

**U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons**



**PROGRAM STATEMENT
Medical Designations and Referral Services
for Federal Prisoners**

Approved by	<i>William K. Marshall III</i> William K. Marshall III Director, Federal Bureau of Prisons
DPI	HSD
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Summary of Changes

Program Statement Rescinded:

- 6270.01 Medical Designations and Referral Services for Federal Prisoners (1/15/2005)

Changes:

- Changes length of hospitalization from five to 10 days to seven to 14 days in Section 2.a.
- Adds Follow-up Care to Section 2.b.
- Changes Medical Resources Directory (MRD) form to MRD template provided by the Utilization Review Section, Health Services Division (HSD) in Section 2.d.
- Adds requirement to attach Special Investigative Services (SIS) reports to custodial requests in Section 2.f.
- Adds reference to a list of Medical/Mental Health Transfer Codes and Definitions located on the Health Programs page of the Bureau's intranet site in Section 3.
- Clarifies Office of Medical Designations and Transportation (OMDT) vs Designation and Sentence Computation Center (DSCC) designation responsibility for initial designations in Section 3.a.
- Adds requirement for SCRN care level to be changed to non-provisional care level at the first comprehensive health assessment after initial designation in Section 3.a.
- Adds Section 3.c. Treatment Complete Referral Request (413)
- Adds Section 3.d. Forensic Designation
- Adds Section 3.e. Mental Health Care Level 4 Designations
- Removes two to three week time requirement for Routine Urgent designations in Section 4.b.

- Adds Section 4.d. Care Level 3 Re-designation with Direct Transfer
- Updates Section 5, providing clarification of the Re-Designation Referral Request (770) and the Treatment Complete Referral Request (413) processes
- Adds explanation of OMDT deferral procedure for incomplete re-designation requests to Section 5
- Adds explanation of duty to treat inmates until physical transfer to a Medical Referral Center (MRC) or Care Level 3 institution occurs in Section 5
- Adds Section 6: OMDT Prioritization of MRC Re-designations
- Changes Hemoglobin requirement to 8 mg/dL in Section 9.b.
- Removes Section 10.d. Procedures for Long Term Detainees

1. PURPOSE AND SCOPE

To specify procedures and criteria for the designation and transportation of inmates with complex health care needs to locations which possess the required health care resources. The Office of Medical Designations and Transportation (OMDT) makes medical/mental health designations, assigning inmates to the most appropriate and cost-effective Bureau of Prisons (Bureau) institutions, Medical Referral Centers (MRC), or non-Bureau community contract care facilities.

Through the Medical Director, OMDT and the National Utilization Review Advisory Board (NURAB) have full authority over all Care Level 4 (inpatient) medical bed management decisions including admission and discharge. OMDT will work directly with DSCC when there are rare and compelling custody reasons not to designate or transfer the inmate to the most appropriate medical destination. To this end, the OMDT clinical and DSCC custody/security authority supersedes local clinical and executive decision making.

The NURAB will include key central office physicians, Chief Professional Officers, and Utilization Management staff as well as members of the Regional HSD leadership team and other ad hoc members as determined necessary by the Medical Director.

OMDT Medical Designators make designations, referrals, and denials based on:

- Care Level Classification for Medical Conditions or Disabilities Clinical Guidance
- urgency of need
- cost-effectiveness
- Bureau institution capabilities
- expected service period, including recuperation
- current bed space availability
- security
- consultation with Bureau physicians at the sending and receiving institutions

a. **Program Objectives.**

- Timely and appropriate health care will be provided to federal inmates using Bureau medical, financial, and transportation resources most efficiently.
- Medically necessary health care will be provided at the most clinically appropriate location (MRC vs. institution vs. non-Bureau community contract care facility).

b. **Institution Supplement.** None.

