the incarcerated individual has a current medical, dental, or mental health complaint;

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4. Whether the incarcerated individual has current suicidal ideation;
5. Whether the incarcerated individual has a history of suicidal behavior; and,
6. Whether the incarcerated individual has a history of inpatient and/or outpatient psychiatric treatment or treatment for substance abuse.

F. On State Form 45998, facility staff shall observe and document:

1. The incarcerated individual's general appearance and behavior;
2. The presence of any physical deformities;
3. Whether there is any evidence of abuse or trauma; and,
4. Whether the incarcerated individual is displaying current symptoms suggestive of being under the influence, experience psychosis, depression, anxiety, or aggression (e.g., acting strange or in a bizarre manner, unkempt, disheveled, timid, fearful, hostile, or angry).

G. On State Form 45998, Health Services staff shall document the disposition of the incarcerated individual to one of the following:

1. To General Population;
2. To General Population with appropriate referral to Physical Health, Services, Dental Services, and/or Behavioral Health Services; or,
3. Referral to appropriate Physical Health Services, Dental Services, and/or Behavioral Health Services for emergency treatment. When emergency behavioral health needs are identified, the incarcerated individual shall be immediately evaluated by a Mental Health Professional (MHP). If a MHP is not on-site, the nurse shall contact the appropriate MHP for direction. If an incarcerated individual is potentially suicidal, the incarcerated individual must be placed under direct visual observation until an evaluation by an MHP has been completed.

The facility and Health Services staff completing State Form 45998 shall sign and include date and time the form was completed.

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- H. Non-Health Services staff completing State Form 45998 shall complete the eLearning module (available from Staff Development and Training) on completing and managing State Form 45998.
- I. A licensed nurse shall review State Form 45998 and complete the template for State Form 46053, "Report of Transfer Screen," in the EMR. This template shall be completed within twelve (12) hours of arrival for the incarcerated individual's transferring to a facility with on-site nursing services seven (7) days per week. In facilities with nursing services less than seven (7) days per week, the State Form 46053 (EMR template) shall be completed within twenty-four (24) hours of the incarcerated individual's arrival, however, the nurse shall review the documentation in the EMR within twelve (12) hours after the incarcerated individual's arrival. The review of the EMR record may be completed prior to the incarcerated individual's physical arrival at the facility to ensure that continuity of care is carried forward.
- J. The Suicide Risk Assessment shall be completed in the intake template of the EMR.
- K. The Physical Health, Behavioral Health, and Disability Codes shall be reviewed per HCSD 2.04A, "Physical Health Status Classification Assignments," 2.05A, "Disability Status Classification Assignments," and 2.06A, "Behavioral Health Status Classification Assignments." If any of these Codes are found to be inaccurate, the Code shall be changed at this time. Health Services staff or Behavioral Health Services staff shall notify the Classification Supervisor so that the accurate Code may be entered into the offender information system.
- L. The ability of the incarcerated individual to physically perform kitchen/Foodservices work shall be indicated on the Intake template.
- M. Incarcerated individuals transferred from an Intake Unit who did not receive any portion of the Physical Health, Dental, or Behavioral Health assessments shall have these assessments completed by appropriate staff as soon as possible.
- N. A Snellen eye screening exam shall be completed for those incarcerated individual's transferring from an Intake unit.

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- O. The second step of the Tuberculosis (TB) screening process shall be completed, and any diagnostic tests ordered but not yet performed at the Intake Unit.
- P. Incarcerated individuals enrolled into a Chronic Care Clinic (CCC) shall be seen by a provider in accordance with HCSD 3.01A, "Chronic Disease Intervention Guidelines." Incarcerated individuals requiring enrollment in the CCC shall be added to the facility's Master CCC list. If the incarcerated individual is overdue for CCC services, the appointment shall be scheduled as soon as possible, preferably the CCC physician's next working day.
- R. The nurse reviewing the incarcerated individual's health record shall review the last Annual Health Screen to ensure necessary screening activities, including TB screening, have been completed. If the patient is overdue for their Annual Health Screen, the nurse shall complete the Annual Health Screen at the time the transfer screen is completed, or the nurse shall schedule the patient for their Annual Health Screen as soon as possible. Preventive Services which were due shall be scheduled, or if offered and refused, State Form 9262, "Refusal and Release from Responsibility for Medical, Surgical, Psychiatric, and Other Treatment," shall be completed.
- S. Patients transferring from a Department facility to another Department facility with a behavioral health code of B, C, or D shall be evaluated by an MHP to include the following information within fourteen (14) days of arrival:
 - 1. Mental Status Examination;
 - 2. Suicide Risk Assessment;
 - 3. Review of current Behavioral Health code, diagnosis, Treatment Plan, and Clinical Review Form when applicable for accuracy. These shall be developed or updated as needed;
 - 4. Consent for Treatment and Limits of Confidentiality;
 - 5. Referral to Psychiatry, if indicated; and,
 - 6. Referral to Addiction Recovery, if indicated.

In addition to the above, patient's transferring from a mental health unit to another Department facility shall be evaluated by an MHP within one (1)

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business day to assess for stability after transfer and adjustment to new facility. Additional follow-up for these patients is outlined in HCSD 4.03 “Adult Mental Health Services.”

- T. Incarcerated individuals shall receive information regarding procedures to access Health Services, including copay requirements.

IV. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date