

A. Policy Statements:

1. All prisoners will receive medically necessary health care services.
2. Emergency health care will be provided immediately to prisoners (no pre-authorization is required).
3. Only POD/Office of Medical Operations (OMO) authorized health care personnel can deny or defer requests.
4. Prisoners will have access to screening, isolation, and treatment for infectious diseases.
5. Prisoners suspected of having a reportable infectious disease will be reported to the State Health Department(s).
6. Prisoners suspected of having a reportable infectious disease will be isolated in accordance with State Health Department(s) protocols.
7. Only medical professionals will treat and monitor the infected prisoners based on the recommendations of the State Health Department(s).
8. Respiratory precautions will be used around prisoners suspected of having an airborne infectious disease until there is a confirmed diagnosis.
9. All requests for exceptions to this policy will be sent in memorandum format with the U.S. Marshal's signature to the Assistant Director, POD.

B. Roles and Responsibilities:

1. **POD:**
 - a. Provides professional expertise and guidance to districts on infectious disease cases;
 - b. Opens and manages reportable infectious disease case files for United States Marshals Service (USMS) prisoners;
 - c. Assists with the transfer of infected prisoners to facilities capable of handling infectious diseases;
 - d. Coordinates with State Health Department(s) to ensure suspected cases of infectious disease have been reported;
 - e. Assists the State Health Department(s) with contact investigations; and
 - f. Coordinates with immigration health officials in the deportation of USMS prisoners that are illegal aliens with active Tuberculosis (TB).
2. **Districts:**
 - a. Procure and maintain National Institute of Occupational Safety and Health (NIOSH) approved respirators and associated equipment for handling prisoners suspected of having an infectious disease;
 - b. Notify POD/OMO via the (b) (7)(E) in the USMS Mission System of any USMS prisoner who is suspected of having a reportable infectious disease;

- c. Ensure personnel use respiratory precautions around prisoners suspected of having infectious respiratory diseases;
- d. Notify the Human Resource Division (HRD) of USMS employees that may have been exposed to a reportable infectious disease;
- e. Notify the court and Assistant United States Attorney if an infected prisoner is scheduled to appear;
- f. Coordinate the isolation and/or transfer of an infected prisoner;
- g. Assist the State Health Department(s) with contact investigations; and
- h. Document and validate current TB screening status and results in the prisoner system of record in accordance with USMS Policy Directive 9.42, *Prisoner Tuberculosis Screening*.

C. Procedures:

1. NIOSH Respirators and Associated Equipment:

- a. Per USMS Publication 53F, *Management Support Division Office of Security, Safety and Health Environmental, Occupational Safety and Health* and USMS Policy Directive 3.32, *Exposure Control Plan for Pathogens* districts will procure and have on-hand NIOSH certified respirator masks (e.g., N95 or better) to handle prisoners with infectious diseases.
- b. More information on the N95 respirator may be found in the N95 Respirators Guide.

2. Infectious Disease Notifications:

- a. **Employee Exposure Incident:** Upon suspicion that a USMS employee has been exposed to a reportable infectious disease, the district will follow the procedures in USMS Policy Directive 3.32 and notify HRD Employee Health Program, Health Administration Branch for employee follow-up.
- b. The detention facility medical provider will notify the district and the State Health Department(s) whenever a prisoner is symptomatic of a reportable infectious disease or has a positive TB skin test **and** a positive chest x-ray. The following are the most common infectious diseases reported in detention facilities:

- 1) TB;
- 2) Varicella (chicken pox); and
- 3) Methicillin Resistant Staph Aureus (MRSA).

A comprehensive list of reportable infectious diseases can be found on the Centers for Disease Control (CDC) National Notifiable Diseases Surveillance System (NNDSS) website.

- c. The district will notify POD/OMO of reportable cases of infectious disease using **(b) (7)(E)** The notification will include (if known):
 - 1) Prisoner's first and last name, USMS number, and district;
 - 2) Whether diagnosis is confirmed or suspected;

- 3) Prisoner's current symptoms and any clinical findings;
 - 4) Current treatment and treatment plans;
 - 5) Current location of prisoner;
 - 6) Name and contact information of person reporting disease;
 - 7) Verification if State Health Department(s) was notified;
 - 8) Verification if infected prisoner is in isolation; and
 - 9) Any relevant documentation (upload documentation).
- d. POD/OMO will acknowledge the district infectious disease notification using the (b) (7)(E) and provide guidance per policy and federal statutes as needed.