2. **DESIGNATION CONSIDERATIONS**

The OMDT considers the following issues, in addition to other clinical factors, when designating inmates for medical, surgical, or psychiatric care.

a. **Length of Hospital Stay.** Acute care requiring hospitalization of the inmate will usually be provided in a community hospital near the institution. Most institutions will be able to locally manage hospitalizations between seven and 14 days for acute medical care or surgical procedures followed by one to three post-operation appointments.

b. **Follow-Up Care.** Requests for Care 3 and Care 4 transfers should only be submitted when the inmate is stable for transport. OMDT will not routinely process or authorize transfer for inmates who have not been approved for discharge/transfer from a community hospital or when appropriate testing/reports are not completed. However, inmates requiring ongoing inpatient care or intensive follow-up care may be considered for MRC transfer. Additional factors include:

- prognosis for continued long-term treatment and rehabilitation
- local institution resources to provide the necessary nursing care
- cases requiring long-term skilled nursing care
- overriding case management and/or security needs for the transfer

c. **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, re-designation may be considered.

d. **Institution (non-MRC) Medical and Mental Health Resources.** Each institution's Health Services Administrator (HSA) will maintain an EMS-A206.060, Medical Resources Directory (MRD) listing the availability of specialized medical and mental health services on-site, such as dialysis, blood transfusions, wound care, intravenous antibiotics, Residential Drug Abuse Treatment Program (RDAP), and physical therapy. A link to the MRD is available on the OMDT Section, HSD page on the Bureau's intranet site. Institutions will provide this MRD to OMDT and update this directory at least quarterly and/or as changes in staffing patterns or the availability of community medical and mental health resources occur.

- MRD changes will be reported on the applicable form and forwarded as an email attachment to OMDT/Medical Designations email box quarterly.

e. **MRC Medical and Mental Health Resources.** Each MRC HSA will maintain a Medical Resources Directory (MRC/MRD) listing the availability of specialized medical and mental health services on-site, such as dialysis, blood transfusions, wound care, intravenous antibiotics, Residential Drug Abuse Treatment Program (RDAP), and physical therapy. Each MRC will utilize the specialized MRC/MRD Excel template to ensure accurate and up-to-date information regarding MRC services. This template will be available on the Utilization Review Section, HSD page on the Bureau's intranet site. MRCs 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

- MRC/MRD changes will be reported on the applicable template and forwarded as an email attachment to the Utilization Management email box quarterly.

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

g. **Custodial and/or Case Management Requests.** When there are specific custodial or case management reasons for transferring an inmate with medical problems (e.g. Central Inmate Monitoring (CIM) considerations, court-ordered evaluation or treatment, mandatory participation in non-medical programs), the circumstances must be documented in the re-designation request and supporting documentation, such as Special Investigative Services (SIS) reports must be attached to the re-designation (770) or treatment complete (413) request.

h. **MRC On-Site Treatment Availability.** If a major medical treatment or procedure can be performed internally at an MRC but would have to be done externally at the referring institution, a re-designation will be considered.

i. **Medical Furloughs.** Institutions may consider medical furloughs consistent with Program Statement Inmate Furloughs.

3. TYPES OF OMDT DESIGNATIONS

A list of Medical/Mental Health Transfer Codes and Definitions is located on the Health Programs page under the Health Services Division on the Bureau's intranet site.

a. **Initial Designations.** Initial designations are made on inmates who are entering the Bureau for the first time, returning to the Bureau while on supervised release, or for Military sentenced inmates. In most cases, initial designations to Bureau institutions are initiated by staff at the

Designation and Sentence Computation Center (DSCC) who assess and enter information from the sentencing court, U.S. Marshals Service (USMS), U.S. Attorney's Office or other prosecuting authority, and the U.S. Probation Office about the inmate into the applicable federal law enforcement agency centralized database. See Program Statement **Inmate Security Designation and Custody Classification** for additional information regarding initial designations.

