



Program Statement

OPI: HSD/MDS
NUMBER: P6270.01
DATE: 1/15/2005
SUBJECT: Medical Designations
and Referral Services
for Federal Prisoners

1. **PURPOSE AND SCOPE.** To specify procedures and criteria for transporting inmates who require medical care. The Central Office Medical Designator, Office of Medical Designations and Transportation (OMDT) makes medical designations. OMDT's BOPNet GroupWise address is "BOP-HSD/Medical Designations." OMDT assigns inmates to Medical Referral Centers (MRC), institutions with resources, or non-Bureau community contract care resources.

The Medical Designator makes designations, referrals, and denials based on:

- Urgency of need;
- Cost-effectiveness;
- Bureau institution capabilities;
- Expected service period, including recuperation;
- Current bed space availability;
- Security; and
- Consultation with Bureau of Prisons (Bureau) physicians at the sending and receiving institutions.

2. **PROGRAM OBJECTIVES.** The expected results of this program are:

a. Timely and appropriate health care will be given for Federal inmates using Bureau medical, financial, and transportation resources efficiently.

b. Timely health care will be provided at the most appropriate location (MRC vs. institution vs. community hospital).

3. **DIRECTIVES REFERENCED**

P4100.04 BOP Acquisitions (5/19/04)
P5100.07 Security Designation and Custody Classification
Manual (9/3/99)

P5180.04 Central Inmate Monitoring Operations Manual
(8/16/96)
P5212.07 Control Unit Programs (2/20/01)
P5538.04 Escorted Trips (12/23/96)
P6010.02 Health Services Administration (1/15/05)
P6031.01 Patient Care (1/15/05)
P6090.01 Health Information Management (1/15/05)

4. **STANDARDS REFERENCED**

a. Medical Guidelines for Air Travel. Aerospace Medical Association, Air Transport Medicine Committee, Alexandria, VA. *Aviation, Space and Environmental Medicine*, Vol. 67, No. 10, II, October 1996

b. American Correctional Association 4th Edition Standards for Adult Correctional Institutions: 4-4348, 4-4349, 4-4351 **(M)**, 4-4399, 4-4404, and 4-4414

c. American Correctional Association 3rd Standards for Adult Local Detention Facilities: 3-ALDF-4E-08, 3-ALDF-4E-30, 3-ALDF-4E-31, and 3-ALDF-4E-48

5. **DESIGNATION CONSIDERATIONS.** The OMDT considers the following issues when designating inmates for medical, surgical, or psychiatric care.

a. **Length of Stay.** Most institutions will be able to locally manage hospitalizations between five and 10 days for a surgical procedure followed by one to three post-operation appointments.

- Inpatient hospitalizations and follow-up procedures which exceed these limits may be considered for an MRC transfer.
- Cases requiring long-term care are considered appropriate MRC referrals.

b. **Available Community Resources.** OMDT will determine if there are sufficient community resources to handle a specific inmate or medical condition. If the community resources are not available, then a referral should be considered.

c. **Medical Resources Directory.** Each institution's HSA will update this directory at least quarterly and/or as changes in staffing patterns or the availability of community medical and mental health resources occur.

- These changes will be reported on the Revised Medical Resources Directory, SENTRY form (EMS-206.060), and forwarded as a BOPNet GroupWise attachment to the OMDT quarterly.

d. **Medical Risk in Transport.** Under no circumstances will inmates be transported who are not in stable condition. Acutely ill inmates must be truly stable before transport to an MRC and the Clinical Director must certify the inmate is stable for medical transport. Generally, the following conditions will not be considered for transport on the Bureau/U.S. Marshal's Service (USMS) airlift:

