



PRISONER OPERATIONS

9.4 Prisoner Health

PRISONER AIRBORNE PATHOGEN CONTROL

(Airborne pathogens include but are not limited to TB, SARS)

- A. Proponent:** Office of Interagency Medical Services (OIMS): (202) 307-9680; FAX: (202) 307-5029. After hours, contact the USMS Command Center to contact the Prisoner Medical Duty Officer.
- B. Purpose:** This policy ensures that USMS prisoners who have contagious airborne diseases are identified as soon as possible and isolated to prevent the spread of the disease.
- C. Authority:** Standards set by the Centers for Disease Control and Prevention (CDC), American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) and good medical practices established by the professional medical community. Authority to manage prisoner health care is provided by 18 USC 4006 , 4013 , and 4086.
- D. Policy**
1. USMS intake staff will always be alert for any visual symptoms of contagious airborne diseases exhibited by USMS prisoners. Visual symptoms may persistent cough, coughing up blood, and fever.
 2. A healthcare professional will test USMS prisoners for TB as soon as possible unless documentation of a TB clearance within the past 12 months is available.
 3. The sending USMS district will ensure that prisoners who are suspected of having or confirmed as having active contagious TB or other airborne disease are not produced for court or transported (other than to a local medical facility) by USMS personnel until they have received a signed medical clearance by a health professional.
 4. USMS personnel who must produce or transport a prisoner suspected of having active contagious TB disease or other airborne disease must wear approved respirator/mask when they are sharing air space with that prisoner. The prisoner in question must wear a disposable surgical mask.
 5. Districts must immediately report the case to OIMS when a USMS prisoner is suspected of or confirmed as having active contagious TB disease, or other airborne disease.
- E. Procedures**
1. **USMS Intake Screening for Airborne Pathogens**
 - a. **Observation:** The USMS intake cellblock officer will always be alert (through direct observation) for symptoms of active contagious TB disease and other airborne diseases in USMS prisoners. The symptoms most closely associated with these diseases are persistent cough, coughing up blood, and fever.
 - b. **Questioning:** The USMS intake cellblock officer will ask each prisoner if he or she has ever been diagnosed with or treated for TB. If the prisoner states that he or she is currently taking preventive drug therapy or drug treatment, it is imperative that this information will be documented on a USM-130, so medical evaluation may be completed. This information must be entered into the, *Prisoner Tracking System (PTS)*, TB clearance screen once validation is received from a health care professional. The Office of Interagency Medical Services (OIMS) must be promptly notified by the USM to assist in planning appropriate continuation of drug therapy, as prescribed by a healthcare professional.

- c. **Protective Measures:** If any TB symptoms appear to be present in a prisoner, the USMS intake officer must immediately put on his/her approved respirator/mask and then place the prisoner in respiratory isolation (place a disposable surgical mask over the prisoner's mouth and nose). Ideally, the prisoner will be placed in a negative pressure isolation room, if one is available, or in a room separate from other prisoners and staff. If this is not possible, the surgical mask and staff respirators/masks will serve as respiratory isolation.
- d. **TB Clearance:** Cellblock staff will also look for a TB clearance documented on the USMS-553. Results of TB testing are valid for 12 months unless symptoms of active respiratory disease are present. Acceptable TB clearance includes a negative Mantoux (PPD/skin) test or a negative chest x-ray within the past 12 months signed by a healthcare professional. Refer to USMS *Cellblock Operations* directive.
- e. **Reporting Suspected TB or Other Airborne Pathogens:** When a USMS prisoner is suspected of or confirmed as having active contagious TB or other airborne diseases, the district is to immediately report the case to OIMS, phone: (202) 307-9680; FAX: (202) 307-5029. After hours, contact the USMS Command Center to reach the Prisoner Medical Duty Officer.