- Inmates with major medical/psychiatric problems, or those with chronic care requirements, are referred to OMDT by DSCC for initial review to determine a care level.
- OMDT will designate Medical Care Level 3 or 4 and Mental Health Care Level 4 (CARE4-MH) inmates.
- OMDT will return Medical Care Level 1 and 2, and Mental Health Care Level 1, 2, and 3 cases to DSCC for placement in an appropriate institution.
- Initial designations are assigned a Screening Care Level (SCRN) which is entered into the applicable Bureau inmate management system. During the initial comprehensive medical and psychological evaluation at the institution, the SCRN care level is assessed and changed to a non-provisional Care Level in the applicable Bureau inmate management system.
- Medical Screening Care Levels are assigned using available medical records and information provided in the Pre-Sentence Report.
- Mental Health Screening Care Levels 3 or 4 are assigned in consultation with the Mental Health Treatment Coordinator and/or the Bureau Chief Psychiatrist.
- SCRN care levels must be changed to a non-provisional care level in the applicable Bureau inmate management system in order for the inmate to be re-designated to another institution.

The following information must be considered before making an initial medical and/or mental health designation:

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

b. **Re-designation Referral Request (770).** Re-designation requests (770s) 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 their current institution. OMDT then determines if the inmate needs to be placed at a Medical Care 3 or 4 institution or Mental Health Care Level 4 facility. If appropriate, OMDT can also grant authorization for the inmate to be treated locally.

c. **Treatment Complete Referral Request (413).** Treatment Complete (413) requests are initiated for inmates who have completed the necessary clinical procedures or treatments as determined by NURAB and are ready to return to an appropriate Medical Care Level 1 – 2 institution, or Mental Health Care Level 1 – 3 institution. 413 requests also require Unit Team or Case Management recommendations for placement.

d. **Forensic Designation.** OMDT will designate all Forensic designations in collaboration with the Chief Psychiatrist and the Chief, Psychological Evaluations Section. Forensic designations are court ordered psychological/psychiatric evaluations pursuant to Title 18 U.S.C. 3552, 4241 - 4247, and 4248, which are conducted at identified Bureau facilities.

- Study orders must be received in the applicable federal law enforcement agency centralized database for designation.
- All forensic designations are managed through OMDT who will attempt to clarify the statutory intent of the court order prior to designating the individual.
- Generally, any evaluations permitted to be completed in an outpatient setting are designated to one of the Bureau’s outpatient forensic sites. Those requiring inpatient evaluation are designated to one of the Bureau’s inpatient forensic sites.
- See the Reference Guide for Forensic Evaluations, which can be found under Psychology Services on the Residential Reentry Divisions page of the Bureau’s intranet site.
- OMDT will consult with the Sex Offender Certification Review Branch regarding 4248 designations.

e. **Mental Health Care Level 4 Designations.** All Mental Health Care Level 4 inmates are designated by OMDT. The Bureau Chief Psychiatrist reviews all requests for CARE4-MH transfer.

- All mental health designations with Care Level 1, 2, or 3 assignments are completed by DSCC Designators.
- OMDT will complete the Treatment Complete Referral (413) to re-designate Mental Health Care Level 4 inmates who now require transfer to a Mental Health Care Level 1, 2, or 3 facility after approval is received from the Mental Health Treatment Coordinator, Reentry Services Division (RSD).
- Inmates who were designated by DSCC from CARE1 or CARE2 facilities to CARE3-MH facilities and now meet CARE1-MH or CARE2-MH criteria are re-designated by DSCC.

4. OMDT DESIGNATION PRIORITIES

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

b. **Routine Urgent.** A Routine Urgent transfer is initiated for medical, surgical, or psychiatric treatment that is not an emergency, but must be transported directly to an MRC due to the acuity of their medical, surgical, or psychiatric condition, or because MRC-based services need to be initiated within a specific time frame.

- Direct Transportation is defined as air ambulance, air charter, or ground ambulance. In some instances, institution vehicles may also be acceptable.
- Holdover status at a county jail or Bureau general population institution is not permissible for Direct or Routine Urgent transfers.

c. **Emergency.** An emergency transfer is a medical, surgical, or psychiatric condition determined by medical/mental health staff to require 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. OMDT designators process these cases within 72 hours of receipt, which may be extended when additional documentation from the institution is required.

