



Bureau of Corrections

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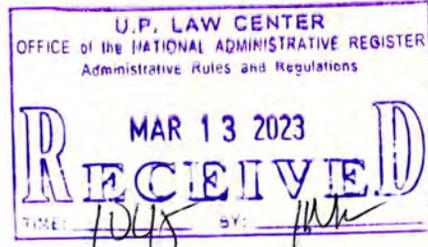
BUC-DHWS-MC-10

POLICY FOR OUTSIDE-HOSPITAL REFERRAL OF PERSONS DEPRIVED OF LIBERTY (PDL)

Revision No. 0

Date MAR 13 2023

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APPROVAL

Prepared By:	Recommended By:	Approved By:
DIRECTORATE FOR HEALTH and WELFARE SERVICES		
Submitted By:		
 CT/SSUPT MA CECILIA V VILLANUEVA ACTING DIRECTOR, DIRECTORATE FOR HEALTH AND WELFARE SERVICES	 S/SSUPT GERALDO I ARO OIC/DGA/CHAIRPERSON, DPMB	 GENERAL GREGORIO PIO P OATAPANG JR., AFP (Ret.), CESE ACTING DIRECTOR GENERAL, BUCOR

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1. REFERENCES

- 1.1. Republic Act 10575 "An Act Strengthening the Bureau of Corrections (BuCor) Providing Funds Thereof";
- 1.2. Revised IRR of RA 10575 dated 23 March 2016;
- 1.3. Bureau of Corrections Operating Manual dated 30 March 2000 signed by the then BuCor Director PEDRO G. SISTOZA;
- 1.4. Memorandum dated 13 July 2022 signed by CCSUPT HENRY N FABRO Re: Creation of Medical Inspectorate Team (MIT);
- 1.5. Memorandum issued by the then Director General RICARDO RAINIER G. CRUZ III Re: Reiteration on the strict adherence to Guidelines on Outside-Hospital Referral of PDL, dated 08 March 2016;
- 1.6. Memorandum Order dated 17 June 2014 signed by the then Director of Corrections FRANKLIN JESUS B. BUCAYU Re: "Guidelines in the Outside-Hospital Referral of PDL"; and
- 1.7. Memorandum issued by the then SOJ LEILA M. DE LIMA, dated 10 April 2013 "Re: Amendment to the Secretary's Memorandum" dated 23 October 2012, Re: "Approval of Outside Movement of PDL".

2. RATIONALE

Medical treatment, care, and services shall be given to Persons Deprived of Liberty (PDL) similar to those available in the free community and subject to prison regulations, a ruling on the United Nations (UN) Standard in Treatment of PDL,¹ which is continuously being observed on the delivery of health services to PDL such as health promotion, prevention of illnesses, health

¹ (UN Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules), Rule 24-35.)

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education and other medical interventions as part of the safekeeping and reformation mandate of the Bureau of Corrections (BuCor).²

3. OBJECTIVES

- 3.1. To have a standard policy and implementation of uniform procedures for Outside-Hospital referral of PDL in all BuCor Prisons and Penal Farms (PPFs);
- 3.2. To provide the highest quality healthcare services by adhering to international standards and to prevent, if not minimize, deaths among PDL; and
- 3.3. To provide sustainable healthcare services with integrity and efficiency to all BuCor' PDL.

4. SCOPE

This Memorandum Circular shall apply to all Prisons and Penal Farms (PPFs) of the BuCor.

5. DEFINITION OF TERMS & ABBREVIATIONS

- 5.1. **After Activity Report** – refers to the narrative report of the Medical Inspectorate Team (MIT) pertaining to the medical evaluation conducted to PDL-patient admitted at Outside-Hospital.
- 5.2. **Assistant Chief of Prison Hospital** – refers to a Medical Officer authorized to determine whether or not to concur with the findings and recommendations of the attending physician for an Outside-Hospital referral of a PDL-patient.

