

MODULE 6. INMATE MOVEMENT

WHAT'S NEW

- [SECTION I. IN-PERSON COURT APPEARANCES](#) added
- Clarification: If any inmate in a release or transfer quarantine cohort tests positive, the quarantine period must be restarted for all inmates in that cohort.

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A. DEFINITIONS

- **BOP GROUP:** Includes inmates who have completed the full pre-release/transfer, test-in/test-out quarantine prior to their transfer within the BOP.
- **NON-BOP GROUP:** Includes inmates from other agencies or correctional jurisdictions and who have not undergone a full test-in/test-out quarantine.
- **NEW INTAKES:** Includes new commitments, voluntary surrenders, writ returns, and any inmate brought to a BOP facility by the U.S. Marshals Service, Justice Prisoner and Alien Transportation Service, Customs and Border Patrol, or Immigration and Customs Enforcement.
- **QUARANTINE:** In the context of COVID-19, refers to separating (in an individual room or cohorting in a unit) asymptomatic persons who may have been exposed to the virus to (1) observe them for symptoms and signs of the illness during the **INCUBATION PERIOD** and (2) keep them apart from other incarcerated individuals.
 - The BOP utilizes **THREE CATEGORIES OF QUARANTINE** – exposure, intake, and release/transfer
 - All BOP COVID-19 quarantine categories utilize a test-in/test-out strategy.
- **MEDICAL ISOLATION:** Confining individuals with suspected (displaying symptoms) or confirmed (based on a positive point of care [POC] or commercial laboratory test) COVID-19 infection, either to single rooms or by **COHORTING** them with other viral infection patients.
 - ➔ Refer to **MODULE 4** for additional guidance on COVID-19 pandemic-related **QUARANTINE** and **MEDICAL ISOLATION**.

B. PLANNING FOR INMATE MOVEMENT

Advanced and coordinated planning is required when transferring inmates to other BOP locations or other correctional jurisdictions, or when releasing inmates from BOP Custody. Collaboration and coordination among departments, institutions, and regions is necessary to reduce the risk of COVID-19 exposure and transmission during inmate movement. Planning for inmate movement should be coordinated from the beginning with local Executive Staff, Case Management Coordinators (CMC), Unit Team, and Health Services staff—from all the institutions involved—in setting transfer dates and ensuring that all aspects of the transfer process are carried out efficiently. Coordination with other

agencies (e.g., U.S. Marshals Service, Immigration and Customs Enforcement), as well as local or state health authorities, may also be necessary.

- Whenever possible, inmate move planning should occur enough in advance to allow for a full test-in, 14-day quarantine, and test-out after 14 days with turnaround time for test results (this may require approximately 21 days of advanced planning).
- An inmate who is currently in COVID-19 medical isolation, or meets the criteria for isolation, should **NOT** be transferred or released from BOP custody unless absolutely necessary (e.g., immediate release, completion of a sentence).
- PPE appropriate for each setting (testing, transportation, etc.) should be worn by staff in accordance with established procedures. (See [MODULE 2.](#))

C. TRANSPORTATION CONSIDERATIONS

Movement of inmates can be a simple, short-distance transfer—or a complex, multi-day, multi-institution process. The risk of COVID-19 exposure and transmission increases as the complexity of the move increases.

Normal transport routes and schedules need to be reviewed and reconsidered during a pandemic. Inmate movement should be coordinated in a manner that considers the following:

- Even a **DIRECT MOVEMENT** from one BOP facility to another is not without some degree of risk due to the characteristics and communicability of COVID-19.
- **MOVEMENT VARIABLES** that increase the risk of COVID-19 exposure and transmission should be avoided whenever possible, including: multiple stops, introduction of multiple staff, and mixing together of inmates from other BOP facilities or other correctional jurisdictions.
- To the extent possible, manifests should be generated that **allow for appropriate SOCIAL DISTANCING** during transport (e.g., loading a bus/plane at 50% capacity).
- **DIRECT TRAVEL OR MINIMAL STOPS/HOLDOVERS should be arranged whenever possible** (e.g., consider institutions meeting at a halfway point to pick-up inmates, rather than having multiple stops and holdovers).
- **Minimize the amount of time inmates are held in HOLDOVER**; the longer an inmate spends in transit, the greater the risk for exposure to the virus. The frequency of certain drop offs/pick-ups may need to be increased to minimize holdovers.
- **Avoid mixing inmate groups (BOP and Non-BOP) as much as possible:**
 - Maximize runs with **BOP GROUPS** only.
 - Make every effort to coordinate runs for **NON-BOP GROUPS** separately.
- **Ideally, any non-BOP transfer group should be tested for COVID-19 prior to transport.** However, this is often not possible or verifiable. All **NON-BOP GROUP** inmates must have a temperature check and symptom screen immediately prior to transport.
 - ➔ *Anyone with a known positive COVID-19 test or who has fever or symptoms will not be admitted on the transport.*

