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Health Assessment for Inmate Transfers	ACA Standards: 5-ACI-4B-28M, 5-ACI-6A-06, 5-ACI-6A-22M, 5-ACI-6A-24, 5-ACI-6A-31M, 5-ACI-6D-06, 4-ACRS-4C-06M, 4-ACRS-4C-07		
Steven Harpe, Director Oklahoma Department of Corrections		Signature on File	

Health Assessment for Inmate Transfers

This procedure outlines the process for intra-system transfers for both the transferring and receiving facilities and provides guidelines for the assessment of an inmate based on the “Individual Health Activity Profile (IHAP)” ([DOC 140113C](#), attached). This assessment will assist the Classification and Population unit in the appropriate placement of an inmate based on the individual health care needs. The “IHAP Facility Recommendation Decision Matrix” ([Attachment A](#), attached) will be utilized by the Population Office in evaluating and making transfer decisions. The chief Medical Officer (CMO), chief Mental Health Officer (CMHO), or their designee will coordinate medical and mental health transfers in conjunction with the Population Office.

Health/mental health screenings will be conducted by the receiving facility upon arrival to determine the appropriate housing assignment and to identify any immediate medical/mental health attention required. (5-ACI-4B-28M, 5-ACI-6A-22M b#1 through b#9, 5-ACI-6A-31 M, 4-ACRS-4C-06M, 4-ACRS-4C-07)

I. Definitions

A. Intra-System Transfer

The transfer of any inmate from facility to facility within a correctional system.

B. In-Transit Inmates

In-transit inmates may include returned escapees, interstate agreement inmates, special supervision program failures, and parole violators placed at facilities, etc. (5-ACI-6A-24)

C. Within Facility Movement

The movement/housing reassignment of an inmate within the same facility will be in accordance with [OP-030102](#) entitled "Inmate Housing."

D. Qualified Health Care Professional (QHCP)

Includes all health care providers as well as registered nurses (RN), licensed practical nurses (LPN), certified medication aides (CMA), and others who, by virtue of their education, training, credentials, and experience, are permitted by law within the scope of their professional practice statutes to perform clinical duties for inmates.

E. Health Trained Staff (5-ACI-6A-31M)

Facility staff who are trained by a health care provider, RN/LPN, or mental health professional to conduct health/mental health screenings using the "Intra-System Transfer Health Screening" form (5-ACI-6A-22M) ([DOC 140113B](#), attached).

F. Health/Mental Health Screening Training (5-ACI-6A-31M)

Training will be provided by a health care provider or RN/LPN to facility staff who are responsible for conducting the health/mental health screening on intra-system transfers. The intra-system transfer health screening training program will be in accordance with a lesson plan approved by the CMO and administrator of Professional Development using established ODOC procedures for curriculum development. Training documentation will be sent to the facility training officer and be documented in Workday in accordance with [OP-100101](#) entitled "Training and Staff Development." The course material can be obtained from each facility's training officer.

II. Facility Responsibilities for Intra-System Transfers

A. Transferring Facility (5-ACI-6D-06)

1. Population Office personnel will give a 24-hour notification to both the CHSA/designee and nurse manager/designee of an intended transfer from a facility so any medications and durable medical equipment can be arranged appropriately to minimize any medication errors and lost property during the transfer.

2. Prior to an inmate's transfer, a review of the inmate's medical, dental, and mental health needs will be conducted. The results will be documented by the RN/LPN on the "Medical Transfer Summary" ([DOC 140113A](#), attached) in the transferring facility section. The "IHAP" will be reviewed. A new "IHAP" will be completed if an inmate has a significant health status change, if any section of the "IHAP" is over one year old, or upon request by the case manager.
3. The facility's qualified mental health provider (QMHP) will be notified of inmates whose mental health classification is "MH-C1" or "MH-C2" and who are being considered for transfer to minimum security or below.
 - a. For those inmates, the QMHP will complete the "Mental Health Recommendations for Lower Security" ([DOC 140113G](#), attached) stating whether the inmate's mental health status, behavior, and treatment compliance is appropriate for assignment to the specific security level (i.e., minimum, community, halfway house, electronic monitoring program) where the transfer is requested.
 - b. Inmates who have a mental health classification "B" or above, are not normally authorized for contract county jail placement and will be assigned to facilities with QMHP in order to have access to mental health care.
 - c. At the discretion of the administrator of Classification and Population, select inmates may be placed in contract county jail beds. If an inmate has a mental health level classification of "B" or above, the administrator of Classification and Population will contact the chief Mental Health Officer (CMHO) regarding this potential placement.
 - d. The CMHO will review and if there are no concerns, a note will be entered into the Electronic Health Record (EHR). The note will be co-signed to the CMHO's designee. The designee will update the "Individual Health Activity Profile (IHAP)" ([DOC 140113C](#), attached) to reflect the placement.
 - e. Inmates with mental health classification "B" or above and who are assigned to halfway houses that utilize county jails for Transit Detention Unit (TDU), may be temporarily placed in county jail TDU for security reasons. The mental health provider will be notified of county jail TDU placement by halfway house staff by the next working day. A transfer packet should be submitted within five working days. Halfway houses remain responsible for ensuring inmates in county jail TDU are transported to medical and mental health appointments.

