



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-173100 Transfer of Inmates with Acute Medical or Psychiatric Illness	Issued: 10/30/85 Effective: 11/13/85	Reviewed/ Revised: 12/02/21
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. NMSA 1978, Section 33-1-6, as amended.
- B. Policy *CD-010100*.

REFERENCES:

- A. ACA Standard 2-CO-4E-01, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. ACA Standards 5-ACI-IE-02, 5-ACI-6A-05, 5-ACI-6A-06 and 5-ACI-6A-08 (M), *Performance Based Standards and expected practices for Adult Correctional Institutions*, 5th Edition.
- C. National Commission on Correctional Health Care, *Standards and Guidelines for Delivering Services*, 1999.
- D. Policy *CD-130200*.

PURPOSE:

To provide guidelines for transporting inmates with acute medical or psychiatric illnesses between New Mexico Corrections Department (NMCD) facilities or from an NMCD facility to a community health care facility.

APPLICABILITY:

All employees and inmates of the New Mexico Corrections Department facilities and especially to Health Services personnel, contract care providers, and all employees assigned to duties that are related to the provision of health services.

FORMS:

Mandatory Activity Request form (*CD-173101.1*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Ambulance*: A ground or air medical transport vehicle with qualified health personnel and equipment available to provide constant attention to the medical needs of an inmate.

- B. Department Vehicle: A Corrections Department sedan, van or station wagon, not equipped to provide ambulance services.
- C. Health Care Authority: The Health Services Administrator or Physician for an institution.
- D. Medical/Therapeutic Restraint: A device that restrains hands, arms, torso or legs; is made of cloth, plastic, leather or steel; and is ordered to be applied to an inmate by qualified health personnel.
- E. Physician-Initiated Transport: Transport ordered by a psychiatrist or other physician between Corrections Department facilities or from a Department facility to a hospital or clinic.
- F. Qualified Health Personnel: Physicians, Physician Assistants, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, Emergency Medical Technicians, psychologists and social workers.

POLICY:

Inmates are to be transported from one correctional facility to another or to a health care facility in a manner that will not endanger the inmate's life, safety, or health.

- A. An updated case file for any inmate transferred from one institution to another is transferred simultaneously or, at latest, within 72 hours. **[5-ACI-IE-02]**
- B. Inmates, who need health care beyond the resources available in the facility, as determined by the responsible health care practitioner, shall be transferred under appropriate security provisions to a facility where such care is available. There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually. **[5-ACI-6A-05]**
- C. When calling 911, the responsible service provider is dispatched to assure timely access to services that are only available outside the correctional facility is required. The system is designed and organized to address the following issues: **[5-ACI-6A-06]**
 - Prioritization of medical need;
 - Urgency (for example, an ambulance versus a standard transport);
 - Use of medical escort to accompany security staff if medicated; and
 - Transfer of medical information.

The safe and timely transportation of inmates for medical, mental health, and dental clinic appointments, both inside and outside the correctional facility (for example, to the hospital, health care provider, or another correctional facility) is the joint responsibility of the facility or program administrator and the facility health services administrator.

- D. There is a written plan for access to 24-hour emergency medical, dental and mental health services availability. The plan includes the following: **[5-ACI-6A-08 (M)]**
 - On-site emergency first aid and crisis intervention;

- Emergency evacuation of the offender from the facility;
- Use of an emergency medical vehicle;
- Use of one or more designated hospital emergency rooms or other appropriate health facilities;
- Emergency on-call or available 24-hours per day, physician, dentists, and mental health professional services when the emergency health facility is not located in a nearby community; and
- Security procedures providing for the immediate transfer of inmates, when appropriate.



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CD-173101 Transfer of Inmates with Acute Medical Illness	Issued: 10/30/85 Effective: 11/13/85	Reviewed/ Revised: 12/02/21
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-173100*

PROCEDURES: [5-ACI-6A-06] [5-ACI-6A-08 (M)]