- Unstable cardiac conditions;
- Severe chronic obstructive pulmonary disease;
- Pregnancy in the third trimester and those with a history of spontaneous abortion (**Exception:** authorization by an obstetrician given within 72 hours of departure allowing air travel by direct transport without holdover stops);
- Acute psychosis;
- Symptomatic sickle cell **disease** or previous history of attacks with air transportation (SMD data regarding sickle cell disease and sickle cell trait will place a medical alert in SENTRY. Required sickle cell documentation must be completed by the physician and a copy attached to the Medical Summary of Federal Prisoner/Alien In Transit form (BP-S659.060) (available on BOPDOCS);
- Inmates who require respiratory equipment, including oxygen;
- Inmates who have a history of myocardial infarction with restricted ambulation and/or suffers from angina with slight or moderate exertion;
- Any inmate who is unable to walk;
- Any dental appliance or dental wear which prevents the mouth from opening; and
- Hemoglobin must be at least Hgb 9gm/dL or above. If no current laboratory information is available, travel will be by ground transportation only.

e. **Co-morbidities.** The mere presence of multiple chronic medical conditions are in themselves not sufficient to justify an MRC transfer. When making a referral, the primary diagnosis and reason for referral (e.g. surgery, chemotherapy, hospice care) should be identified.

- Secondary diagnoses should be noted to the extent they will become part of the treatment regimen or are important in understanding the primary diagnosis.

f. **Case Management.** When there are specific case management reasons for transferring an inmate with medical problems (e.g. Central Inmate Monitoring considerations, court-ordered evaluation or treatment, mandatory participation in non-medical programs), the circumstances must be documented.

g. **Cost of Treatment.** Community hospitalization may cost just as much at an MRC as it does at the referring institution. If a major procedure can be performed internally at an MRC, but would have to be done externally at the referring institution, the procedure is likely to be more cost effective at the MRC.

6. **MODE OF TRANSPORTATION.** An inmate's movement to an MRC will be done through routine transfer procedures or special transportation depending on the inmate's medical and psychological condition. The Clinical Director, in consultation with other appropriate medical/psychology staff at the referring institution, will recommend the mode of transportation.

OMDT will determine the mode of transportation. Referring institutions will determine appropriate correctional coverage. (Refer to Program Statement Escorted Trips)

By virtue of an inmate's condition, medical staff may declare a medical, surgical, or psychiatric emergency. Emergency referrals require special transportation including:

- air ambulance;
- air charter; or
- emergency-type ground transportation such as an ambulance.

If emergency air ambulance or air charter is approved, the referring institution will:

- make all charter arrangements and
- notify the MRC via GroupWise with a copy to OMDT (See Section 12).

Any case that can be moved via regular Bureau transit (e.g. BOP bus, BOP/USMS airlift) cannot be declared an emergency transfer.

Inmates transferred to MRCs from the court will not receive secondary designations. These inmates will be discharged promptly upon completion of treatment.

- The MRC will determine the inmate is either suitable for general population designation or for continuance of medical treatment at another MRC.
- Upon completing the court-ordered evaluation or treatment, the MRC will request an appropriate level institution be re-designated for the inmate.

7. TYPES OF MEDICAL DESIGNATIONS

a. **Initial Designations.** Initial designations are made for inmates who have recently been sentenced by the Court. Inmates with an acute medical/psychiatric problem(s), or those with chronic care requirements, are referred by a Community Corrections Office to the Medical Designator for an initial designation. Regional Designators designate institutions for inmates without medical issues.

The following information must be considered before making an initial medical designation:

- the inmate's medical needs;
- the inmate's security needs;
- proximity to the inmate's home;
- transportation requirements; and
- recommendations made by the sentencing judge.

OMDT may designate an MRC for these inmates or return the case to the Regional Designator for placement in an appropriate level institution. Long-Term Detainee (LTD) cases should be returned to the Detention Services Branch, Correctional Programs Division, Central Office.

b. **Re-designation.** Re-designations are initiated for inmates with an acute medical, surgical, or psychiatric condition, or for those inmates who have chronic care needs that cannot be addressed at the parent institution.

- Inmates are referred to the Medical Designator for placement at one of the MRCs or for authorization to be treated locally.