2. **Cellblock Respiratory Isolation**

- a. Respiratory isolation can be achieved by placing a disposable **surgical mask** over the symptomatic **prisoner's** mouth and nose and ensuring that **all staff** who share breathing space with the prisoner wear their **approved respirators/masks**.
- b. Whenever possible, the symptomatic prisoner will be immediately isolated from other prisoners and staff, preferably in a separate room, but the mask(s) and respirators must still be used. If security and the environment allow, the prisoner will be kept outside for a short time prior to transport to a medical facility (e.g., in a secure area or USMS vehicle).
- c. Used surgical masks must be disposed of in a red biohazard plastic bag according to local regulations. Red biohazard plastic bags **cannot** be disposed of with the regular trash. USMS staff will wear disposable gloves when handling used masks and will wash their hands thoroughly after disposal. Refer to USMS directive, *Cellblock Operations, Health and Safety*.

3. **Removal of USMS Prisoners with Potential TB or Airborne Diseases for Medical Evaluation**

- a. As soon as possible, the symptomatic prisoner must be transported to a medical facility for isolation and TB testing. During transport, the prisoner will continue to wear a surgical mask, and all accompanying staff will wear their respirators/masks. If possible, the windows will be opened and fans used to increase airflow. Also, the back windows need to be slightly open to promote front to rear airflow.
- b. USMS intake staff will notify the receiving medical facility ahead of time that a possible TB or airborne disease case is being transported for admission.
- c. The medical facility will perform the necessary testing and medical evaluation to determine whether or not the prisoner has active disease. The prisoner will remain in the medical facility until a diagnosis is confirmed. If the prisoner does have active contagious disease, he or she will remain in the medical facility for appropriate treatment. See *Hospital Details for Potential Contagious Airborne Diseases* section.

4. **Transporting Prisoners with Suspected or Confirmed TB**

- a. If a prisoner must be transported prior to completion of testing and clearance, the sending district will notify the Justice Prisoner and Alien Transportation System (JPATS), Medical Transport Coordinator (816) 467-1972 for assistance. The sending district will also notify the receiving district that TB testing will be completed upon the prisoner's arrival.
- b. If the court directs that a prisoner with active contagious disease be produced, the prisoner will wear a disposable surgical mask, and all personnel escorting the prisoner will wear respirators/masks. The prisoner will not be transported with other prisoners.

- c. If a prisoner is undergoing treatment for active TB, contact OIMS at (202) 307-9680 for further guidance.

5. **Routine TB Testing for USMS Prisoners in State and Local Detention Facilities**

- a. In addition to the initial TB screening accomplished by USMS cellblock staff at the time of initial intake, the district will make arrangements for routine TB testing of USMS prisoners when they are received into custody if they do not have documented TB testing and signed clearance within the past 12 months, by a healthcare professional.
- b. TB testing (as defined in *Guidelines for TB Testing*) should be a routine part of prisoner processing in every detention facility. While the USMS cannot require a detention facility to perform TB tests on prisoners, the Agency strongly encourages state and local detention facilities to test **all** prisoners (state, local, and federal) for TB.
- c. If a local detention facility housing USMS prisoners is unwilling or unable to do TB testing, the district will encourage the detention facility to work with the local health department to develop a testing plan that meets the latest National Commission on Correctional Health Care (NCCHC) and Center for Disease Control and Prevention (CDC) guidelines. If the health department cannot solve the problem, the district will notify OIMS for additional medical assistance as soon as possible. If a district experiences any problems obtaining TB testing in a particular detention facility, district management will also contact POD for assistance with IGA negotiations.

6. **Prisoner Refusal of TB Testing and/or Medical Treatment:** If a prisoner refuses to be tested for TB or to receive appropriate medical treatment for TB, the district will take the following actions:

- a. Offer the prisoner counseling by the detention facility medical staff (when available)
- b. Offer the prisoner the alternative of a chest x-ray if the prisoner still refuses PPD testing
- c. Attempt to isolate the prisoner or place him/her in administrative segregation until he or she agrees to testing
- d. Contact OIMS for guidance and/or
- e. Request a federal court order to require testing if there is reasonable cause to suspect active contagious disease (a sample court order is available from OIMS).