A. Medical Emergency:

1. When qualified health personnel, the local health care authority, the Warden, or the Shift Commander identifies an emergency medical situation that could result in the loss of life or serious harm to an inmate, he or she will immediately call 911 and request ambulance transport for the inmate to the nearest appropriate health care facility.
2. The Warden or a designee at the sending correctional facility shall be notified of the need for emergency transport by the person arranging the transport.
3. Qualified Health Personnel shall complete a **Mandatory Activity Request** form (*CD-173101.1*) and submit the completed form to an appropriate security staff member (i.e., Lieutenant or above) for approval prior to departure from the facility.
4. All requests by the health care authority for emergency transports shall be authorized by the Warden or a designee who is responsible for providing the necessary transport security in a timely manner.
5. The person arranging the ambulance transport shall notify the receiving health care facility and the health care authority or on-call physician of the transport, as soon as possible.
6. In areas where a fully licensed ambulance service with Emergency Medical Technician (EMT) personnel is not available, and when medically feasible, Health Services personnel shall accompany the inmate, and the facility correctional officers will provide transport in a Department vehicle.
 - a. Under no circumstances shall a Department vehicle be used to transport an inmate who is on an oxygen cylinder. Inmates using portable concentrators up to five liters (5L) can be transported using a department vehicle upon medical clearance.

B. Medical Non-Emergency:

1. When the local facility staff physician or on-call physician determines that the inmate's condition cannot be treated or monitored in that facility, and no medical emergency exists, the physician shall order the transport of that inmate to the correctional facility, hospital or clinic deemed appropriate, and the physician or health care authority shall arrange the transport with the Warden or a designee. **[5-ACI-6A-05]**
2. Qualified Health Personnel shall complete a **Mandatory Activity Request** form (*CD-173101.1*) based on the attending physician's orders, and submit the completed form to the Classification Bureau Chief (CBC), who is responsible for faxing the transport order to the Transportation Officer at the receiving facility.
3. The Warden or a designee at the receiving correctional facility shall be notified of the transport by the person arranging the transport. The Classification Bureau Chief shall be notified by the next working day by the sending facility.
4. The Warden of the sending facility or a designee shall authorize all transports, and is responsible for providing the necessary transport security on a timely basis and notifying the Classification Bureau Chief of the transport.
5. Correctional officers may transport the inmate in a Department vehicle unless the physician orders ambulance transport.

C. Inmates with both Medical and Psychiatric Illnesses:

1. An inmate with emergency medical and/or psychiatric illnesses shall be transported to a medical facility that is able to safely treat and monitor the inmate's medical and psychiatric needs. When the medical problems no longer require inpatient medical care, the inmate may be transported to an appropriate facility.
2. Medical/therapeutic restraints may be applied by Department security staff, if ordered by qualified health personnel, per Health Services policy and procedure and facility policy. Protective gauze or bandages will be used, if possible, to protect the inmate's skin, if metal handcuffs and/or leg irons are needed. All transports of inmates in medical restraints shall be by ambulance per *CD-173102*.

D. Mode of Transport and Medical Monitoring:

1. When a physician initiates inmate transport for medical or psychiatric reasons, the physician's order must specify whether the transport is to be done by Department vehicle, surface ambulance, or air ambulance, and to what facility or hospital the inmate is to be sent.
2. When the inmate is medically unstable or has a high potential to become unstable (not alert, not able to make medical needs known or able to sit up in a Department vehicle) then the inmate should be transported by ambulance.
3. All inmates transported in a Department vehicle must be able to ride sitting up. No inmate should ever be transported in a Department vehicle in a recumbent (i.e. lying

down, prone) position, and should never be transported in restraints in a position with arms and legs bound together behind the inmate's back.

4. When the physician orders that a sedative medication be given before transport, he/she should specify whether the inmate should be transported by ambulance, any observation or monitoring that is to be carried out before and/or during transport, and in what circumstances he/she is to be informed of the inmate's condition before transport commences.
5. Qualified health personnel should assess the inmate's condition immediately prior to all physician-initiated transports. If there has been a worsening in the inmate's condition after the physician's order and before the transport has commenced, it is the responsibility of the qualified health personnel to notify the physician of the change in condition and inquire as to whether the physician wants to make any change in the type of vehicle or location of transport.
6. When a worsening of the inmate's condition occurs during ambulance transport, the Emergency Medical Technician shall decide whether to transport the inmate to the nearest medical care facility per standard Emergency Medical Technician practices.
7. When a worsening of the inmate's condition occurs during transport in a Department vehicle, the inmate shall be taken to the nearest health care facility to be evaluated by qualified health personnel.
8. Worsening of the inmate's condition may include, but is not limited to:
 - a. Deterioration of vital signs (significant increase or decrease in pulse, respiration rate, or blood pressure);
 - b. Decreased level of consciousness (somnolence, unresponsiveness, coma);
 - c. Uncontrolled bleeding;
 - d. Violent behavior requiring the use of medical restraints or psychotropic medication;
 - e. Difficulty breathing or change in coloration.
9. In any instance when an inmate **with known or suspected active TB** is to be transported, the following will occur:
 - a. The referring Health Care facility will notify the transport team of the condition of the inmate;
 - b. The referring Health Care facility will provide each member of the transport team with two face masks, type N95;
 - c. The referring Health Care facility will instruct each member of the team in the

use of the masks.