² (BuCor Operations Manual, Part V, Chapter 2, Sec 2, p. 25)

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- 5.3. **Conduction Officer** – refers to health personnel, such as medical officer-on-duty/nurse who ensures the health and welfare of the PDL-patient during transit to and from an Outside-Hospital.
- 5.4. **Diagnosis** – refers to the process of identifying a disease, condition, or injury based on the signs and symptoms a patient is having, the patient's health history, and physical exam; further testing, such as, blood tests, imaging tests, and biopsies may be done after a clinical diagnosis is made³.
- 5.5. **Diagnostic Facility** – refers to any facility used for the purpose of providing information for diagnosing sickness or disease, or the extent of injuries suffered by persons and includes any Blood Bank, laboratory, or radiology facility including diagnostic imaging⁴.
- 5.6. **Emergency Referral** – immediate medical attention is needed within twenty-four (24) hours, this is the situation where a patient's condition is considered by the attending physician as "between life and death" and the prison hospital has no facilities, laboratory, equipment, and adequate medical specialist to handle or manage the medical case⁵.
- 5.7. **Head of the Prison Hospital** – refers to the highest personnel-in-command and must be a medical doctor that supervises the overall operation and administrative activities of the prison hospital.

³ (Merriam Webster - Definition of Diagnosis)

⁴ (<https://lawinsider.com/dictionary>)

⁵ BuCor Memorandum Order ODC-MO-06-01-2014 dated 17 June 2014 signed by the then Director of Corrections FRANKLIN JESUS B. BUCAYU Re: "Guidelines in the Outside-Hospital Referral of PDL"

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- 5.8. **Medical Abstract** – is the summary of the PDL-patient’s medical record, medical management and recommendations by the medical officer.
- 5.9. **Medical Inspectorate Team (MIT)** – refers to a team of BuCor personnel, consisting of the following staff from various offices: The Escorting Unit, Health and Welfare Division, and the Superintendent’s Office, who shall conduct visits and evaluations on the status of the PDL-patient confined at Outside-Hospital and shall coordinate with the attending physician as to the recommendations or orders.
- 5.10. **Medical Officer-on-Duty (MOD)** – refers to the doctor who assesses the condition of the PDL-patient, determines the need for emergency or Outpatient Department (OPD) referral, and is responsible for the preparation and submission of medical abstract and certification as to the gravity or seriousness of the illness.
- 5.11. **Officer of the Day (OD)** – refers to the person authorized to sign the approval of the request pass for the emergency referral to an Outside-Hospital, in the absence of the Superintendent and his/her Deputy.
- 5.12. **Outside-Hospital** – refers to a hospital or medical centers outside Prison Hospital.
- 5.13. **Outside-Hospital Referral Officer** – refers to any medical staff tasked to facilitate, monitor, and submit a report of Outside-Hospital referral of a PDL-patient.
- 5.14. **Out-Patient Department Referral** – refers to the action taken by the MOD/PIC on the condition of PDL-patients when there are no facilities, laboratories, or equipment to continue the management of the illness, and there is a need to consult with a medical specialist.

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- 5.15. **Physician-In-Charge (PIC)** – refers to the Medical Officer assigned to a PDL-patient admitted to a prison hospital.
- 5.16. **Post Hospitalization Report** – refers to the narrative report of the medical officer upon discharge of PDL-patient from Outside-Hospital. This report is submitted to the Superintendent’s Office and shall be indorsed to DOJ within five (5) days upon discharge.
- 5.17. **Post Referral Report** – refers to the narrative report submitted by the medical officer after the outside-hospital referral of the PDL-patient. Report shall be indorsed to DOJ within 48 hours for emergency referrals and within 5 days for OPD referrals.
- 5.18. **Prison Hospital** – refers to a PPF healthcare facility that caters to PDL’s medical and health needs, including infirmaries and clinics inside BuCor reservation.
- 5.19. **Superintendent** – refers to the highest personnel-in-command in any colony who has the authority to approve the emergency and OPD referral of a PDL-patient to an Outside-Hospital upon the recommendation of the MOD/PIC.

6. GUIDELINES

6.1. EMERGENCY REFERRAL

- 6.1.1. In cases determined to be a matter of life and death such as but not limited to cardiac and circulatory conditions such as heart attack, hemorrhage due to serious wounds from deadly weapons or firearms, and emergency surgical

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- cases, the PDL-patient may be referred to the nearest government hospital upon the recommendation of the MOD/PIC.
- 6.1.2. The MOD/PIC shall coordinate with the concerned physician of the receiving hospital.
 - 6.1.3. The MOD/PIC shall request a pass from the Superintendent with an attached duly signed medical abstract and certification indicating the gravity or severity of the illness, thus an emergency referral is required.
 - 6.1.4. The Superintendent shall be the approving authority on the request for the pass of emergency referral of a PDL-patient to an Outside-Hospital.
 - 6.1.5. In the absence of the Superintendent and the Next-in-Command, the OD shall sign for the approval of the request for a pass of the emergency referral.
 - 6.1.6. The Superintendent/Next-in-Command orders the Subpoena and the Escorting Unit to act accordingly on the approved Outside-Hospital referral.
 - 6.1.7. The PDL-patient shall immediately be transported to the receiving hospital with the Conduction Officer and proper escorts upon approval of the request for an emergency referral.
 - 6.1.8. The MOD/PIC shall submit a Post Referral Report to the Superintendent on the emergency referral to be endorsed to the Department of Justice through the Director General within 48 hours.
 - 6.1.9. The Medical Inspectorate Team (MIT) shall conduct a weekly visit or as the need arises, assess or evaluate the medical status of the PDL-patient admitted to an Outside-Hospital.

