

1.4.E.12 Inmate Hospitalization

I Policy Index:



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II Policy:

Inmates requiring health care beyond the resources available at the facility, or emergency off-site hospital transport, as determined and authorized by the Health Services staff, may be transported under appropriate security requirements to an approved off-site medical provider. The mode of transportation will be determined by Health Services staff and/or designated DOC staff.

III Definitions:

Senior Security Officer:

The Deputy Warden at the South Dakota State Penitentiary, Mike Durfee State Prison or South Dakota Women's Prison. The Senior Security Officer is responsible for the same duties at ancillary units that fall within the supervision of their main facility.

Immediate Family:

For the purposes of this policy, "immediate family" is an inmate's spouse, legal children, biological parents, biological sister (including half-sister), biological brother (including half-brother), step-children, step-parents, step-sisters, step-brothers, grandparents, great-grandparents, mother-in-law, father-in-law, sister-in-law and brother-in-law (spouse of inmate's brother or sister).

Attorney of Record:

An attorney, who has appeared in court, signed or received pleadings or other forms on behalf of an inmate client or who has filed a letter of representation with the particular institution where the inmate resides. The attorney remains the Attorney of Record until another attorney or the client substitutes for him/her, he/she is allowed by the court to withdraw, or the case is closed.

DOC Staff Member:

For the purposes of this policy, a staff member is any person currently employed by the DOC, full or part time, who has completed the necessary correctional training program(s) required to supervise inmates.

Hospitalization:

Placement of an inmate in a public or private medical care facility outside of the facility. This does not include placement of an inmate in an infirmary operated on the grounds of the facility.

Constant Direct Supervision:

Staff members remain with the inmate constantly and maintain direct visual observation of the inmate at all times.

Pregnant Inmate:

Any stage of pregnancy, labor and delivery, and the post-partum period.

Post-Partum Period:

The period of recovery immediately following childbirth, miscarriage or termination of a pregnancy. The recovery period is typically recognized as 6 weeks (for a vaginal birth, or uncomplicated pregnancy loss or termination) to 8 weeks (for a cesarean birth or complicated vaginal delivery, complicated loss or termination). The end of the post-partum period is typically defined by release from care of a medical professional.

IV Procedures:

1. Referrals:

- A. Inmates who require health care beyond the resources available in the facility may be referred for transport to a hospital/facility or provider where such care and treatment is available. Treatment of an inmate's condition will not be limited by the resources or services available within the facility where the inmate is housed (ACA #4-4348).
- B. In the event an inmate requires treatment or care not available at the facility, the inmate may be transported off-site to a designated hospital/facility or provider by DOC security staff, in accordance with DOC transport requirements. Transport of an inmate in the event of a medical emergency from a secure institution to an outside hospital/facility or provider may be completed via community emergency services (ambulance) or transport by DOC staff, (provided the inmate is ambulatory) (ACA #4-4351).
- C. The DOC must be notified as soon as possible anytime an inmate sentenced to the DOC, but not in the direct custody of the DOC, is transported for emergency medical care or is hospitalized.

2. Emergency Contact Notifications:

- A. Inmates are encouraged to designate an emergency contact person on their phone list. The emergency contact will only be contacted by DOC staff after approval by the Warden or his/her designee. Inmate emergency contacts may be contacted for the following reasons:
 - 1. When an inmate is hospitalized for a serious, life threatening illness or injury;
 - 2. Childbirth by a pregnant inmate;
 - 3. Death of the inmate;
 - 4. When health service staff or a medical professional determines the inmate's condition is life threatening or death is or may be imminent;
 - 5. As directed by health service staff or a medical professional to give informed consent, when the inmate is unable to give informed consent for the provision or withdrawal of medical care; or
 - 6. Other exceptions deemed appropriate and necessary by the Warden or designee.

- B. Staff assigned by the Warden (typically the Officer In Charge (OIC)) will initiate steps to notify an inmate's emergency contact within one (1) hour of the Warden's authorization of notification. Notification will be documented on the [Emergency Contact Notification Checklist](#) (See [Attachment 2](#)).
1. Notification provided to the emergency contact will typically be initiated via telephone.
 2. Before releasing privileged information regarding the inmate, the responding staff member will verify the inmate has a valid [Release of Information](#) on file for the emergency contact (See DOH policy P-H-02 [Confidentiality of Health Records](#)).
 3. If staff is unsuccessful in establishing contact with the emergency contact within 24 hours of the initial attempt to contact, written notification in the form of a letter or email will be sent to the most current address on file for the emergency contact person.
 - a. The notice will include the inmate's name, location of incarceration, telephone number of the DOC facility and instructions for the emergency contact person to contact the facility for information regarding the inmate.
 4. Inmates are responsible for notifying DOC staff of any changes or updates to their emergency contact information.
- C. Outside inquiries regarding a hospitalized inmate will be directed to the OIC, Senior Security Officer, senior staff or Health Service staff. Without a valid and proper signed Release of Information from the inmate, only information described in SDCL § [24-2-20](#) may be released.
- D. Factors that may delay notification to the emergency contact include verification of the seriousness of inmate's condition, safety and security concerns, consideration to sound correctional practice, or whether the inmate's medical condition may be the result of criminal conduct or the incident is part of an ongoing investigation.
1. Questions regarding the inmate's medical condition/status will generally be referred to DOC Health Services staff.
 2. If the OIC, Senior Security Officer or Health Service staff receive information from DOC Health Service staff or tending medical provider suggesting the inmate's condition may be or is life threatening, the OIC or Senior Security Officer may authorize notification of the inmate's emergency contact, provided a valid and proper signed Release of Information is on file for the emergency contact.
 - a. The OIC or Senior Security Officer will notify the Warden or his/her designee of the status of the inmate as soon as possible.