- d. The windows of the transport vehicle should be opened at least one (1) inch for air circulation when transporting inmates **with known or suspected active TB**.
10. When Departmental vehicles are used to transport, the inside temperature of the vehicle is not to exceed 90° Fahrenheit.

E. Records and Continuity of Security and Medical Care:

1. When the medical problem requires transport within the New Mexico Corrections Department system, an updated case file, and inmate's medical and mental health files, along with the information on inmate's classification, i.e., custody status, possible enemies, etc., will accompany the inmate to the receiving institution in a sealed pouch, ***to be opened only by Medical Personnel.*** [5-ACI-IE-02]
2. The sending local health care authority or physician shall notify the qualified health personnel responsible for treatment of the inmate at the receiving facility prior to transport. All medical and/or psychiatric information relevant to the continuity of inmate care shall be communicated to medical staff before the inmate arrives.
3. In an emergency, the records may be sent to the receiving facility as soon as possible after transport, but within 24 hours. However, all relevant medical, mental health and security information shall be verbally communicated to the receiving facility staff, during emergency transport or as soon as possible. [5-ACI-IE-02]
4. All requirements of *CD-130200* and *CD-130201*, Intra-state Transport of Inmates, shall be met during all transports.

F. Return of Inmates from Medical Appointments to an NMCD Facility:

Anytime an inmate is to be transported to any institution after being discharged from any outside medical visit (hospital, emergency room, day surgery center, clinic, etc.), it is imperative that the inmate not be transported back to a prison facility until the medical department of the receiving facility is contacted and their approval has been obtained.

Failure to adhere to this procedure could result in serious medical consequences and could increase the cost to the department in the event that the inmate may have to be returned to the hospital or other location.

1. Upon being notified by outside medical staff that the inmate is to be discharged from an outside medical visit, the transport officer will notify the facility shift commander that the off-site medical staff have discharged the inmate.
2. The shift commander will notify the facility medical staff that the inmate is ready to come to their facility.
3. A medical staff member will grant authorization to the shift commander for the

inmate to be transported to the receiving facility.

4. The shift commander will relay the authorization to the transport officer.
5. In the event that facility medical staff will not authorize the return of the inmate, the transport officers will remain with the inmate at the off-site location until facility medical staff arrange for alternative placement.
6. Upon return to the facility, all inmates must be reviewed by the Medical Department, prior to being returned to their housing unit.



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CD-173102 Transfer of Inmates with Acute Psychiatric Illness	Issued: 10/30/85 Effective: 11/13/85	Reviewed/Revised: 12/02/21
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-173100*

PROCEDURES: [5-ACI-6A-08 (M)]

A. Psychiatric Inmates Requiring Medical Restraint and/or Medical Monitoring:

1. When an inmate suffering from a psychiatric disorder requires immediate transport to the Acute Care Unit or to another health care facility, and requires medical/therapeutic restraints and/or medical monitoring by qualified health personnel during transport, the inmate shall be transported by ambulance.
2. Department security staff and/or qualified health personnel shall apply medical/therapeutic restraints per *CD-170700* Therapeutic Restraint policy and procedure and facility policy. Protective gauze or bandages will be used, if possible, to protect the inmate's skin, if metal handcuffs and/or leg irons are needed.
3. Only a licensed psychiatric provider shall order ambulance transport to the Acute Care Unit or to a psychiatric hospital. Any physician or health care authority may order ambulance transport to all other correctional or health care facilities.
4. The local health care authority or designee shall arrange ambulance transport.
5. The person arranging the transport shall notify the Warden or a designee at the sending correctional facility of the need for emergency transport.
6. All emergency transports shall be authorized by the Warden or a designee, who shall be responsible for providing the necessary transport security in a timely manner.
7. In addition to the Emergency Medical Technicians providing ambulance service, the inmate shall be accompanied by two to four correctional officers and, if ordered by the psychiatrist or other physician, by a nurse.
8. The person arranging the transport shall notify the Warden, or designee of the receiving facility, about the transport, as soon as possible. The Classification Bureau Chief shall also be notified by the next working day.
9. When a psychiatric provider orders ambulance transport, he or she shall notify the

NMCD Director of Psychiatry or designee, of the reason for transport by the next working day.