B. Receiving Facility

1. At all receiving facilities the arriving inmate's housing assignment needs to be promptly entered into the ICON system to allow the population of the inmate's electronic health record demographics and medication administration record in order for documentation of medication by pill line administration can be made. The duty officer or a higher-level supervisor will ensure the new housing assignments are entered into ICON upon the inmate's arrival at the receiving facility. The electronic health record demographics will be updated twice daily at approximately 3:00 am and 3:00 pm.
2. Each inmate received by a facility will receive a health screening immediately upon arrival by facility staff who are trained to perform this procedure. Facility staff will use the "Intra-System Transfer Health Screening" ([DOC 140113B](#), attached) to document the results of the health screening, including any needed referrals. (5-ACI-6A-22M b#1 through b#9, 5-ACI-6A-24, 5-ACI-6A-31M, 4-ACRS-4C-06M, 4-ACRS-4C-07)
 - a. For facilities with 24-hour on-site medical staff, inmates will be escorted to the medical unit to allow medical staff to complete the "Intra-System Transfer Health Screening" ([DOC 140113B](#), attached) and medication reconciliation before placing the inmate on a housing unit.
 - b. For facilities without 24-hour on-site medical staff, health-trained staff will interview the inmate and complete the "Intra-System Transfer Health Screening" ([DOC 140113B](#), attached) before placing the inmate on a housing unit. The completed "Intra-System Transfer Health Screening" ([DOC 140113B](#), attached) along with the sealed medication package from the sending facility will be forwarded to the medical unit for review within 24 hours. The health-trained staff member will notify the on-call medical staff if any medical or mental health concerns are identified.
3. If the facility health care provider believes an inmate has transferred to their facility inappropriately, the health care provider, RN/LPN, or CHSA will notify the CMO or designee by completing the "Medical Transfer Request" ([DOC 140113E](#), attached) with supporting documentation as to why the transfer is deemed inappropriate. If the facility assignment is medically inappropriate, the CMO or designee will notify population management for a medical transfer to an appropriate facility.
4. The facility's QMHP will be notified by medical services by the next working day of any inmate whose records indicate any mental health

concerns and/or whose mental health classification is MH-B, MH-C1, MH-C2, or MH-D for further screening and assessment.

5. Review of the “Intra-System Transfer Health Screening” ([DOC 140113B](#), attached) and the inmate’s medical record will be performed by a RN/LPN to ensure continuity of care and proper placement. The RN/LPN will complete the “Medical Transfer Summary” ([DOC 140113A](#), attached) and document that a healthcare record review was completed within 24 hours of the inmate’s arrival at the assigned facility.

C. Transfer of Healthcare Records (5-ACI-6A-06 b#4, 5-ACI-6D-06)

Transfer of the healthcare record will be in accordance with [OP-140106](#) entitled “Healthcare Record System” and [OP-140132](#) entitled “Laboratory, Radiology and Optometric Services.”

1. The “Medical Transfer Summary” ([DOC 140113A](#), attached) will be sealed in an envelope and accompany the inmate when transferred to another ODOC facility or private prison in order to maintain confidentiality. (5-ACI-6D-06 b#1, b#2)
2. Upon arrival at the receiving facility, the inmate’s EHR will be transferred electronically to that facility’s clinic by the receiving facility’s medical staff.
3. EHR for inmates placed in community out-count programs or released to specialized supervision programs will remain in active status until discharged from ODOC. (4-ACRS-4C-23)
4. If the transfer is an emergency as determined by the population office or if an inmate is being transferred from one facility to another facility’s SMU after normal working hours, the “Medical Transfer Summary” ([DOC 140113A](#), attached), along with any medications will be sent the following day.