Most acute care requiring hospitalization of the inmate will be provided in a community hospital near the institution. Institutions may request an inmate's transfer to an MRC for health care when, in the Clinical Director's opinion, the transfer will not result in a serious risk or adverse affect on the inmate. Other considerations include:

- Prognosis for continued long-term treatment and rehabilitation;
- Treatment required is not available in the local community;
- The institution lacks the health care resources to provide the necessary follow-up treatment; and
- There are overriding case management and/or security needs for the transfer.

8. TYPES OF MEDICAL RE-DESIGNATION

a. **Routine.** A routine transfer is initiated for medical, surgical, or psychiatric treatment that is not an emergency and time en route is not a major factor. Routine transfers may travel by any available means.

b. **Routine Urgent.** A routine urgent transfer is initiated for medical, surgical, or psychiatric treatment that is not an emergency and must be transported directly to an MRC, typically within two to three weeks upon designation.

- Routine urgent transfers require direct transfer to the MRC because of the acuity of their medical, surgical, or psychiatric condition, or because MRC-based services need to be initiated within an appropriate time frame.
- Holdover status at a county jail or Bureau general population institution is not permissible.

c. **Emergency.** An emergency transfer is a medical, surgical, or psychiatric situation determined by medical/mental health staff that requires immediate, direct transportation. This includes inmates who are not medically or psychiatrically capable of transport via routine Bureau air/surface transportation, e.g., bus, commercial air, or USMS/Bureau airlift.

- Direct transportation is defined as air ambulance, air charter, or ground ambulance and, in some instances, an institution vehicle may be acceptable.

9. PROCEDURES FOR INITIATING A REQUEST FOR MEDICAL RE-DESIGNATION. All transfer requests for medical, surgical, or psychiatric designations will be done via BOPNet GroupWise on the Medical/Surgical and Psychiatric Referral Request form (BP-S770) available on BOPDOCS. These procedures also apply to privately operated facilities.

- The BP-S770 serves as the designation, transportation, and security worksheet from which the actual designation is made.
- It will also serve as the emergency referral request form and is used to document the inmate's condition and the reason for transfer.
- The determination as to whether an inmate is transferred depends on the BP-S770 being completed thoroughly.

The referring physician and HSA will document all essential medical, surgical, or psychiatric information on the BP-S770 to help OMDT and the receiving MRC process emergency transfers.

- The CD, with input from other providers involved with the inmate's care (e.g. mid-level providers, psychologists, consultant physicians), is responsible for initiating the BP-S770. The HSA will review and complete the BP-S770.
- The referring institution Warden must review the BP-S770 and authorize the request for transfer.

The Medical Designator will review each request for re-designation and approve or deny the requested transfer. Based on clinical information and in consultation with the Medical Director, the Medical Designator may change the urgency of the request.

If an inmate is approved for medical re-designation, the Medical Designator will select the most appropriate MRC based on the following:

- the inmate's medical needs;
- his/her security/custody level;
- CIMS considerations (e.g. separatees); and
- MRC bed space availability.

a. **Emergency Referrals.** The Medical Director will make designations with the receiving Warden's concurrence. Emergency cases will be referred to the most appropriate MRC based on:

- the medical resources available;
- proximity to the sending institution;
- security/custody needs; and
- bed space availability.

OMDT will review the recommended mode of transportation on the BP-S770. The mode of transportation and referral type may be modified after consultation with the referring Clinical Director and the receiving MRC. The Clinical Director at the referring institution will determine the type of health care provider, if necessary, to act as medical escort staff.