7. **Medical Clearance Requests for Justice Prisoner and Alien Transportation System (JPATS)**

- a. Form USM-106, *Request for Prisoner Movement*: JPATS scheduling will not process a Form USM-106 unless the medically cleared line is marked, which indicates the prisoner has been TB cleared and medically cleared for transportation. Any medical complication or issue which could create an in-transit movement problem/delay must be noted in the *Special Remarks* section so that these concerns can be addressed prior to movement.
- b. Form USM-553, *Medical Summary of Federal Prisoner/Alien in Transit*: Must be completed by a healthcare professional and provided to the deputy or contract guard in charge of the trip for ALL PRISONERS who are moved.
- c. USMS Prisoners with Deadlines
 - (1) Prisoners under a court-ordered deadline without a TB clearance could be delayed if they are housed en route at a BOP facility. Therefore, it is essential that the sending district immediately notify the JPATS, Medical Transport Coordinator (816) 467-1972 of the deadline. That division will attempt to obtain special processing by BOP, but this cannot always be guaranteed.
 - (2) The sending district is also responsible for ensuring that any prisoner moved under a deadline without a TB clearance is not exhibiting symptoms of active contagious TB. The sending district must also notify the receiving district before the prisoner is

transported that TB testing needs to be completed upon the prisoner's arrival.

- d. Co-op and Military Prisoners: Co-op and military prisoners traveling on JPATS flights must have a documented TB clearance done within the past 12 months.

8. Payment for USMS Prisoner TB Program Costs

- a. Intergovernmental Agreements: IGAs will, whenever possible, include TB testing in the calculated per diem rate. If the existing cost data includes TB testing, there will be no added cost for this testing to the Federal Government.
- b. Outside Prisoner Medical Care: All outside prisoner medical care costs generated by TB testing of USMS prisoners are to be charged to the federal prisoner detention account as outside medical cost. The USMS pays only those costs for testing and treatment of USMS prisoners.

F. Responsibilities

1. USMS Intake Staff

- a. Being alert for visual symptoms of airborne diseases in prisoners
- b. Ensuring that prisoners are tested for TB as soon as possible by a medical professional
- c. Ensuring that prisoners suspected of having active contagious airborne disease are not produced for court or transported without documented medical clearance by a healthcare professional.
- d. Questioning prisoners about airborne disease symptoms and medical history
- e. Wearing an approved respirator/mask while sharing airspace with any prisoner suspected of having an airborne disease
- f. Ensuring that prisoners suspected of having airborne disease wear surgical masks
- g. Isolating prisoners suspected of having TB, or airborne disease
- h. Notifying the receiving medical facility ahead of time that a possible TB case or other airborne disease is being transported for admission
- i. Providing a completed USM-553 to the deputy-in-charge of the prisoner trip

2. Sending District

- a. Notifying JPATS in cases where a prisoner must be transported prior to completion of TB testing and documented medical clearance.
- b. Reporting immediately cases of suspected or confirmed TB to OIMS
- c. Maintaining a supply of surgical masks for prisoners and approved respirators/masks for staff
- d. Disposing of used surgical masks correctly
- e. Making arrangements for routine TB testing of all USMS prisoners when they are received into custody
- f. Encouraging state and local detention facilities to test all prisoners for TB
- g. Assist detention facilities that do not routinely test or work with the local health department
- h. Managing prisoners who refuse TB or other airborne disease testing and/or treatment

Prisoner Tuberculosis Control

- i. Notifying the JPATS medical transport coordinator (816) 467-1972 of cases of uncleared prisoners with court-ordered deadlines
 - j. Ensuring that any prisoner transported under deadline cannot be moved without a symptom screen by a healthcare professional.
3. **Deputy-in-Charge of Prisoner Trip:** Responsible for ensuring that a completed USM-553 accompanies ALL PRISONERS who are moved.
4. **U.S. Marshal**
 - a. Ensuring completion of the form USM-553 and required testing
 - b. Immediately notifying these agencies and individuals when a prisoner in custody has been diagnosed as having active contagious TB or other airborne disease:
 - (1) The OIMS phone: (202) 307-9680; FAX: (202) 307-5029. After hours, contact the USMS Command Center to contact the Prisoner Medical Duty Officer
 - (2) The court
 - (3) The U.S. Attorney
 - (4) The defense attorney
 - c. Initiating follow-up procedures with the **Pre-trial Services Agency** or the **U.S. Probation Office** to ensure that prisoners who test positive and are released on bond are tracked for medical treatment by appropriate local authorities pursuant to a court order as a condition of release. OIMS is available to assist.