3. Case File Management:

- a. After confirming the infectious disease, POD/OMO will open a Medical Management Branch (MMB) Initiated Case (MIC) in (b) (7)(E) for each prisoner with an infectious disease.
- b. POD/OMO will upload the information the district previously provided and any additional information the district may not have had at the time of notification into (b) (7)(E) case file.
- c. Upon receipt of additional information related to the infected prisoner's case, the district will email the POD/OMO Case Manager or fax the information and/or document(s) to POD/OMO.
- d. The POD/OMO Case Manager will upload all relevant documents to (b) (7)(E) case and make updates as required.

4. Handling Infected Prisoners:

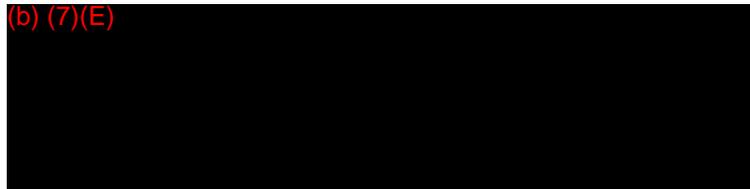
- a. **Isolation.** Whenever possible, the detention facility and the district will immediately isolate the symptomatic or diagnosed prisoner from other prisoners and staff in a separate room.
 - 1) For TB, the prisoner should be placed in a negative pressure room.
 - 2) For Varicella (chicken pox), all identified contacts will be isolated for 21 days with daily symptom screenings, unless immunity is confirmed via varicella titer.
 - 3) For other infectious diseases, refer to Centers for Disease Control Internet Site and/or contact POD/OMO for information and/or guidance.
 - 4) If isolation is not possible, personnel who share breathing space with a prisoner with a respiratory infectious disease will wear an approved respirator mask.
- b. **Handling and Transporting.** The district will handle and transport the infected prisoner in close coordination with professional medical personnel.
 - 1) The district may contact POD/OMO for appropriate respiratory precautions when handling and transporting an infected prisoner.

- 2) Escorts will wear fit-tested NIOSH certified respirator masks (e.g., N95 or better) when handling and transporting prisoners suspected of having an infectious disease.
- 3) A disposable surgical mask will be placed over the symptomatic prisoner's mouth and nose.
- 4) The infected prisoner will not be transported with other prisoners.
- 5) During ground transport, the transport vehicle should have windows open to allow the air to circulate to the outside.

c. **Transfer.** If the infected prisoner needs to be transferred to another facility, the district will work with the detention facility medical provider and POD/OMO to coordinate and medically clear the prisoner for transfer.

- 1) For suspected TB, the district will coordinate the transfer of the prisoner to a detention facility with a negative pressure room.
- 2) If there are no detention facilities available with negative pressure rooms to handle TB cases, the district will coordinate the transfer of the prisoner to a local hospital.
- 3) If the prisoner must be transferred to a local hospital, the district will notify the local hospital in advance.
- 4) If feasible, the district will arrange for transportation using specialized medical transports.
- 5) USMS prisoners should be transferred with a seven-day supply of medications.
- 6) The district will ensure the following forms are completed prior to transfer:

- a.
- b.
- c.



5. **Prisoner Treatment:**

- a. Once diagnosed with an infectious disease, medical professionals will treat and monitor the prisoner's treatment based on the recommendations of the State Health Department(s).
- b. After a prisoner has been successfully treated for TB and is TB "cleared" by a licensed health care professional, the district will update the prisoner system of record with the new TB clearance date.

6. **Contact Investigations:**

- a. The State Health Department will determine if a contact investigation is necessary.

- b. If a contact investigation is not required, medical professionals will treat and monitor the infected prisoner.
- c. If a contact investigation is required, the detention facility medical staff or the State Health Department will be responsible for conducting the contact investigation.
- d. POD/OMO and the district will assist the State Health Department(s) with the contact investigation.
- e. If the infected prisoner was not diagnosed in a timely manner and was transferred to another facility or agency prior to diagnosis and treatment, the previous facility or agency may provide assistance with the contact investigation.
- f. Once the State Health Department(s) contact investigation list is developed, POD/OMO will contact the district and/or the detention facility currently holding the exposed USMS prisoner(s) to alert them that a follow-up medical evaluation is required.
 - 1) Prisoners exposed to TB will be tested for TB (purified protein derivative (PPD) test or chest x-ray) immediately and eight weeks post exposure.
 - 2) Prisoners testing positive for TB will be isolated until active TB is ruled out.