D. DOCUMENTATION

- **It can be useful to maintain a COVID-19-related roster of inmates to facilitate management of release/transfer.** Helpful data points include cell assignment, start date of quarantine or medical isolation, projected end date of quarantine or isolation, date of placement in that cell, cell mate or members of a cohort, testing dates, type of test (Point of Care [POC] or commercial), test results and designated facility.
- **The BEMR Exit Summary/transfer paperwork should be provided to the bus LT/USMS** to verify that required screening/testing has been completed.
- **Documentation on the BEMR exit summary/transfer paperwork (e.g., In-Transit Form) needs to include:**
 - Quarantine start date, results of the symptom screen and temperature check.
 - COVID-19 test date and result upon entry to quarantine.
 - COVID-19 test date, type of test used and negative results after at least 14 days of quarantine.
 - A temperature and symptom screen within 24 hours of the inmate's release or transfer.
 - **For inmates who have a history of COVID-19 illness and are recovered and ready to release or transfer:** Exit summary/clinical notes should include the inmate's most recent COVID-19 history (e.g., date of onset/diagnosis, date of initial positive COVID-19 test, date and criteria used for release from isolation, and any complications or sequelae from the illness).

E. INTAKES

PRIOR TO ENTERING THE INSTITUTION, OR IN R&D: All new intakes to an institution, including voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system will be screened by medical staff for COVID-19—including a symptom screen, a temperature check, and an approved viral PCR test (either an Abbott ID NOW point-of-care [POC] test or a commercial PCR test) performed on a sample obtained from a nasopharyngeal, mid-turbinate, or anterior nares swab.

- **Inmates who arrive symptomatic AND/OR test positive will be placed in MEDICAL ISOLATION.**
 - **Inmates who arrive asymptomatic AND test negative will be placed in QUARANTINE.**
 - If inmates become symptomatic during quarantine, they should be re-tested (Abbott or commercial) and placed in **MEDICAL ISOLATION** immediately.
 - If inmates remain asymptomatic, they remain in **QUARANTINE** for at least 14 days. They are then tested out of quarantine with a **COMMERCIAL PCR TEST** at 14 days or after; if the test is negative, the inmate can be released to the general population. If the test is positive, they should be placed in **MEDICAL ISOLATION** immediately.
- ➔ Refer to **MODULES 3 AND 4** for additional information regarding screening, testing, and medical isolation and quarantine of inmates.

F. INTRA-SYSTEM TRANSFERS, TRANSFERS OUT OF BOP CUSTODY, AND RELEASES

All inmates who are transferring between facilities, to other correctional jurisdictions, or releasing from BOP custody, will be managed in one of the following three categories, which are discussed below:

1. Inmates with no prior history of COVID-19.
 2. Inmates previously diagnosed with COVID-19 who have since recovered, and have met the current criteria for release from isolation (see [MODULE 4](#)).
 3. Immediate releases.
- ➔ Consultation with the Regional Medical Director, Regional Health Services Administrator, and Regional Infection Prevention Consultant is recommended for management of inmates who are not in one of these three categories.