Emergency referrals require special transportation including:

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

If emergency air ambulance or air charter is approved, the referring institution will make all charter arrangements notify the receiving MRC HSA and OMDT via email

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

d. **Care Level 3 Re-designation with Direct Transfer.** Some Medical Care Level 3 inmates will require direct transfer if their medical condition puts them at risk for adverse events during holdover status at a county jail or Bureau general population institution. The decision to require direct travel for a Care Level 3 designation is made by the Chief, Health Programs (CHP).

5. PROCEDURES FOR MEDICAL OR MENTAL HEALTH RE-DESIGNATION (770) OR TREATMENT COMPLETE REFERRAL (413) REQUESTS

All transfer requests for medical, surgical, or psychiatric re-designations will be completed in the Electronic Health Record (EHR) on a Re-Designation Referral Request (770) or on a Treatment Complete Referral Request (413) unless the inmate is in community custody, then a medical BP-A0770, Medical/Surgical and Psychiatric Referral Request (770) will be used.

- The determination as to whether an inmate is approved for re-designation depends on the 770 or 413 being completed thoroughly. If a 770 or 413 request does not include the necessary information for OMDT to make a determination, OMDT will defer the request and the institution will be responsible for submitting a new request with the required documentation.
- Institutions are responsible for scheduling and continuing all medically necessary treatment and ongoing medical care for inmates who have been approved for re-designation by OMDT, but who have not physically transferred to the receiving facility. Failure to provide necessary treatment while awaiting physical transfer after re-designation could result in a delay in care.

a. **Re-Designation Referral Request (770).** A 770 provides all the designation, transportation, and security information required to complete a designation. It is used in the following circumstances:

- Re-designation to a higher level of medical or mental health care (i.e., Medical Care Level 3 facility, MRC, or Mental Health Care Level 4 facility).
- To request a transfer of a Medical Care Level 3 or 4 inmate to another Medical Care Level 3 or 4 facility, or to request transfer from a Medical Care Level 4 to a Medical Care Level 3 facility.
- Emergency referral requests.

The Clinical Director, Chief Psychologist, and HSA will ensure all essential medical, surgical, or psychiatric information is documented on the 770 to assist OMDT and the receiving MRC in processing transfers.

- The institution provider or staff member will initiate the 770 with input from other providers involved with the inmate's care (e.g., Advanced Practice Providers, Psychologists, Medical Officers, Nurses, Physical Therapists, Consultant Physicians).
- The Clinical Director and HSA must review the 770, authorize the transmission of the request, and notify the institution Warden a request for transfer has been submitted.
- The 770 is electronically sent to OMDT in the EHR for initial review.

Procedures for review of Medical 770 requests.

- Care Level 3 requests are assigned to the Regional Medical Director (RMD) for their concurrence or disapproval. The 770 is then assigned to the OMDT Medical Designator for a final review and determination. If the OMDT Medical Designator and the RMD have differing recommendations, the 770 will be electronically sent to the CHP in the EHR for final determination.
- Care Level 4 requests are reviewed by the assigned Medical Designator. The Medical Designator may approve the request; however, all recommendations for disapproval are referred to the CHP for final determination.

- All determinations are based on a thorough review of clinical information, and the inmate's EHR.
- When there are dissenting recommendations, OMDT will facilitate a meeting attended by the CHP, RMD, Chief, OMDT, and Medical Designator to discuss complicated requests containing refusals of care, non-compliance, end of life, or other relevant clinical issues.
- The Medical Designator, in consultation with the CHP, may change the urgency of the request.

Procedures for review of Mental Health 770 requests.

- Care Level 4 requests are reviewed by the assigned Medical Designator and sent to the Bureau Chief Psychiatrist for final determination.
- All determinations are based on a thorough review of clinical and psychiatric information, as well as the inmate's EHR.
- The Medical Designator, in consultation with the Chief Psychiatrist may change the urgency of the request.