7. **Deportation of Illegal Aliens with Active TB:**

- a. The district will coordinate with POD/OMO if a USMS prisoner with active TB is an illegal alien and will be deported before completing TB treatment.
- b. The POD/OMO Utilization Review Coordinator will consult with the district staff, the State Health Department, and Immigration Health Service Corps, as appropriate, to coordinate and assist with planning for continued care of the prisoner and possible referrals to entities that can assist with ongoing care such as the Migrant Clinicians Network or to the Cure TB Referral Program.

8. Additional information on infectious diseases can be found on the POD/OMO Intranet.

D. Definitions:

- 1. **Contact Investigation:** The screening of those who were in close proximity to the infected person. This may include other prisoners, jail employees, transport staff, USMS employees, the courts, and the general public.
- 2. **Exposure Incident:** When an employee has been exposed (within 10 feet) to an individual with confirmed or suspected infectious respiratory disease without the barrier of an N95 filtering face-piece or higher.
- 3. **Infectious Disease:** An illness caused by a specific infectious agent or its toxic product that results from transmission of that agent or its products from an infected person to a susceptible host, directly or indirectly through an intermediate host, vector or inanimate environment (e.g., TB, chicken pox (varicella), Methicillin-Resistant Staphylococcus Aureus (MRSA), Hepatitis C, and Human Immunodeficiency Virus (HIV)).
- 4. **Negative pressure:** A difference in air pressure between a corridor and an isolation room so that a one-way flow of air into the isolation room prevents contaminated air from leaving the isolation room and entering other parts of the facility.

5. **Reportable Case:** Diseases of great public health risk that local, state, and national agencies require medical professionals to report.
6. **Utilization Review Coordinator (URC):** United States Public Health Care nurses assigned to the USMS and working in POD to assist the districts in provision of health care to USMS prisoners.

E. References:

1. 28 C.F.R. § 0.111, [General Functions](#)
2. 18 U.S.C. § 4006, [Subsistence for Prisoners](#)
3. 18 U.S.C. § 4013, [Support of United States Prisoners in Non-Federal Institutions](#)
4. 18 U.S.C. § 4086, [Temporary Safe-Keeping of Federal Offenders by Marshals](#)
5. 18 U.S.C. § 4241, [Determination of Mental Competency to Stand Trial to Undergo Post Release Proceedings](#)
6. 18 U.S.C. § 4242, [Determination of the Existence of Insanity at the Time of the Offense](#)
7. 18 U.S.C. § 4243, [Hospitalization of a Person Found Not Guilty Only by Reason of Insanity](#)
8. 18 U.S.C. § 4244, [Hospitalization of a Convicted Person Suffering from Mental Disease or Defect](#)
9. 18 U.S.C. § 4245, [Hospitalization of an Imprisoned Person Suffering from Mental Disease or Defect](#)
10. 18 U.S.C. § 4246, [Hospitalization of a Person Due for Release but Suffering from Mental Disease or Defect](#)
11. 18 U.S.C. § 4247, [General Provisions for Chapter](#)
12. USMS Policy Directive 3.32, [Exposure Control Plan for Pathogens](#)
13. USMS Policy Directive 9.42, [Prisoner Tuberculosis Screening](#)
14. (b) (7)(E)
15. [REDACTED]
16. [REDACTED]
17. USMS Publication 53F, [Management Support Division Office of Security, Safety and Health Environmental, Occupational Safety and Health](#)
18. [Management Support Division Respiratory Protection Program](#)
19. [Management Support Division N95 Respirators Guide](#)
20. [POD Office of Medical Operations Intranet site](#)
21. [National Notifiable Diseases Surveillance System \(NNDSS\) website](#)
22. [Centers for Disease Control and Prevention website](#)

23. [Migrant Clinicians Network](#)
24. [Cure TB Referral Program](#)