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- 6.1.10. The MIT shall coordinate with the attending physician regarding the PDL-patient's assessment and recommendations and submit an After-Activity Report to the Head of the Prison Hospital.
- 6.1.11. The PDL-patient shall be brought back to the Prison Hospital for assessment by the MOD/PIC upon discharge from an Outside-Hospital.
- 6.1.12. If there is a need for further management, he/she shall be admitted to the Prison Hospital, otherwise, the MOD/PIC shall issue an Order to Return him/her to the dormitory.
- 6.1.13. The MOD/PIC shall submit a Post Hospitalization Report to the Superintendent to be endorsed to the Department of Justice through the Director General.

6.2. OPD REFERRAL

- 6.2.1. The MOD/PIC shall determine the need for an Outside-Hospital referral on an OPD basis.
- 6.2.2. A Memorandum shall be submitted by the Head of the Prison Hospital to the Superintendent on the need for an Outside-Hospital referral based on the medical findings of the MOD/PIC and supported by the following documents:
 - 6.2.2.1. Updated and duly signed Medical Abstract;
 - 6.2.2.2. Certification from the Assistant Chief of the Prison Hospital;
 - 6.2.2.2.1. Concurred Medical Abstract from MOD/PIC; and

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6.2.2.2. Unavailability of facilities, laboratories, equipment, or medical specialist.

6.2.2.3. Memorandum from the Head of the Prison Hospital recommending an Outside-Hospital referral.

6.2.3. The Superintendent/Officer-in-Charge shall prepare an endorsement for the signature of the Director General on the attached documents for the Outside-Hospital referral including the following attachments:

6.2.3.1. Case Profile;

6.2.3.2. Prison Record;

6.2.3.3. Certificate of PDL classification and category; and

6.2.3.4. Approved Security Plan from the Escorting Unit.

6.2.4. The Director General shall recommend to the DOJ the approval of the Outside-Hospital referral.

6.2.5. The DOJ shall approve/disapprove the recommendation for an Outside-Hospital referral and shall issue a Memorandum to the BuCor on the action taken.

6.2.5.1. Upon approval, the Outside-Hospital Referral Officer shall schedule the OPD Referral.

6.2.5.1.1. The MOD/PIC/Outside-Hospital Referral Officer shall coordinate with the concerned physician of the receiving hospital or diagnostic facility.

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- 6.2.5.1.2. The MOD/PIC shall request a pass from the Superintendent with the attached updated and duly signed medical abstract, and the DOJ-approved Outside-Hospital referral.
- 6.2.5.1.3. The Superintendent/Next-in-Command orders the Subpoena and the Escorting Unit to act accordingly.
- 6.2.5.1.4. The PDL-patient shall be transported to the receiving hospital with the Conduction Officer and proper escorts on the scheduled date.
- 6.2.5.1.5. Upon completion of the procedure/consultation, the PDL-patient shall be brought back to the Prison Hospital for assessment by the MOD/PIC.
- 6.2.5.1.6. If the PDL-patient needs further management, he/she shall be admitted to the Prison Hospital otherwise, the MOD/PIC shall issue an Order to Return the PDL-patient to the dormitory.
- 6.2.5.1.7. The MOD/PIC shall submit Post Referral Report to the Superintendent on the medical referral done for endorsement within five (5) days to the Department of

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Justice through the Director General with the following documents:

6.2.5.1.7.1. Medical Certificate issued by the attending physician of the hospital/institution who conducted the medical treatment of the PDL-patient; and

6.2.5.1.7.2. PDL-patient's laboratory examinations/ test results.

6.2.5.2 If Outside-Hospital referral is disapproved, the MOD/PIC shall manage the PDL-patient at the Prison Hospital.

6.3. TRANSFER OF PDL FROM AN OUTSIDE-HOSPITAL TO ANOTHER MEDICAL FACILITY

6.3.1. In the event that the nearest government-receiving hospital has no adequate equipment, facility, and medical specialist to handle a specific medical case, the following shall be complied with:

6.3.1.1 The receiving hospital shall issue a certificate stating the unavailability of specialized procedures, laboratories, equipment, or specialist to manage the

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PDL and recommend referral to another government hospital. A copy of which shall be provided to the Conduction Officer;

6.3.1.2 The Conduction Officer and the Security Escort shall notify the Superintendent and the MOD/PIC of the Prison Hospital at once; and

6.3.1.3 The MOD/PIC of the Prison Hospital shall request another pass to refer the PDL-patient to another government hospital using the same medical abstract, certification and recommendation from the attending medical facility.

