

## Minnesota Department of Corrections

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<b>Policy:</b>	<b>500.185</b>
<b>Title:</b>	<b>Transfers for Needed Care</b>
<b>Effective Date:</b>	<b>10/3/17</b>

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**PURPOSE:** To ensure availability of required medical resources to maintain offender health care, by providing a process for transferring offenders who need health care beyond the resources in the facility in which they are currently housed to a different facility where such care is available, as determined by the medical practitioner and facility health services administrator or designee and under appropriate security provisions. Transfers for emergency outside care are available 24 hours a day.

**APPLICABILITY:** All Minnesota Department of Corrections (DOC) facilities

**DEFINITIONS:** None

**PROCEDURES:**

- A. The medical practitioner must:
1. Assess the offender's medical condition;
  2. Review the offender's medical condition with the facility's health services administrator/designee to determine the appropriate level of care, including transporting the offender to an appropriate different facility where required medical services are available; and
  3. Provide orders for the necessary health care for the offender's needs.
- B. The health services administrator/designee must:
1. Whenever possible, discuss the need to transfer an offender to another facility with the medical practitioner;
  2. Inform the potential receiving facility's health services administrator/designee of the offender's
    - a) Medical condition;
    - b) Medical services required; and
    - c) The medical provider's prescribed orders;
  3. Notify the watch commander and transfer coordinator of a required medical transfer to another facility and communicate the following information:
    - a) The timeliness of the required medical transfer;
    - b) The mode of transportation required (ambulance, MediVan, van, etc.);
    - c) Medical care necessary during transport; and
    - d) The location of the receiving facility; and
  4. Approve the offender's return to the sending facility after determining if the required medical care has been completed or is available at the sending facility. This is done prior to the offender's departure from the receiving facility.

- C. Security staff must determine security measures needed during transportation with consideration of the offender's medical condition and the potential need for modifications due to a medical condition.
- D. Facility records staff must:
  - 1. Obtain all necessary records and package the necessary records for transfer to the other facility; and
  - 2. Complete the necessary transfer form(s).
- E. Nursing staff must:
  - 1. Package non-controlled medications and any needed and available medical supplies if the offender is transferred to another DOC facility;
  - 2. Provide copies of all pertinent medical records to the receiving facility if outside the DOC;
  - 3. Complete the necessary forms and include with the medical, dental, and behavioral health record prior to transfer; and
  - 4. Ensure that documentation of all medical transfers, including a rationale, is in the offender's medical record.

**INTERNAL CONTROLS:**

- A. Documentation of transfers for needed care, and the rationale, is located in the medical record.

**ACA STANDARDS:** 4-4347, 4-4348, 4-4349, 4-4399, 4-4414 1-ABC-4E-38, 1-ABC-4E-39, and 2-CO-4E-01

**REFERENCES:** [Minn. Stat. §241.01, subd. 3a](#)  
[Division Directive 301.095, "Central Transportation-Offenders"](#)  
[Division Directive 203.220, "Delegations"](#)  
[Division Directive 500.180, "Medical Transfer Process"](#)  
[Division Directive 500.520, "Tuberculosis Prevention and Control for Offenders"](#)

**REPLACES:** Policy 500.185, "Transfers for Needed Care," 11/17/15.  
All facility policies, memos, or other communications whether verbal, written, transmitted by electronic means regarding this topic.

**ATTACHMENTS:** None

**APPROVED BY:**

Deputy Commissioner, Facility Services  
Deputy Commissioner, Community Services  
Assistant Commissioner, Facility Services  
Assistant Commissioner, Operations Support

**Instructions**

[500.185-1WRML, Medical Concerns After Hours at Willow River/Moose Lake](#)