

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.17</u>
SUBJECT: INMATE DISCHARGE/TRANSFER SUMMARIES PROPONENT: Robert Macleod, Director Office of the Commissioner	EFFECTIVE DATE <u>06/15/10</u> REVIEW DATE <u>06/15/11</u> SUPERSEDES PPD# <u>6.17</u> <u>11/15/03</u>
ISSUING OFFICER: _____	DIRECTOR'S INITIALS _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

- I. **PURPOSE:**
To provide the current medical, mental health and dental status of transferring inmates to the receiving institution.
- II. **APPLICABILITY:**
To all employees of the medical, mental health and dental sections, transportation team, classification office, and inmates being transferred.
- III. **POLICY:**
It is the policy of the Department of Corrections that when an inmate is transferred or recommended for transfer to another institution (federal, state or county), the Department of Corrections will prepare a Transfer/Discharge Summary to be provided to the receiving agency..
- IV. **PROCEDURE:**
- A. The following offices will provide written notification at least 7 working days in advance of a scheduled transfer of an inmate to another facility:
 1. The Classification Office for county transfers
 2. The Interstate Compact Office for out of state transfers
 In the event that notice is not available the appropriate office shall notify Medical/Mental Health/Dental as soon as practical.
 - B. Health Services/Mental Health will complete the discharge/transfer summary (attachment 1) and send it to Classification for county transfers or the Interstate Compact Office for out of state transfers, where a packet of all relative inmate data will be prepared and processed pursuant to PPD 1.29. Within three days of an inmate's scheduled transport, the Deputy Compact Administrator will request Health Services/Mental Health to update the Transfer/Discharge Summary and Mental Health Transfer Summary. Health Services/Mental Health will note any changes on the Transfer Discharge Summary and Mental Health Transfer Summary, or, in the event that there are no updates, Medical Records/Mental Health will notify the Deputy Compact Administrator in writing that there have been no changes. A copy

of the updated Transfer/Discharge Summary and Mental Health Transfer Summary will be filed in the inmate's medical record.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards
4-4414

Standards for Adult Community Residential Services
Fourth Edition. Standards
4-ACRS-4C-24

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

MACLEOD/nw

Attachment

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
TRANSFER/DISCHARGE SUMMARY

Patient Name _____ ID # _____ Date of Birth _____

Date of last physical exam _____ Date of last tuberculin test and results _____

KNOWN ALLERGIES (foods, medicines, etc.)

SIGNIFICANT HEALTH PROBLEMS NOTED PRIOR TO ADMISSION (include treatment given and where given if available)

SIGNIFICANT HEALTH PROBLEMS NOTED DURING STAY (include dates and treatment)

MEDICATIONS TAKEN AT TIME OF DISCHARGE

RESTRICTIONS (if any) PLEASE SPECIFY

Activities

Diet

Housing

Other

ADDITIONAL COMMENTS

Signature and title

Date

Attach additional sheets if necessary

MENTAL HEALTH TRANSFER SUMMARY

HAS THERE BEEN A SUICIDE ATTEMPT OR GESTURE DURING CURRENT OR PRIOR INCARCERATIONS?

YES

NO

DATE OF LAST ATTEMPT OR GESTURE

_____/_____/_____

DESCRIPTION OF ATTEMPT OR GESTURE

DURING THIS CURRENT PERIOD OF INCARCERATION DID THIS INMATE RECEIVE INCREASED OBSERVATION FOR MENTAL HEALTH REASONS?

YES

NO

IF YES, DESCRIBE

PRIOR PSYCHIATRIC INPATIENT HISTORY?

YES

NO

IF YES, WHO WAS PROVIDER?

NAME OF PROVIDER:

PHONE NUMBER:

CURRENT PSYCHOTROPIC MEDICATIONS:

MEDICATION

DOSAGE

MEDICATION	DOSAGE

IS INMATE CURRENTLY RECEIVING MENTAL HEALTH SERVICES?

YES

NO

IF YES, DESCRIBE SCOPE OF SERVICES AND PROVIDER

ATTACH ADDITIONAL SHEETS IF NECESSARY

Cc: Transporting Officer
Medical Record