6.4. ALLOCATION OF BUDGET FOR OUTSIDE-HOSPITAL REFERRAL OF PDL-PATIENTS

6.4.1. The Head of the Prison Hospital shall incorporate the projected annual expenses for the Outside-Hospital Referrals of PDL-patients into the Annual Procurement Plan (APP). Expected expenses shall be based on historical data of Outside-Hospital referrals covering a period of at least two years.

6.4.2. Upon approval of the Department of Budget and Management (DBM), the Budget Division shall release the allocated funds as needed subject to usual budgeting and auditing rules and regulations.

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7. MONITORING PROCEDURE

7.1. PDL ADMITTED TO AN OUTSIDE-HOSPITAL

- 7.1.1. The MIT shall conduct weekly visits or as the need arises to evaluate the PDL-patient's condition and coordinate with the attending physician.
- 7.1.2. The Medical Officer of MIT shall conduct an independent medical evaluation and may recommend discharge with the concurrence of the attending physician, or recommend emergency transfer of the PDL-patient to another medical facility subject to another passes approval from the Superintendent.
- 7.1.3. The MIT shall submit After Activity Report and the latest medical abstract from the attending physician to the Head of the Prison Hospital and the Superintendent. Copy furnished the Office of ODG and DDGO.
- 7.1.4. The files shall be included in the Hospitalization Reports to be submitted to the Secretary of Justice within five (5) days from the discharge of the PDL-patient.

7.2. PDL OPD REFERRAL

- 7.2.1. If admitted, follow procedures as indicated in 7.1.
- 7.2.2. If not, Post-Referral Report five (5) days from the date of referral.

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8. FINANCIAL CLAUSE

All incidental expenses thereto shall be charged from the funds of this Bureau subject to the usual accounting and auditing procedures.

9. SEPARABILITY CLAUSE

In the event of any provision of this Memorandum Circular is declared illegal or rendered invalid by any competent authority, the provisions not affected thereby shall remain valid and effective.

10. REPEALING CLAUSE

All Bureau of Corrections issuances/directives or parts thereof that are inconsistent with the provisions of this Memorandum Circular are hereby repealed and modified accordingly.

11. EFFECTIVITY

This Memorandum Circular shall become effective fifteen (15) days from the date of filing at the University of the Philippines Law Center in consonance with Sections 3 and 4, Chapter 2, Book VII Executive Order No. 292, otherwise known as "The Revised Administrative Code of 1987".



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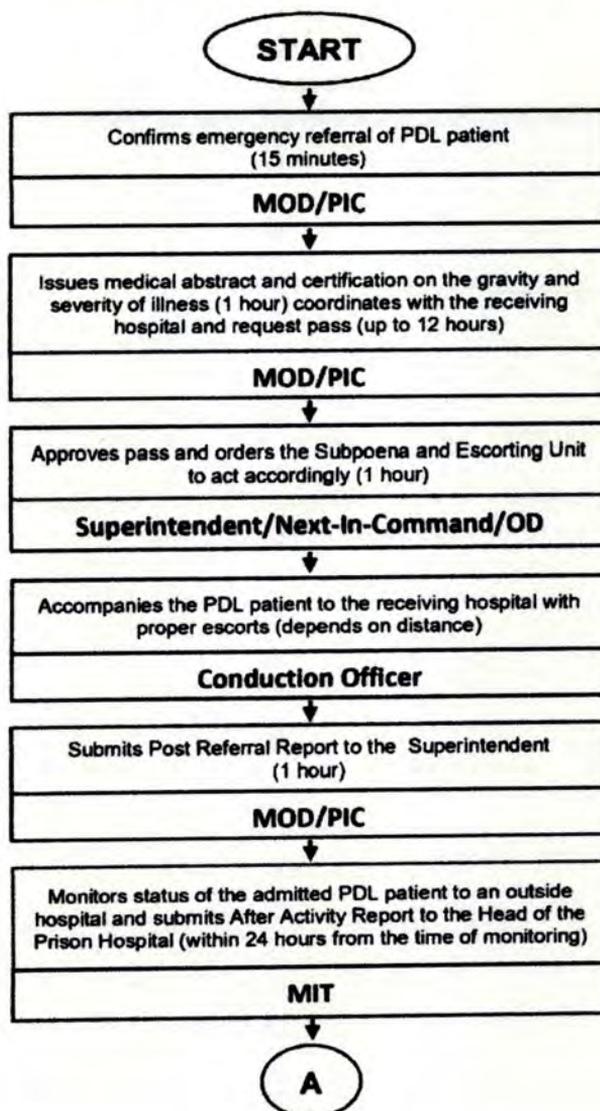
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ANNEX "A"