If an inmate is approved for medical re-designation, the Medical Designator will select the most appropriate Care Level 3 facility or MRC based on the following:

- Inmate's medical needs
- Security/custody level
- Central Inmate Monitoring System (CIMS) considerations (e.g., separatees)
- Custodial concerns
- Care Level 3/MRC bed space availability
- Proximity to the inmate's primary residence. A facility as close to or, to the extent practicable, within 500 driving miles of the inmate's primary residence will be chosen.

OMDT will review the recommended mode of transportation on the 770. The mode of transportation may be modified by OMDT 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 a medical escort staff.

- OMDT will send all approvals or disapprovals for transfer via email to the referring and receiving institutions. The authorized transport date or denial comments, along with other details, can be found in the applicable Bureau inmate management system.
- Once an appropriate bed is available and a transfer date identified by the receiving MRC, OMDT will prepare a Transportation Authorization memorandum and route it via email to the originator, as well as the receiving MRC.
- OMDT 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.

Emergency referrals will be referred to the most appropriate MRC based on:

- Available medical resources
- Proximity to the sending institution
- Security/custody needs
- Custodial concerns
- Bed space availability

b. **Treatment Complete Referral Request (413).** A 413 request serves as the notification that medical or mental health treatment has been completed and provides all of the designation, transportation, and security information required to complete a re-designation to a Medical Care Level 1 or 2 facility or a Mental Health Care Level 1, 2, or 3 facility. MRCs and Care Level 3 institutions will be directed to complete a Medical 413 when NURAB determines treatment is complete.

- 413 requests must be completed in conjunction with Unit Team who will provide pertinent custodial information:
 - recommended facility
 - current charge/offense
 - additional Unit Team recommendations and special considerations
- The Clinical Director, Chief Psychologist, and HSA will ensure all essential medical, surgical, or psychiatric information is documented on the 413 to assist OMDT and the receiving institution in processing transfers. The 413 must document the following information:
 - the inmate's current condition and treatment history
 - reason for MRC/Care Level 3 designation (originally)
 - course of treatment
 - follow-up care required
- An institution provider or staff member will initiate the 413 with input from other providers involved with the inmate's care (e.g., Advanced Practice Providers, Psychologists, Medical Officers, Nurses, Physical Therapists, Consultant Physicians).
- The Clinical Director and HSA must review the 413, sign the request for transfer, and notify the institution Warden of the request for transfer.

The 413 is electronically sent to OMDT in the EHR for initial review.

Procedures for review of Medical 413 requests.

- Care Level 3 requests are reviewed by the assigned Medical Designator who may approve the request; however, all recommendations for disapproval are referred to the CHP for final determination.

- Care Level 4 requests are first reviewed by the assigned Utilization Review Nurse Consultant (URNC) for a determination, then electronically assigned to the Medical Designator for a final review. If the Medical Designator and the URNC have differing opinions, the CHP will make the final determination.
- When there are dissenting recommendations, OMDT will facilitate a meeting attended by the CHP, URNC, Chief, OMDT, and Medical Designator to discuss complicated requests containing refusals of care, non-compliance, or other relevant clinical issues.

If an inmate is approved for a treatment complete re-designation, the Medical Designator will complete the designation to a Care Level 1 or Care Level 2 facility.

OMDT will send all approvals or disapprovals via email to the referring and receiving institutions. Approval or denial comments, along with other details can be found in the applicable Bureau inmate management system.

Procedures for review of Mental Health 413 requests.

- Care Level 4 requests are first reviewed by the assigned Medical Designator in conjunction with the Mental Health Treatment Coordinator who will confirm the Mental Health Care Level and provide a Care Level designation recommendation

If an inmate is approved for a treatment complete re-designation, the Medical Designator will complete the designation to the appropriate facility.

OMDT will send all approvals or disapprovals via email to the referring and receiving institutions. Approval or denial comments, along with other details can be found in the applicable Bureau inmate management system.