B. Psychiatric Inmate Not Requiring Medical/Therapeutic Restraint:

1. When an inmate suffering from a psychiatric disorder requires immediate transport to the Acute Care Unit or another health care facility, but does not require medical restraint or monitoring by qualified health personnel, a psychiatric provider shall order the transport.
2. The psychiatric provider ordering the transport shall notify the Warden or designee of the sending facility during non-working hours, which shall authorize the transport and be responsible for providing the necessary transport security in a timely manner. The Warden/designee shall notify the Classification Bureau Chief of the transport.
3. The inmate may be transported by correctional officers in a Department vehicle unless the psychiatric provider orders ambulance transport.
4. The local health care authority or designee shall arrange all ambulance transports.

C. Inmates with both Medical and Psychiatric Illnesses:

1. Inmates with acute medical and psychiatric illnesses shall be transported first to the nearest medical health care facility that is able to safely treat and monitor the inmate's medical and psychiatric needs. When the medical problems no longer require inpatient medical care, the inmate may be transported to the Acute Care Unit or a psychiatric hospital, as above.
2. Department security staff and/or qualified health personnel may apply medical/therapeutic restraints per *CD-170700* Therapeutic Restraint policy and procedure and facility policy.

D. Mode of Transport and Medical Monitoring:

1. When a physician initiates an inmate transport for medical and or psychiatric reasons, the physician's order must specify whether the transport is to be done by Department vehicle, surface ambulance, or air ambulance, and to what facility or hospital the inmate is to be sent.
2. When the inmate is not alert, not able to make medical needs known or able to sit up in a Department vehicle, then the inmate shall be transported by ambulance.
3. All inmates transported in a Department vehicle must be able to ride sitting up. No inmate should ever be transported in a Department vehicle in a recumbent (i.e., prone or lying down) position, and should never be transported in restraints in a position with arms and legs bound together behind the inmate's back.
4. When the physician orders that a sedative medication be given before transport,

he/she should specify any observation or monitoring that is to be carried out before and/or during transport, and in what circumstances he/she is to be informed of the inmate's condition before transport commences.

5. Qualified health personnel shall assess the inmate's condition immediately prior to all physician-initiated transports. If there has been a worsening in the inmate's condition after the physician's order and before the transport has commenced, it is the responsibility of the qualified health personnel to notify the physician of the change in condition and inquire whether the physician wants to make any change in the type of vehicle or location of transport.
6. When a worsening of the inmate's condition occurs during ambulance transport, the Emergency Medical Technician shall decide whether or not to transport the inmate to the nearest medical care facility per standard Emergency Medical Technician practices.
7. When a worsening of the inmate's condition occurs during transport in a Department vehicle, the inmate shall be taken to the nearest health care facility to be evaluated by qualified health personnel.
8. Worsening of the inmate's condition may include, but is not limited to:
 - a. Deterioration of vital signs (significant increase or decrease in pulse, respiration rate, or blood pressure);
 - b. Decreased level of consciousness (somnia, unresponsiveness, coma);
 - c. Uncontrolled bleeding;
 - d. Violent behavior requiring the use of medical/therapeutic restraint, restraint by security or psychotropic medication;
 - e. Difficulty in breathing or change in coloration.
9. When a Departmental vehicle is used for transport, the inside temperature of the vehicle is not to exceed 90° Fahrenheit.

E. Records and Continuity of Security and Medical Care:

1. When the psychiatric problem requires transport within the New Mexico Corrections Department system, the inmate's medical and mental health files, along with the information on inmate classification, i.e., custody status, possible enemies, etc., will accompany the inmate to the receiving institution in a sealed pouch.
2. The psychiatrist shall notify the qualified health personnel responsible for treatment of the inmate at the receiving facility prior to transport. All medical and/or psychiatric information relevant to the continuity of care of the inmate shall be communicated to the appropriate health care staff before the inmate arrives.

3. In an emergency, records may be sent to the receiving facility as soon as possible after transport, but within 24 hours. However, all relevant medical, mental health and security information shall be verbally communicated to appropriate staff at the receiving facility, during emergency transport or as soon as possible.
4. All requirements of *CD-130200* and *CD-130201*, Intra-System Transport of Inmates, shall be met during all transports.