Figure 1. Flowchart on Emergency Referral



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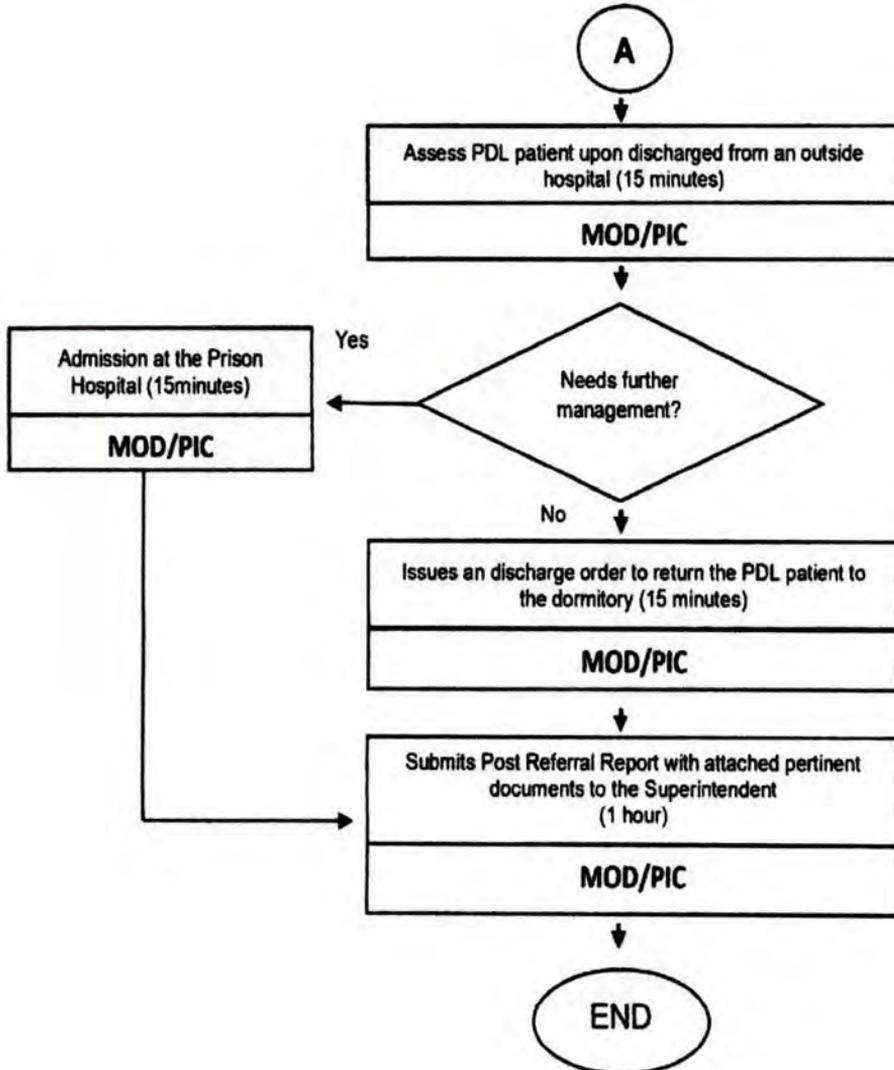
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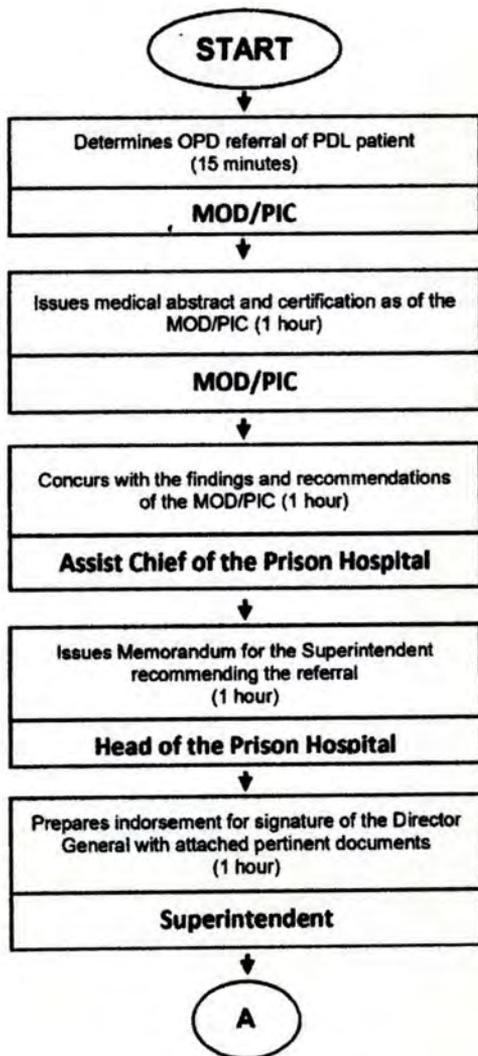