For guidance regarding OMDT Redesignations, refer to the OMDT Redesignation Requests Guide, which can be located on the Health Programs page under the Health Services Division of the Bureau's intranet site.

6. OMDT PRIORITIZATION OF MRC DESIGNATIONS

a. **Prioritization.** OMDT staff, along with the CHP, Mental Health Treatment Coordinator, and Bureau Chief Psychiatrist, review all inmates pending transfer to MRCs each week for appropriate priority for transfer. The priority and/or facility are subject to change depending on the inmate's condition at the time of the review.

- Emergency transfers will take priority over Routine and Routine Urgent transfers.

- MRCs will be informed each week of the prioritization for transfer via a memorandum from OMDT to the institutions' Warden, HSA, Clinical Director, and institution Utilization Review Nurse.
- Decisions by the MRC to deviate from OMDT prioritization must be communicated to the NURAB for review according to Program Statement **Healthcare Utilization Management**.

b. **MRC Medical Bed Management.** Medical bed admission and discharge will be reviewed by the NURAB per Program Statement **Healthcare Utilization Management**.

- The Chief, Utilization Review Section will communicate MRC bed status to OMDT weekly to guide designations and prioritization.
- The Chief, Utilization Review Section will compile a list of inmates whose treatment is complete. This list will be communicated to OMDT and MRC/Care Level 3 institution providers or designated personnel who will be required to fill out the 413. This will vacate the bed space for other designated inmates, expediting inmate movement and management of the MRC pipeline.

7. ELECTRONIC HEALTH RECORD EXIT SUMMARY FOR FEDERAL PRISONER /ALIEN IN TRANSIT

The Exit Summary, generated through the EHR, must accompany all inmates in transit regardless of physical or mental condition or reason for transfer. The HSA is responsible for the completeness of the Exit Summary and ensures each item is addressed in detail. A clinical staff member will sign the form.

- No federal prisoner in transit will leave a Bureau institution without a completed Exit Summary, regardless of the duration of stay in holdover status or disposition.
- Tuberculosis (TB) screening must be completed prior to transfer. Transporting officials will not accept any inmate for transfer unless the TB clearance section of the EHR Exit Summary or BP-A0659, Medical Summary of Federal Prisoner/Alien in Transit form is completed.

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, to include the dosage, frequency, expiration date, and route of administration.
- The USM-553, Prisoner in Transit Medical Summary, for USMS prisoners may be utilized in lieu of the EHR Exit Summary when prisoners are received from the USMS or Justice Prisoner and Alien Transportation System (JPATS) movements.

b. **Special Instructions.** The Exit Summary will clearly document 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. **Court or U.S. Attorney Visits.** Institutions that service the Federal Courts by housing USMS prisoners (e.g., pretrial, holdover, material witnesses, etc.) do not have to complete the Exit Summary for inmates going to court or local U.S. Attorney visits.

- If the inmate has a medical condition that warrants use of the Exit Summary, it will be completed (e.g., 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.

8. TYPES OF TRANSPORTATION

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. Air ambulance is utilized for inmates who are bed bound, cannot maintain a seated position for transfer, or will require in-flight medical care.

- 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.** Generally referred to as Specialized Operation Air Program (SOAP) flights, are private flights typically utilized for emergent/Routine Urgent travel over 400 miles. 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 near 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 near an MRC, e.g. USP Leavenworth to USMCFP Springfield.

- An institution vehicle may be used for emergency and direct 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 except rare instances when an emergency transfer may be transferred by commercial air if approved by the Clinical Director and Warden. The Clinical Director must certify 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/ United States Marshals Service (USMS) Airlift.** Justice Prisoner and Alien Transportation System (JPATS) partners with the Bureau and the USMS to transfer inmates/defendants. They have an intricate system of airlifts and buses strategically structured to transport inmates across the United States. JPATS utilizes airlifts to transport a large number of inmates to a region who are then transferred to their designated institution by bus.

