BOP Guidance for Medical Referral Centers (MRCs) on Medical Transfers During COVID-19

(04/29/2020)

The seven BOP MRCs have a unique mission in managing the most medically complex inmates in the Bureau. As a result, they house the highest concentration of patients with risk factors that make those patients more vulnerable to infection and susceptible to more severe disease from COVID-19. And although much of the inmate movement between facilities has been curtailed, MRCs must continue to admit medical and mental health patients when the required care cannot be managed locally. Inmates at non-MRCs continue to develop conditions or sustain injuries that require higher levels of care. As the COVID pandemic affects local institution and community resources, it becomes even more pressing that the MRCs remain available to manage these patients when appropriate. It is noted that there is risk of COVID-19 transmission with each transfer, whether the patient is coming from an institution or from a local hospital setting. As such, stringent precautions should be undertaken to prevent the introduction and transmission of disease among the MRC populations.

- **When an MRC is able to accept a patient:**

- When possible, request sending institution/ hospital perform a test for COVID
    - If testing is not available, an assessment of the situation should be made with consideration towards whether sending institution has known active COVID cases, whether the patient is symptomatic, the urgency of need for transfer and whether an appropriate isolation bed is available at the MRC. Lack of testing is not an absolute contraindication to transfer. The patient should be tested on arrival to the MRC.
        - If testing at the MRC is negative and the patient is asymptomatic, the patient should be placed in quarantine for 14 days
        - If testing at the MRC is positive and/ or the patient is symptomatic, the patient should be placed in isolation
        - If testing at the MRC is positive and the patient is asymptomatic, the patient should be placed in isolation with release when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and they have had no subsequent illness provided they remain asymptomatic. In general, they should continue to wear face covering or mask after that per institution guidance if not alone in room
    - If testing is positive, an assessment of the situation should be made with consideration towards whether the urgency of need for transfer and whether an appropriate isolation bed is available at the MRC. A positive test is not an absolute contraindication to transfer.
    - If testing is negative, the patient should transfer. The patient should be tested on arrival to the MRC.
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- In many cases, incoming patients will require an inpatient or Nursing Care Center (NCC) bed and cannot quarantine/ isolate in the usual settings as for general population patients. Therefore, every effort should be made to have dedicated rooms for incoming patients requiring a higher level of care. This may require a concerted effort between the CD, IP&C, bed manager, nursing and others to coordinate.

- It may be necessary to reexamine current housing and health service resources & traditional roles to maximize the ability to safely quarantine/isolate (e.g. convert a mental health unit to a medical quarantine unit, utilize APPs for medication administration if nursing resources are not available; use PT to provide wound care on housing units)

- Ideally, they should be single cell rooms with a solid door either separate or maximally distanced from other inpatient rooms (e.g. at the end of the hall). Airborne Infection Isolation (AII) rooms are preferable for Isolation, but not required and may need to be reserved for situations where aerosol producing procedures may be performed.

- Since quarantine and isolation rooms may be near to each other and to other inpatient rooms, they should have the appropriate signage on the closed doors as an alert to the precautions and appropriate PPE required

(QUARANTINE:

(b)(7)(E); (b)(7)(F)

ISOLATION:

(b)(7)(E); (b)(7)(F)

- To the extent possible, staff and inmate orderlies/ companions designated to work with quarantine/ isolation patients should avoid contact with other patients.

- To the extent possible, inmate orderlies/ companions should house on the unit or in a separate unit from general population. They should be screened daily prior to work for COVID symptoms and a temperature check. They also need to be trained in proper PPE donning and doffing procedures.

- PPE donning and doffing should be audited to ensure proper usage and compliance by staff and inmate orderlies/ companions

- Patients on quarantine should have twice daily temperature and symptom check for COVID

- Patients on quarantine may be released from quarantine if they remain asymptomatic and fever free after 14 days

- Criteria for release from isolation should follow CDC guidelines:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html