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Annex "B"

Figure 2. Flowchart on OPD Referral





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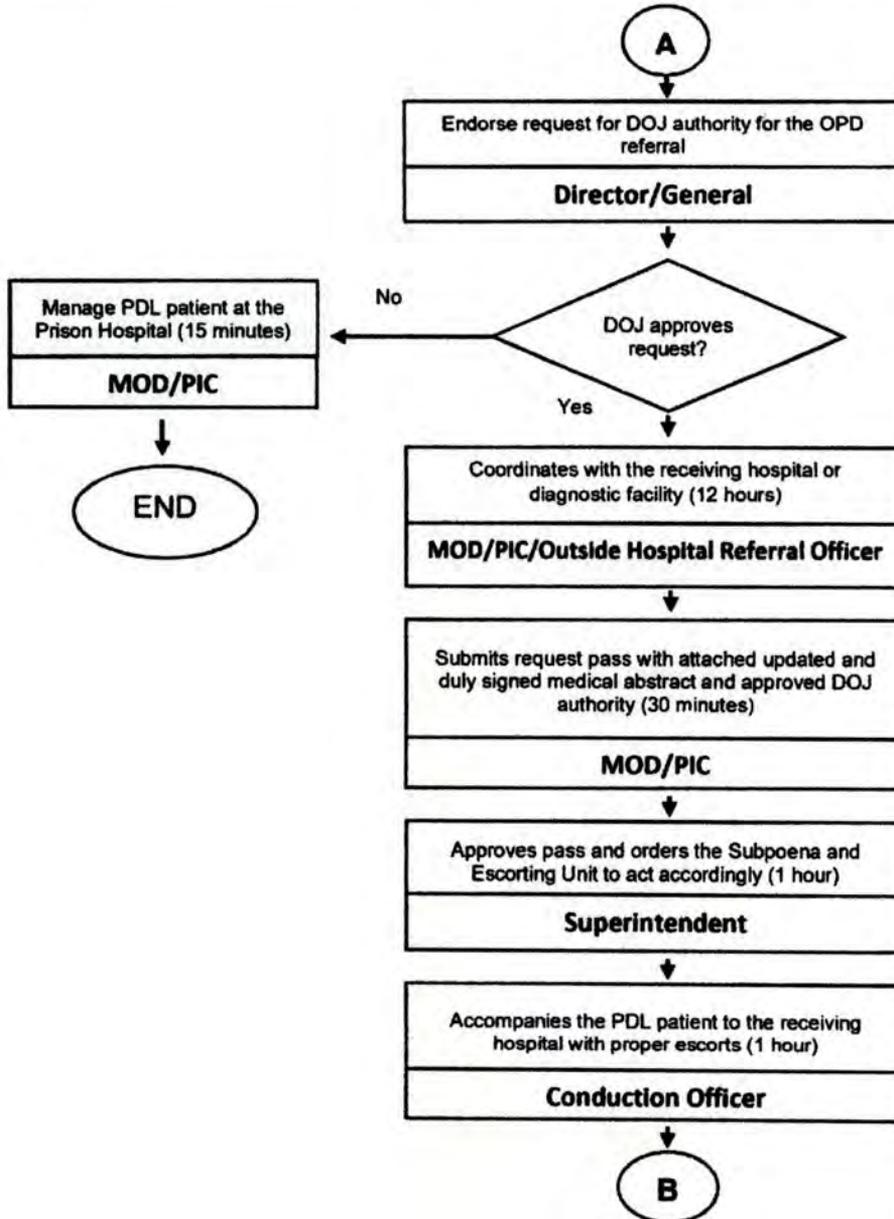
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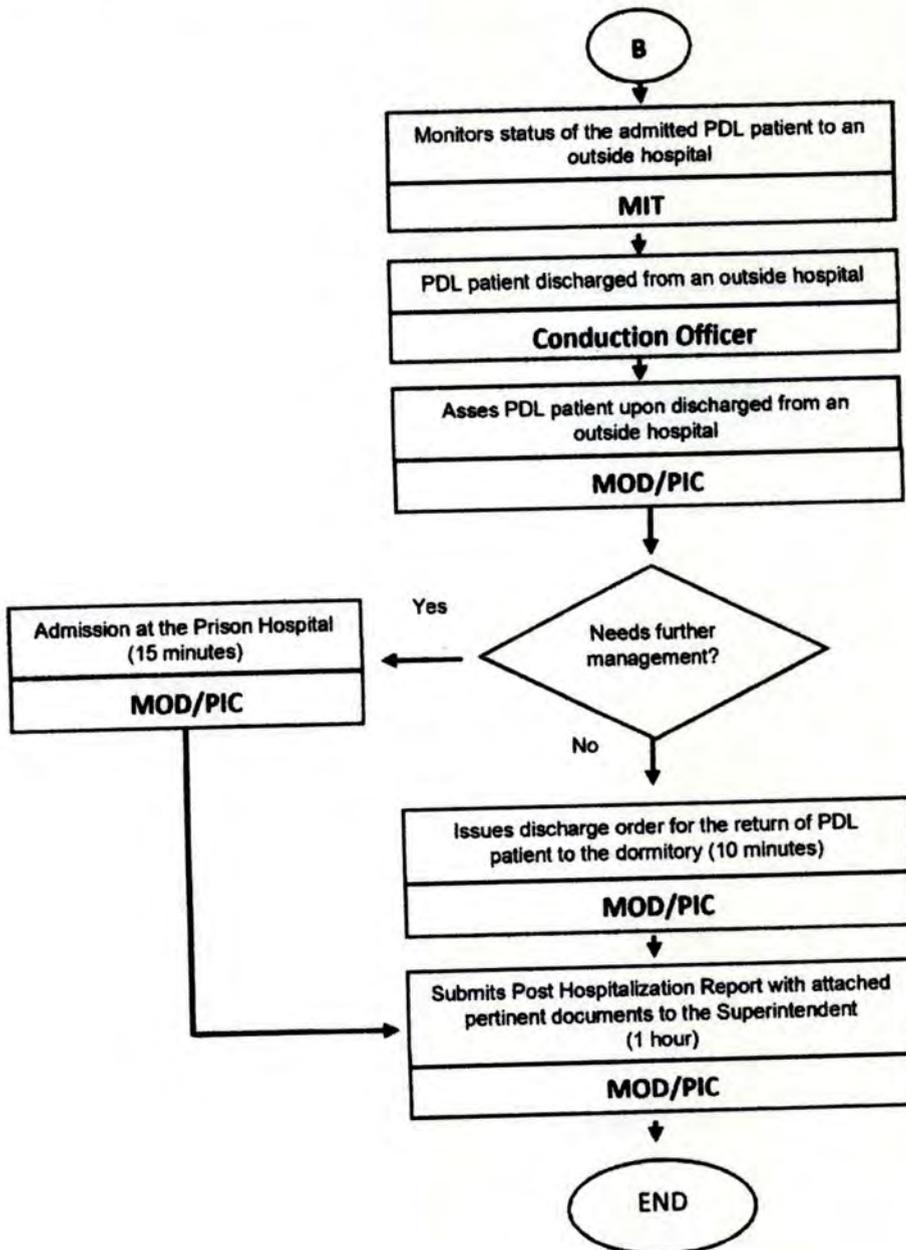
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ACKNOWLEDGEMENT

The Memorandum Circular on Policy for Outside-Hospital Referral of Person Deprived of Liberty (PDL) would not have been realized without the enthusiasm, patience, and expertise of the highly appreciated members of the **Doctrine and Policy Making Board (DPMB)**:

GENERAL GREGORIO PIO P CATAPANG JR., AFP (Ret.), CESE
Acting Director General

C/SSUPT GERALDO I ARO
OIC-DDGA/Chairperson, DPMB

Members

C/SSUPT GERALDO I ARO
Director, Directorate for Administration

C/SUPT ROBERT A VENERACION
Acting Director, Directorate for Security and Operations

C/SUPT MARITES D LUCEÑO
Acting Director, Directorate for Reformation

CT/SUPT DOROTHY C BERNABE
Acting Director, Directorate for Reception and Diagnostic

CT/SSUPT MA CECILIA V VILLANUEVA
Acting Director, Directorate for Health and Welfare Services

CT/SUPT NOEL M MARQUEZ
Acting Director, Directorate for External Relations

MS. NORA CORAZON T. PADIERNOS
Director, Directorate for Planning and Management

C/SINSP NEIL DIONISIO A BUOT
Acting Chief, Legal Service

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SECRETARIAT:

MS. MARITES C. MAGTALAS

Head Secretariat/Chief, DDD

CO3 Mira Flor L Bayogo
Acting Deputy Chief, DDD

CO3 Alleza E Bagnol

CTO1 Renalyn E Capati

CO1 Khmerlou Rumbaoa

CO1 Aileen M Piayas

CO1 Kathleen Padsingan

CO1 Kaula P Baston

CO1 Jocelyn B Onga

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DOCTRINE AND POLICY MAKING BOARD (DPMB)

DPMB RESOLUTION No. 2022-II

*A Resolution Recommending the Approval of
Memorandum Circular on Policy for Outside-Hospital Referral
of Persons Deprived of Liberty*

WHEREAS, in accordance with the current leadership's commitment to standardize and professionalize the key areas of BuCor's operations pursuant to RA 10575, "An Act Strengthening the Bureau of Corrections (BuCor) and Providing Funds Therefor, otherwise known as the BuCor Act of 2013," all offices are encouraged to propose Memorandum Circulars (MCs) in their respective ADRs;

WHEREAS, a Doctrine and Policy Making Board (Board) was established to ensure and guarantee that all proposed MCs are in harmony with existing laws, rules and regulations and with current best practices in the field of Corrections services;

WHEREAS, the Office of Directorate for Health and Welfare Services, headed by CT/SSUPT CECILIA V VILLANUEVA, MD, assisted by CT/SD4 HASMIN P SESCAR, RN; CTD3 Ron Rheinielle T Chavez, RN; and CO2 Elen May L Besa, RN, prepared and proposed MC on "*Policy for Outside-Hospital Referral of Person Deprived of Liberty*";

WHEREAS, the proposed MC aims to standardize policy and implementation of uniform procedures for Outside-Hospital referral of PDL in all Prisons and Penal Farms (PPFs) of the BuCor;

WHEREAS, during its 12th Meeting on March 23, 2022, the Board, as part of its functions, convened and deliberated on the proposed MC;

WHEREAS, after a thorough review and deliberation, the Board **ADOPTED** and recommended for the **APPROVAL** of the aforementioned MC;

NOW WHEREFORE, the DPMB hereby resolves as it is hereby being **RESOLVED**, to **RECOMMEND** the approval of the Memorandum Circular on *"Policy for Outside Hospital Referral of Person Deprived of Liberty"*.

ADOPTED this 23rd day of March 2022 at the Bureau of Corrections, Muntinlupa City.

DOCTRINE AND POLICY MAKING BOARD


ASEC GABRIEL P CHACRAG
Deputy Director General for Administration
Chairperson

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CT/CSUPT JOHN PAUL O SANTOS, PhD, LLB, CSP
Director, Directorate for Administration
Member


C/CSUPT VICTOR ERICK PASCUA
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Operations
Member


CT/CSUPT MARIA FE R MARQUEZ, MNSA
Director, Directorate for Reformation
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C/CSUPT JULIE MAY C TAGUAM, JD
Director, Directorate for External
Relations
Member


CT/SUPT EDGAR F ANGELES
Director, Directorate for Reception and Diagnostic
Member

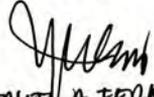

C/CSUPT HENRY N FABRO
Director, Directorate for Health and
Welfare Services
Member


NORA CORAZON T. PADIERNOS
Director, Directorate for Planning and Management
Member

ATTY. ROY P. LAWAGAN
Chief, Legal Service
Member


C/SUPT ROY C VILLASI, LLB
Head Secretariat/Chief, PMOOD

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