- 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.

9. 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 Exit Summary
- inmate not medicated prior to transfer
- inmates without 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.

Conditions not considered for transport on Bureau/USMS Airlift. Generally, the following conditions will not be considered for transport on the Bureau/USMS airlift:

- type I diabetes (must be direct transfer)
- unstable cardiac conditions
- severe chronic obstructive pulmonary disease (COPD)
- 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
 - Required sickle cell documentation and labs must be completed by medical staff and documented in the Exit Summary prior to transfer.
- inmates who require respiratory equipment, including oxygen
- inmates who have a history of myocardial infarction (MI) with restricted ambulation and/or suffer from angina with slight or moderate exertion
- any inmate who is unable to walk
- any dental appliance or device which prevents the mouth from opening
- hemoglobin (Hgb) that is not at least Hgb 8 mg/dL or above
 - If no current laboratory information is available, travel will be approved for ground transportation only

10. TRANSPORTATION CONSIDERATIONS

a. **Mode of Transportation.** An inmate's movement to an MRC or Medical Care Level 3 institution 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, however OMDT will make the final determination on the mode of transportation and issue the Transfer Authorization via memorandum. Referring institutions will determine appropriate correctional coverage in accordance with the Program Statement **Escorted Trips**.

b. **Medical Risk in Transport.** Institutions may request an inmate's transfer for health care when, in the Clinical Director's opinion, the transfer will not result in a serious risk or adverse effect on the inmate. Under no circumstances will inmates be transported who are not in stable condition. The current treating provider and/or Bureau institution Clinical Director must certify the inmate is stable for medical transport prior to travel authorization being granted.

c. **After Hour/Weekend Emergency Transfers.** Emergency transfers after hours and weekends will be communicated from Warden to Warden and Clinical Director to Clinical Director. The transferring Warden or designee will notify OMDT and the Medical Director the next working day. Privately operated facilities will contact OMDT.

11. AIR CHARTER GUIDELINES FOR REFERRING INSTITUTIONS

- The use of air charter or air ambulance for transferring inmates will be limited to cases which cannot be transferred by other means.
- OMDT 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.

- Transportation Authorization must be received from OMDT.
- The sending institution's HSA will contact the receiving institution's HSA to coordinate the details of the transfer.
- The sending institution will make charter arrangements for the airplane.
- If not included in the contract, the sending institution will provide:
 - escort personnel
 - medical supplies
 - necessary durable medical equipment
 - equipment for use en route

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

a. The Clinical Director and/or treating physician must certify the inmate is in stable condition and suitable for airlift.

b. 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.

c. 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 maximize the use and cost-effectiveness of expensive air charter flights.

d. 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 wheelchair or stretcher)
- names of escorting staff
- type of aircraft
- registration number (tail number) of aircraft
- from whom leased
- color of aircraft
- cost
- number of inmates who can be returned by aircraft

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

REFERENCES

Program Statements

Escorted Trips
Healthcare Utilization Management
Inmate Furloughs
Inmate Security Designation and Custody Classification

Bureau Forms

BP-A0659 Medical Summary of Federal Prisoner/Alien in Transit
BP-A0770 Medical/Surgical and Psychiatric Referral Request

Other Forms

EMS-A206.060 Medical Resources Directory
USM-553 Prisoner in Transit Medical Summary

Federal Statutes

18 U.S.C. 3552, 4241 - 4247, and 4248

Other References

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

ACA Standards

Performance-Based Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-06, 5-ACI-6A-08 (M), 5-ACI-6A-09, 5-ACI-6B-08 (M), 5-ACI-6C-06, 5-ACI-6C-12, 5-ACI-6D-06

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-4C-04, 5-ALDF-4C-05, 5-ALDF-4C-06, 5-ALDF-4C-08 (M), 5-ALDF-4C-09, 5-ALDF-4C-39, 5-ALDF-4D-08 (M), 5-ALDF-4D-20, 5-ALDF-4D-34

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.