1. TRANSFER OR RELEASE OF INMATES WITH NO PRIOR HISTORY OF COVID-19

- Prior to transfer, these inmates should be tested with an approved test (either an Abbott ID Now POC test or commercial send out lab test) and, if negative, and be placed in [RELEASE/TRANSFER QUARANTINE](#) and housed separately from inmates in [EXPOSURE OR INTAKE QUARANTINE](#). See [MODULES 3 AND 4](#) for testing procedures and more information on quarantine and medical isolation.
 - Inmates will remain in quarantine for a minimum of 14 days. They may be tested out of quarantine on Day 14 with a commercial PCR lab test (or an Abbott ID NOW test in circumstance outlined below).
- ➔ If any inmate in a release or transfer quarantine cohort tests positive, the quarantine period must be restarted for all inmates in that cohort.
- Movement is preferred within five days of receiving the negative COVID-19 test result, regardless of the mode of travel (by ground or air). When this five-day window for movement cannot be achieved, the time frame for movement may be expanded to within 14 days of receiving the negative COVID-19 test result, as long as quarantine conditions are maintained for the entire time.
 - A symptom screen and temperature check needs to be performed within 24 hours prior to departure from the facility.
 - Documentation of the symptom screen, temperature, and entry and exit date test results must be included in the exit summary/transfer paperwork. (See [Documentation](#) above.)
 - Inmate movement that needs to occur more than 14 days after receipt of a negative test result should be discussed with regional health services staff.
 - The Abbott ID NOW PCR test may be used for immediate releases and for transfers to other BOP facilities if commercial lab test result turnaround times are expected to be more than 7 days. Refer to [MODULE 3](#) for additional guidance.

2. TRANSFER OR RELEASE OF INMATES WITH A HISTORY OF COVID-19 INFECTION

- **WITHIN 90 DAYS OF INITIAL SYMPTOM-ONSET OR POSITIVE TEST:** Inmates with a history of COVID-19 infection who have met criteria for release from medical isolation do not need to be placed in quarantine and should not be tested within 90 days of their initial symptom onset (for symptomatic cases) or initial positive COVID-19 test (for asymptomatic cases).

- **MORE THAN 90 DAYS SINCE INITIAL SYMPTOM-ONSET OR POSITIVE TEST:** Inmates who have met criteria for release from medical isolation and are more than 90 days from their initial symptom onset (for symptomatic cases) or initial positive COVID-19 test (for asymptomatic cases) are managed like inmates who have not had COVID-19 (see #1 above).
 - **CONTINUED NEED FOR MEDICAL ISOLATION:** Inmates with active COVID-19 who continue to require isolation should not be released or transferred unless absolutely necessary (e.g., immediate release, completion of sentence). Special precautions and coordination are necessary for such cases, including use of appropriate PPE, source control, and notification of appropriate civilian health authorities or the receiving correctional jurisdictions.
- ➔ *For the above scenarios, institutions will complete the [Documentation](#) requirements outlined above. Notification should be made to the receiving facility, jurisdiction, or local health authorities of the transfer.*

3. IMMEDIATE RELEASES

The following actions should be taken when an inmate being released cannot be managed as described above under #1 and #2 because of statutory or judicial requirements.

- A symptom screen, temperature check, and rapid POC test (Abbott ID Now) should be performed on the day of departure and documented in the electronic health record, exit summary, and/or transfer paperwork. (See [Documentation](#) above.)
 - The local health authorities in the receiving locality should be notified, and the travel arrangements coordinated with them, if necessary (e.g., if quarantine or isolation conditions are required during transportation or upon their arrival).
 - The inmate should wear a face covering when departing the facility and while in route to their destination.
- ➔ *Due to the ongoing changes to guidelines for home confinement, readers are referred to the most recent guidance from Reentry Services Division regarding release to home confinement.*

G. HOLDOVER SITES/BUS HUBS

KEY POINTS

- At no time should inmates in **BOP GROUPS** be mixed with **NON-BOP GROUPS**
 - After reaching their designated facility, all new intakes must complete the test-in/test-out **INTAKE QUARANTINE**.
- **HOLDOVER QUARANTINE AREAS:** Holdover sites and bus hubs should designate specific holdover quarantine areas in advance, in numbers commensurate with anticipated levels and frequency of incoming inmates.
 - **BRIEF HOLDOVERS FOR BOP GROUPS:** For **BOP GROUP** transfers that have **NOT** mixed with **NON-BOP GROUPS** and require a brief holdover, the BOP groups may be placed into a holdover unit setting without a test-in/test-out process. They do **not** need to complete a full 14-day quarantine **PRIOR** to moving on to their next destination.