G. Definitions

1. **Tuberculosis (TB):** TB is an infection caused by exposure to mycobacterium tuberculosis; latent TB infection can progress to disease. TB infection and TB disease make up the two dimensions of TB.
 - a. **Latent TB Infection:** The person with latent TB
 - (1) may feel healthy
 - (2) may have no signs of illness (active contagious disease)
 - (3) tests positive on Mantoux TB (PPD) skin test
 - (4) is not contagious (cannot infect others)
 - (5) is at risk for developing active contagious TB disease in the future (especially if the person's immune system is compromised by other diseases such as HIV infection, diabetes, cancer, etc.)
 - b. **Active contagious TB Disease:** The person with active contagious TB
 - (1) feels ill
 - (2) has signs and symptoms of disease (fever, chills, night sweats, coughing up blood, weight loss)
 - (3) tests positive on Mantoux TB (PPD) skin test
 - (4) is *contagious* (can infect others) and can spread infection by such simple actions as coughing and sneezing.
2. **TB Skin Test:** The standard test used to identify latent or active contagious TB is known as the Mantoux/Tuberculin skin test (TST) or PPD (Purified Protein Derivative).

3. **TB Clearance:** The prisoner has no signs or symptoms of active contagious TB and has either a negative Mantoux/Tuberculin skin test (TST) or PPD test or a negative chest x-ray within the past 12 months.
4. **Multiple Drug-resistant TB (MDR TB):** Several strains of mycobacterium tuberculosis (the bacteria that cause tuberculosis) have developed resistance to the medications used to treat the disease. As a result, some people with active contagious tuberculosis cannot be treated with conventional medications. These drug-resistant strains of bacteria pose a great risk to the public health of this nation and others. Bacteria develop resistance when treatment is started but not completed. This is why courses of drug treatment must always be completed.
5. **Approved Respirator:** Respirators classified by NIOSH as type 100, 99, or 95 are acceptable for worker protection against exposure to TB.
6. **Airborne Pathogens:** Infectious agents (usually bacterial or viral) that are carried by or through the air usually in small droplets (i.e., TB, SARS).

H. Guideline for Tuberculosis (TB) Testing

1. Documentation

a. Form USM-553, Medical Summary of a Federal Prisoner/Alien in Transit.

- (1) **Health Care Professional:** Documents, signs, and dates the USMS prisoner's TB test results in the *TB Clearance* section in the upper left corner of Form USM-553. TB clearance is good for 1 year. The healthcare professional will also complete the *Current Medical Problems, Medication Required, and Special Needs* sections. This information will be used by the district staff to complete the *Special Remarks* section of Form USM-106, Request for Prisoner Trip.
- (2) **USMS Intake Officer:** The prisoner identification section of USM-553 (Name through Date in Custody) is to be completed by the USMS intake officer. The form is transferred with the prisoner to the detention facility and given to the detention facility medical staff for retention. If the detention facility has no medical staff, TB testing and medical clearances will be accomplished by another resource, the district will make appropriate arrangements to ensure completion of Form USM-553. TB test results will be documented by the district in the *PTS TB Clearance Screen*. Test results must also include the date the tests were administered, TB skin test result ((+), (-) and millimeter reading to the TST) in order to verify that the TB clearance is still valid.

- b. **Distribution:** After all sections of Form USM-553 have been completed, the original is provided to the deputy-in-charge or contract guard of the prisoner trip. The deputy will provide the Form USM-553 to the flight nurse if the prisoner is to be transported on a JPATS aircraft, to the bus lieutenant if the prisoner is to be boarded on a BOP bus, or to the appropriate person at an institution or detention facility. A copy of the form will be kept by the district in the prisoner file and a copy retained by the medical staff at the detention facility or the attending physician.