- OMDT will send all approvals or denials for transfer via BOPNet GroupWise to the referring institution. If approved, OMDT will prepare a Transportation Authorization and route it via BOPNet GroupWise to the originator and to the receiving MRC.
- The Medical Designator will verify all transfers and authorize the use of appropriate funds.
- The referring institution is responsible for all trip arrangements including any necessary durable medical equipment required as well as custodial and medical escort staff.

b. **After Hour/Weekend Emergency Transfers.** Except for privately operated facilities, emergency transfers after hours and weekends will be Warden-to-Warden transfers. The transferring Warden or designee will notify the Medical Designator and Medical Director the next working day. Privately operated facilities will contact OMDT.

c. **Long-Term Detainee Procedures (LTD).** Procedures in this Program Statement apply to LTDs, including Mariel Cuban detainees, who are designated to the BOP at the request of the Bureau of Immigration and Customs Enforcement (BICE). Designated LTDs ordinarily are housed in general populations and participate in institution programming. When the need for medical or mental health treatment arises, they are managed in the same manner as sentenced inmates.

10. **TYPES OF TRANSPORTATION USED TO EFFECT A MEDICAL TRANSFER**

a. **Air Ambulance.** The Clinical Director must certify the inmate is stable before a transfer. Normally, a Flight Nurse or Physician staffs an air ambulance.

- If contract medical staff are not available, the referring institution will be responsible for assigning medical escort staff.
- Bureau medical staff are normally not required on these flights.

b. **Air Charter.** The Clinical Director must certify the inmate is stable before transfer. The Clinical Director at the referring institution will determine the type of health care provider necessary to accompany the inmate to the receiving institution.

c. **Ground Ambulance.** The Clinical Director must certify the inmate is stable before transfer. A ground ambulance may be used to transfer inmates who are in close proximity to an MRC, e.g. USP Leavenworth to USMCFP Springfield.

- Emergency care while en route is normally provided by the ambulance paramedics/EMTs.

d. **Institution Vehicle.** Institution vehicles may be used to transfer inmates who are in close proximity to an MRC, e.g. USP Leavenworth to USMCFP Springfield.

- An institution vehicle may be used for emergency transfers if the Clinical Director certifies this is a safe and appropriate mode of transportation.
- The Clinical Director at the referring institution will determine the type of health care provider and medical equipment necessary to accompany the inmate to the receiving institution.

e. **Commercial Air.** The Warden may authorize commercial air transportation for routine and routine urgent transfers only. The Clinical Director must certify that the inmate's condition is stable.

- Inmates for whom an MRC was designated for mental health treatment will not be transported by commercial air.
- The referring Clinical Director will determine the type of health care provider and medical equipment necessary to accompany the inmate.

f. **Bureau/USMS Airlift.** This may be used for routine transfers only.

g. **Bureau Bus.** This may be used only for routine transfers when it is the most efficient means of transfer.

11. **GUIDELINES FOR BUREAU/USMS AIRLIFT.** Routine inmate/prisoner movement is usually accomplished via the Bureau/USMS Airlift. A USMS-employed Flight Nurse accompanies all flights. The Flight Nurse has the authority to exclude any inmate, including a medically re-designated, routine level inmate, from the flight based on:

- information, or lack of information, presented in the transfer packet;
- evaluation of the inmate's current condition prior to boarding;
- medical information provided on the Medical Summary of Federal Prisoners/Aliens in Transit form (BP-S659.060);
- inmate not medicated prior to transfer; and
- inmates not having a seven day supply of medication.

The Clinical Director and HSA at the referring institution are responsible for reviewing the most recent Aerospace Medical Association Medical Guidelines for Air Travel.

12. **AIR CHARTER GUIDELINES FOR REFERRING INSTITUTIONS.** The use of non-scheduled air transportation (air charter/air ambulance) for transferring inmates will be limited to cases which cannot be transferred by other means.

- The Medical Designator is the only authorized approving authority for expenditures from the Central Office airlift fund.

The following must be completed for air charter/air ambulance transfers.

- a. Transportation Authorization must be received from OMDT.
- b. The sending institution's HSA will contact the receiving institution's HSA to coordinate the details of the transfer.
- c. The sending institution will make charter arrangements for the airplane.

d. If not included in the contract, the sending institution will provide:

- escort personnel,
- medical supplies,
- necessary durable medical equipment, and
- equipment for use en route.