- This **BRIEF HOLDOVER GROUP** should be housed separately from other inmates at the Holdover/Bus Hub institution, including from new intake, post-exposure, and prior-to-release/transfer quarantine groups.
- If necessary, multiple **BOP BRIEF HOLDOVER GROUPS** originating from different BOP facilities may be housed together.
- **AFTER THE BRIEF HOLDOVER:** The BOP-group is moved to their designated facility (ies). BOP groups can move together, but they should not mix with non-BOP groups in transit to their destination facilities.
- On arrival to their destination institution, these groups must complete an **INTAKE QUARANTINE** for 14 days as an intake group, with a test-in and test-out strategy.
- **PROLONGED HOLDOVERS:** Inmates that are expected to be housed at a holdover site/bus hub/detention center for a prolonged period of time (i.e., several months) will complete an **INTAKE QUARANTINE** and be released to the general population upon meeting criteria for release from quarantine.
 - After release to the general population, inmates must complete a new **RELEASE/TRANSFER QUARANTINE** prior to leaving.
- **NON-BOP GROUPS:** If a holdover site/bus hub OFTEN receives **NON-BOP GROUPS**, the facility should consider having designated quarantine/isolation units for these non-BOP groups and manage them as new intakes with screening, quarantine, and testing (as recommended in **MODULES 3 AND 4**).
 - The non-BOP group should **NOT** be mixed with the BOP-only holdover groups.
 - Once a **NON-BOP GROUP** has undergone a full test in/ out of quarantine at the Holdover site, they can be considered a **BOP-GROUP**
 - Inmates who complete a quarantine at the holdover site and are expected to transfer within a reasonable period of time (i.e., 30–45 days), should remain in quarantine until their transfer date and then test out of quarantine with a COVID-19 PCR test within 14 days of their transfer date.
 - Inmates who complete an **INTAKE QUARANTINE** at the holdover site and are expected to remain for a prolonged period of time may be released to a general population unit. After release to the general population, inmates must complete a new **RELEASE/TRANSFER QUARANTINE** prior to leaving.
- **MIXED GROUPS:** If a holdover site/bus hub receives a **mixed group of BOP and NON-BOP GROUPS**, or a BOP group that has **PREVIOUSLY MIXED** with a Non-BOP group, they must now **ALL** be managed as a **NON-BOP GROUP** at the holdover site—with screening, 14-day intake quarantine, and testing prior to transfer (as outlined in **MODULES 3 AND 4**).
- **MEDICAL ISOLATION:** Inmates in any group who are **SYMPTOMATIC** for COVID-19 and/or **TEST POSITIVE** must be placed in medical isolation, and can be released after meeting the criteria outlined in **MODULE 4**.

H. MEDICAL TRANSFERS TO MRCs

EMERGENCY DESIGNATIONS

Upon receipt of emergency designation approval by the Office of Medical Designations and Transport (**OMDT**) at the sending facility, the patient should be COVID-19 tested into **RELEASE/TRANSFER QUARANTINE** at the sending facility.

- **IF TEST-IN IS POSITIVE:** The patient should be placed in **MEDICAL ISOLATION**. The sending institution and the receiving MRC should discuss the specifics of the case; they should determine the most

appropriate course of action regarding transfer, including acuity of the patient's medical condition and appropriateness of transfer in light of the patient's COVID-19 status. However, there may be rare instances where the nature and acuity of the patient's medical condition necessitates a more expeditious transfer. These cases should be discussed among the sending institution, the receiving MRC, and the Chief of Health Programs.

- **IF TEST-IN IS NEGATIVE:** The patient will complete the [RELEASE/TRANSFER QUARANTINE](#) as specified above under [Transfer or Release of Inmates with No Prior History of COVID-19](#). See also [Other Considerations for Medical Transfers](#) below.

ROUTINE URGENT DESIGNATIONS

- Since **ROUTINE URGENT** designations may take a longer period from date of designation approval to actual transfer date, designated patients may generally await transfer in their current housing unit.
- When the date of transfer is provided by the MRC, the patient should undergo the release/transfer quarantine procedure as outlined above for [intra-system transfers](#).