D. Transfer of Medications (5-ACI-6D-06 b#4)

1. All inmates, regardless of destination (state and private institutions), will be transported with their packaged prescribed medications (excluding insulin) properly stored from the sending facility to the receiving facility.
2. Pill line medications, including controlled drugs, and KOP medications will be sealed in manila envelope or box container with inmate’s name and DOC number, along with a printed copy of “Medical Transfer Summary” ([DOC 140113A](#), attached) and a copy of the inmate’s current active medication list printed from the electronic medical record. Medications will be clearly labeled with

inmate's name, dose, route to be taken, and frequency of use. The prepared medication package will be reconciled with the electronic health record medication list for accuracy, then when confirmed correct, be issued to transporting personnel before departure. It is to be stored properly and accessible to transporting officers during transportation. (5-ACI-6D-06 b#4).

3. Inmate access to and possession of prescription medication during transportation will be limited to keep-on-person (KOP) ordered rescues respiratory inhalers and sublingual nitroglycerin tablets. All other KOP medications will be collected and stored with the inmate's medication package and is to be kept separate from the inmate's other personal property. Any other exceptions for allowance of specific KOP medication to be accessible to the inmate during transportation must have prior medical provider order and approval, stating the reason for such, and a printed copy of such authorizing order be in possession of the transporting personnel prior to departure from the sending facility.
4. Inmate medication package is NOT to be stored or placed into inmate's personal property and is to remain separate so that it can be taken at the time of arrival by transporting personnel directly to the receiving facility's medical department and released to the medical staff at the receiving facility. Upon transfer of the medication package, a RN or LPN, at the receiving facility, will reconcile all pill line medications to confirm correct transfer of active medications. When preparing the inmate for transfer security staff will collect all medications in the inmate's possession. Security will seal the medications in manila envelope or box container with inmate's name and DOC number. The medications will be kept separately with any pill line medications. This allows chain of custody documentation by both sending and receiving staff that correct medications were or were not received at time of arrival of the inmate to the receiving facility.
5. It is the responsibility of the receiving facility's medical staff to reconcile pill line and KOP medications upon transfer and ensure prompt orders from the facility qualified health care provider (QHCP) are received to allow continuation of previously prescribed medications and prevent disruption in access to medications until a QHCP/QMHP assessment can be made at the receiving facility. If necessary to avoid interrupted active medication administration, the on-call provider must be called to get the medication order needed.
6. No medications are to be automatically discontinued because of transfer from one facility to another, including transfer from a private prison or federal or county jail to a state operated prison facility. Medications received from a private prison, county jail, or federal institution may be administered until a new prescription can be

written by the facility DOC provider. After assessment by the receiving facility's medical and mental health provider, decisions about whether to continue a medication can be made following appropriate review of the inmate's available medical record.

7. All correctional institutions with medical facilities will maintain a small stock supply of commonly used chronic medical and mental health medications in their pharmacy to be available for short term use in the event of an identified need during the medication reconciliation. Stock supplies of insulin (Glargine, Humulin NPH, Human Regular, and 70/30 premix) and syringes/needles will be kept and properly stored at every receiving facility for use to cover any identified interim insulin administration needs.
8. Medications that are controlled substances specially dispensed for the inmate, as defined by federal law, will be transferred as described in Section II. D. item 2. of this procedure.
9. For inmates returned to the custody of the county jail, any medications and/or medical care required after the initial supply sent by ODOC is exhausted will be at the expense of the county.
10. When an inmate is received from a county jail, transporting staff will provide any medications and medical supplies sent with the inmate to ODOC medical personnel at the receiving facility per [OP-040401](#) entitled "Transportation of Inmates by Central Transport Unit (CTU)."

III. Medical and Mental Health Transfers

Inmates diagnosed as having a medical, mental health, or dental condition requiring evaluation and/or treatment beyond what is available at the current facility will be transferred to a facility where such care is available.

A. Transfer Procedure

1. The facility health care provider or dentist will identify the acute/chronic medical or dental conditions that are beyond the diagnostic and/or treatment resources available at their facility.
2. A health care provider will utilize the "Medical Acuity Reference Guide" ([Attachment B](#), attached) to medically categorize an inmate.
3. Mental health status will be determined by a QMHP in accordance with [OP-140201](#) entitled "Mental Health Services Duties and Responsibilities."
4. When an inmate is to transfer to another facility, the health care provider or RN/LPN will review the inmate's "Individual Health Activity Profile (IHAP)" ([DOC 140113C](#), attached). A new "Individual

Activity Health Profile (IHAP)" ([DOC 140113C](#), attached) will be completed if an inmate has a significant health status change, if any section of the "Individual Activity Health Profile (IHAP)" ([DOC 140113C](#), attached) is over one year old, or upon request by the case manager.