This will include a health care provider as determined by the Clinical Director and the appropriate number of correctional officers.

e. The Clinical Director must certify on the BP-S659.060 that the inmate is in stable condition and suitable for airlift.

f. The receiving institution will determine, on a case-by-case basis, the location for the transfer of medical and custodial responsibility.

- If the transfer of responsibility occurs at the airport, a health care provider from the receiving institution will meet the plane to assume medical care of the inmate.
- The escorting health care provider will give an in-person verbal report to the receiving health care provider, and transfer the inmate's medical record, x-ray files, medications, and medical equipment.

g. The Warden or HSA from the sending institution may be asked to route the aircraft via another institution while traveling to or from the receiving institution. This will use costly air charter flights to maximum advantage.

h. The receiving HSA must be given the following information:

- name and registration number of inmate(s);
- diagnosis;
- expected time of arrival;
- ground transportation requirements (e.g. ambulance vs. institution vehicle, oxygen, cardiac monitor, ability to accommodate a wheel chair or stretcher);
- names of escorting staff;
- type of aircraft;
- registration number (tail number) of aircraft;
- from whom leased;
- color of aircraft;
- cost;

- are motel reservations for escorting staff required;
and
- number of inmates who can be returned by aircraft.

The originating HSA will coordinate all fiscal requirements with Financial Management at the institution.

13. MEDICAL SUMMARY OF FEDERAL PRISONERS/ALIEN IN TRANSIT FORM (BP-S659.060). The BP-S659.060, as well as all applicable documents described on the form, must accompany all inmates in transit regardless of physical or mental condition or reason for transfer.

- Generally, the inmate's health record, x-ray files, and the Inmate Central File will be transported with the inmate.
- Tuberculosis screening must be completed prior to transfer. Transporting officials will not accept any inmate for transfer unless the TB clearance section of the BP-S659.060 is completed.

The HSA is responsible for the completeness of the BP-S659.060 and ensure that each item is addressed in detail. A clinical staff member will sign the form.

a. **Requirements.** In addition to general instructions, the following specific details apply to all cases:

- All inmate medications will be listed and instructions for use will be written in lay terms including the dosage, frequency, and route of administration.
- Abbreviations will not be used when completing these instructions on the BP-S659.060.
- Instructions will include an expiration date, or in the case of a chronic medication such as insulin, directions will state clearly that the medication is to be continued until clinically reevaluated.

b. **Special Instructions.** The form's Special Instruction Section will document clearly any specific information regarding the inmate including;

- suicide precautions;
- psychiatric conditions;
- medical care procedures to be rendered en route;

- the criticality of certain medications; and
- any information necessary for the transporting official to provide proper care.

c. **BP-S659.060 Required.** No federal prisoner in transit will leave a Bureau institution without a BP-S659.060 regardless of the duration of stay in holdover status while en route from court to another institution.

- The HSA of the institution that first houses the prisoner is responsible for preparing the BP-S659.060.
- Each subsequent institution that houses the prisoner in transit, and the final destination institution, will make an entry on the BP-S659.060. This entry may be as brief as to state that the inmate was seen in Receiving and Discharge and had no complaints.
- The USMS-553, Medical Summary of Prisoner/Alien in Transit, for U.S. Marshal Service prisoners may be utilized in lieu of the BP-S659 when prisoners are received from the U.S. Marshals Service or JPATS movements.

d. **Court or U.S. Attorney Visits.** Institutions that service the Federal Courts by housing USMS prisoners (i.e. pretrial, holdover, material witnesses, etc.) do not have to complete the BP-S659.060 for inmates going to court or local U.S. Attorney visits.

- If the inmate has a medical condition that warrants use of the BP-S659.060, it will be completed (i.e. medications that must be given while the inmate is at court).
- Health care staff are not required to examine or evaluate inmates returning from court, U.S. Attorney visits, or visits with an expected same day return unless the inmate identifies a new medical issue.

/s/
Harley G. Lappin
Director