OTHER CONSIDERATIONS FOR MEDICAL TRANSFERS

- **HOSPITALIZED PATIENTS AND THOSE IN LTC:** There are times when the patient awaiting transfer is being managed at an outside hospital or long-term care facility (**LTC**), so that quarantine within the BOP institution prior to transfer is not possible. In these circumstances, the patient may be transferred without the formal quarantine, but should be tested for COVID-19 with a commercial viral PCR lab test—and test negative—prior to transfer.
- **SPECIALIZED NEEDS:** In some instances, due to the medical condition and/or needs of the patient, placement in quarantine may pose a challenge (e.g., need for assistance with ADLs, wound care). Unique solutions may need to be developed to appropriately accommodate the patient's needs. Considerations may include: temporary placement at an LTC facility, housing patient in quarantine with other pre-release/transfer quarantine group inmate(s) that may assist with minor needs, or a designated inmate companion.

In the case of a **DESIGNATED INMATE COMPANION**, the companion would need to test negative just prior to the **TRANSFER QUARANTINE** period with either an Abbot POC or a commercial lab test. The companion will house with the patient for the duration of the pre-transfer quarantine period until the patient transfers. Since the companion is not expected to be transferred, they do not need to undergo the temperature and symptoms screening process or a COVID-19 test at the end of the transfer quarantine period to return to general population.

- ➔ *However, if the patient whom the companion is assisting or housing with becomes symptomatic or tests positive, the companion is considered a **CLOSE CONTACT** and must test-in/test-out of an **EXPOSURE QUARANTINE**.*

I. IN-PERSON COURT APPEARANCES

Court appearances are important aspects of the U.S. criminal justice system, but create potential risks for COVID-19 transmission from close interactions that may occur. Refer to [MODULE 6 – INMATE ISOLATION & QUARANTINE](#) for specific recommendations regarding court appearances during quarantine and isolation.

- Inmates in COVID [MEDICAL ISOLATION](#) should not have in-person court appearances unless absolutely necessary. Having the inmate appear via telephone hearing should be strongly considered. A video teleconference (VTC), if accessible, can also be used as an alternative.
- Inmates in COVID [QUARANTINE](#) should delay in-person court appearances until they are COVID-tested at the end of quarantine. Telephone or VTC appearances are recommended alternatives. In general, testing an inmate immediately before or after a legal visit would have little utility and is not recommended. However, an Abbott ID NOW test can be used on a case-by-case basis, especially if the test is required by the court.
- Inmates should wear face coverings and perform hand hygiene just before departure and upon return to the institution.

J. INFECTION CONTROL GUIDANCE FOR VEHICLE TRANSPORTATION OF INMATES

➔ See [MODULE 2](#) for more details on the use of PPE. See [MODULE 1](#) for more information about hand hygiene, social distancing, and cleaning and disinfection.

1. PPE for BOP GROUPS cleared through pre-release/transfer quarantine:

- **INMATES:** Face coverings
- **STAFF:** Face coverings and gloves

2. Additional measures for these circumstances:

- Inmates with sign/symptoms of COVID-19 or a positive test, without completion of medical isolation
- Non-BOP or mixed groups, where infection has not been ruled out

VEHICLE SET-UP PRIOR TO TRANSPORT

- Place vehicle indoor fan on **FRESH**, and **NOT** re-circulation mode.
- Set fan to **HIGH**.
- Driver side-window should be rolled down to the furthest extent possible and rear/side windows on both sides of the vehicle should be propped opened (weather permitting).
- When the vehicle being used is a Bus: Open the hatch on the ceiling of the vehicle.
- Place portable fan on the front dash of vehicle, in-front of the driver and have it on its highest setting during the trip.

INMATE SOURCE CONTROL

- Facial coverings.

PPE FOR DRIVER AND OFFICER

- N95, eye protection, and gloves.
- Add gown when in direct contact with inmate, securing restraints, and helping inmates into vehicle.
- Prior to entering cab of vehicle, remove and discard gloves and gown and perform hand hygiene.

- Officer in contact with inmate(s) puts on new gown and gloves before helping inmates disembark from vehicle.

INMATES BOARDING THE VEHICLE

- Place inmates 6 feet apart (fill every other seat) and stagger seating when possible.
- Fill bus starting from the back to maximize distance of the nearest inmate from the driver.

AFTER THE END OF TRANSPORT

- Open all the windows and doors to air-out the vehicle for 1 hour.
- Clean and sanitize the vehicle:
 - PPE: Gloves, gown, surgical mask, and eye protection while cleaning.
 - Use a hospital grade disinfectant (EPA Schedule N) to clean