2. TB Test Information and Results

- a. **Mantoux/Purified Protein Derivative (PPD) Test:** A Mantoux/(TST) or PPD test should be administered to every prisoner upon admission unless he or she has had this test within the past 12 months or has tested positive in the past. The PPD is injected under the skin, and the resulting reaction must be read 48 to 72 hours later. This test will be done by a health care professional in accordance with the latest Centers for Disease Control and Prevention (CDC) standards.
- (1) If the PPD is negative, and the prisoner is not exhibiting symptoms of active contagious TB, the prisoner can be housed or moved as necessary.
 - (2) If the PPD is negative, but the prisoner is exhibiting symptoms of active contagious TB, the prisoner must be taken to a hospital or other appropriate medical center

immediately for further testing.

- (3) If the PPD is positive, a chest x-ray must be done as soon as possible to rule out active contagious TB.
- b. Chest X-ray: If a prisoner is known to be or reports being pregnant, a healthcare professional will be notified as soon as possible before an x-ray is done.
 - (1) If the chest x-ray is negative, the prisoner can be housed or moved as necessary.
 - (2) If the chest x-ray is positive, the prisoner will require further testing.

USMS TB Clearance Requirements Summary

USMS TB Clearance Status	PPD Test Results	Symptoms of TB	Chest X-Ray Results
Cleared	Negative	No	Not Applicable
Cleared	Positive	No	Negative
Not Cleared	Negative	Yes	Positive or Pending*
Not Cleared	Positive	No	Positive or Pending*
Not Cleared	Positive	Yes	Positive or Pending*

* Must have a chest x-ray report that states no TB findings to receive a TB clearance. Contact OIMS at (202) 307-9680 for further assistance.

- c. Requirements for Prisoners Housed in Federal Bureau of Prisons (BOP)
 - (1) BOP facilities must perform TB testing on all prisoners (including USMS prisoners) at intake if there is no documented TB clearance.
 - (2) BOP facilities are prohibited from releasing any prisoner to another BOP facility without a documented TB clearance. However, a USMS prisoner traveling with a deadline to a state or local detention facility can be released from a BOP facility prior to completion of TB clearance.
 - (3) OP facilities are **not** authorized to refuse intake of USMS prisoners who have not been tested for TB. USMS prisoners who do not have a documented TB clearance and are to be transferred to other BOP facilities may be subject to delays en route.

I. Hospital Detail for Potential Contagious Airborne Diseases

- 1. All USMS personnel and hospital guards who share breathing space with a prisoner who has active contagious TB disease (e.g., during transport to the hospital) must wear their approved respirator/masks. The contagious prisoner must wear a surgical mask over his/her mouth and nose while sharing breathing space with USMS personnel.
- 2. After admission to the hospital, the contagious prisoner must have further testing to determine the extent of the disease. The hospital medical staff will keep the prisoner in respiratory isolation and begin treatment. Once treatment begins, it is absolutely crucial that it continue for the full course prescribed (usually 6 months) in order to prevent the development of drug-resistant organisms.
- 3. If the prisoner is released from the hospital during treatment, upon discharge, USMS staff must ensure that the appropriate prescriptions and/or medications and discharge orders accompany the prisoner to the detention facility.

J. Notifications

- 1. When the U.S. Marshal learns that a prisoner in custody has been diagnosed by a health care

Prisoner Tuberculosis Control

professional as having active contagious TB disease, the USM will immediately inform these agencies and individuals that the prisoner's current medical condition precludes transport or production without the express consent of the trial judge or magistrate and a health care professional:

- a. IMS phone: (202) 307-9680; FAX: (202) 307-5029. After hours, contact the USMS Command Center to contact the Prisoner Medical Duty Officer
 - b. The court
 - c. The U.S. Attorney
 - d. The defense attorney
2. Release of any further information regarding the prisoner's medical condition outside the USMS will be accomplished through the court.