5. Each inmate will be assigned a medical acuity, mental health assessment, and physical activity score to assist the Classification and Population unit staff in placing the inmate in the most appropriate facility and to identify any pertinent medical restrictions.
6. The facility health care provider, RN/LPN, or CHSA will complete the "Medical Transfer Request" ([DOC 140113E](#), attached) and fax it to the CMO or designee. The requesting facility will assist in the coordination of the transfer with the receiving facility.
7. The CMO or designee will determine which facility unit or program can best provide the needed care for the inmate.
8. Any move requested for mental health reasons, other than a request for a transfer to a Mental Health unit or based on a mental health recommendation for lower or higher security, will require a completed "Mental Health Transfer Request" ([DOC 140113F](#), attached) and will be submitted to the CMHO or designee for approval.
9. The respective sending and receiving facilities will be notified of approved requests via a computer message from the population office.
10. Transfers to infirmaries (LCC, DCCC, OSP, and MBCC), hospitals, and mental health units will be in accordance with [OP-140119](#) entitled "Convalescent, Infirmary, Observation, and Specialized Medical Units/Beds," [OP-140121](#) entitled "Outside Providers for Health Care Management," and [OP-140127](#) entitled "Mental Health Units, Intermediate Care Housing Units and Habilitation Programs."
11. Transfers to a specialized medical unit/bed requires approval from the CMO or designee. Requirements for specialized medical units/beds vary based on the facility's capabilities in accordance with "Specialized Medical Units/Beds" ([Attachment C](#), attached).
12. Transportation will be under appropriate security provisions and in accordance with [OP-040401](#) entitled "Transportation of Inmates by Central Transportation Unit (CTU)." (5-ACI-6A-06)
13. If an inmate is unable to travel by CTU due to a medical condition, mental health issue, has a need for a special vehicle, and/or medical escort, transportation will be the responsibility of the sending facility. (5-ACI-6A-06 b#1, b#2, b#3, 5-ACI-6D-06 b#3)

B. Notification of Medical or Mental Health Transfer

Medical transfers to another ODOC facility for medical and dental reasons will be approved in advance by the CMO or designee. Mental health transfers to another ODOC facility for mental health reasons will be approved in advance by the CMHO or designee other than for Mental Health unit, Intermediate Care Housing unit, or Habilitation Program placement or for reasons related to a mental health recommendation for lower or higher security.

1. For medical moves, the CMO or designee will advise the population office and the sending facility upon approval to transfer the inmate.
2. For mental health moves, the CMHO or designee will advise the population office and the sending facility upon approval to transfer the inmate.
3. For a medical or mental health move, the sending facility will send the "Facility Assignment Form" (FAF) ([DOC 060204A](#)), "Consolidated Record Card" (CRC) ([DOC 060211H](#)), and "Individual Health Activity Profile" (IHAP) ([DOC 140113C](#), attached) to the population office. The inmate will sign the form if physically able to do so.
4. The respective sending and receiving facilities will be notified of approved requests via computer message from the population office.

IV. References

Policy Statement P-140100 entitled "Inmate Medical, Mental Health and Dental Care"

OP-030102 entitled "Inmate Housing"

OP-040401 entitled "Transportation of Inmates by Central Transportation Unit (CTU)"

OP-060204 entitled "Inmate Transfers"

OP-100101 entitled "Training and Staff Development"

OP-140106 entitled "Healthcare Record System"

OP-140119 entitled "Convalescent, Infirmary, Observation and Specialized Medical Units/Beds"

OP-140121 entitled "Outside Providers for Health Care Management"

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OP-140127 entitled “Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs”

OP-140132 entitled “Laboratory, Radiology and Optometric Services”

OP-140201 entitled “Mental Health Services Duties and Responsibilities”

V. Action

The chief Medical Officer is responsible for compliance with this procedure and for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the agency director.

This procedure is effective as indicated.

Replaced: OP-140113 entitled "Health Assessment for Inmate Transfers" dated December 17, 2021

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<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140113A	"Medical Transfer Summary"	Attached
DOC 140113B	"Intra-System Transfer Health Screening"	Attached
DOC 140113C	"Individual Health Activity Profile (IHAP)"	Attached
DOC 140113E	"Medical Transfer Request"	Attached
DOC 140113F	"Mental Health Transfer Request"	Attached
DOC 140113G	"Mental Health Recommendations for Lower Security"	Attached
DOC 060204A	"Facility Assignment Form (FAF)"	OP-060204
DOC 060211H	"Consolidated Record Card"	OP-060211
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"IHAP Facility Recommendation Decision Matrix"	Attached
Attachment B	"Medical Acuity Reference Guide"	Attached
Attachment C	"Specialized Medical Units/Beds"	Attached
Attachment J	"Imposition of Intermediate Sanctions"	OP-061001