3. Transport Requirements:

- A. Transport of inmates to and from a hospital/facility or provider will be in accordance with DOC policy 1.3.A.7 [Transport & Escort of Inmates](#). Inmates will be transported in timely manner, with consideration given to the prioritization of the medical need and urgency of the inmate's condition (ambulance versus transport by DOC staff) (ACA #4-4349).
1. Inmates will be strip searched prior to transport outside the secure perimeter of the facility, unless this requirement is waived by the Warden or designee. At least one transport staff (same sex) should be present when the inmate is searched. All inmates not strip searched prior to

transport outside the secure perimeter of the facility due to physical limitations or condition will at a minimum be searched by staff with a hand-held metal detector.

2. Inmates will be transported to and from the hospital/facility or provider in appropriate restraints, as determined by their custody classification and/or status and in accordance with DOC policy 1.3.A.7 [Transport & Escort of Inmates](#).
 3. All inmates scheduled and approved for transport to the hospital/facility or provider will be dressed in DOC issued orange jumpsuits, underwear, socks and shower shoes. In the case the inmate's outer clothing has been removed during the search, and he/she is not able to be dressed in a DOC issued orange jump suit, the inmate will be transported to the hospital in a DOC issued blanket. DOC issued shower shoes and an orange jump suit will accompany the inmate.
 - a. The OIC will notify the staff member who authorized the transport that the inmate has not been strip searched prior to departure from the secure perimeter of the facility.
 - b. Staff should call ahead to the hospital/clinic to inform the security and/or emergency department that an inmate is en route to the facility.
 - c. Staff may request a secure room for the inmate and inquire about the most secure entrance and route within the facility to escort the inmate with the least amount of public contact possible.
- B. Inmates may wear hospital issued gowns while admitted to the hospital. Inmates will change into DOC issued orange jumpsuits upon discharge from the hospital and before transport back to the DOC facility. Exceptions must be approved by the Warden or his/her designee.
1. Inmates transported from one hospital/facility or provider to another, may remain dressed in a hospital issued gown, provided the inmate is transported in an ambulance and hospital dress has been approved by the Warden or his/her designee.
 2. High medium, low medium, disciplinary segregation and restrictive housing inmates scheduled for transport (non-emergency) by ambulance from the institution to a hospital/facility require a minimum of one correctional officer riding in the ambulance or air ambulance with the inmate. Staff will complete the [Hospitalized Inmate Checklist](#) (See [Attachment 1](#)) documenting the inmate's required staff supervision level.
 - a. Transport of maximum custody inmates outside the secure perimeter require armed escort. Armed staff will accompany the inmate, including in the ambulance, unless this requirement is waived by the Warden or his/her designee.
 - b. If armed staff is unable to accompany the inmate (such as when there is limited space in the ambulance or weight limitations in the case of air transport), and with approval of the Warden or designee, the required number of DOC staff based on the supervision requirement for the inmate being transported will follow the ambulance in a DOC vehicle and assume supervision of the inmate immediately upon arrival at the hospital.
 3. All non-minimum custody inmates scheduled for emergency/unplanned transport from a secure facility to a hospital/facility or provider will be transported with a minimum of 2 (two) armed staff members. If only one staff member is allowed to ride in the ambulance due to space constraints, the second staff member will follow in a chase car.

4. Restraint Requirements:

- A. Inmates in restraints will be transported by wheelchair or stretcher at all times, unless ambulation is necessary. Inmates may be secured to a non-removable part of the wheel chair, or stretcher i.e. the frame, not a removable hand rest. Inmates placed in a wheelchair will remain under control of supervising staff at all times.
- B. Maximum, high medium, low medium, disciplinary and restrictive housing inmates admitted to a hospital room will be fully restrained, and will have one (1) wrist handcuffed to the bed, not the bed rail (See [Attachment 1](#)). Inmates secured to the bed or other fixed object will not be left unattended.
1. The Warden, his/her designee or the Senior Security Officer may adjust the restraint requirements of any inmate; i.e. an LM inmate not conscious may not require restraints; or an inmate with a cast on his/her ankle or leg may not require ankle cuffs. Restraints will be applied to medically impaired or handicapped inmates insofar as physically possible to safeguard the inmate and staff and prevent escape.
 2. DOC staff supervising a hospitalized inmate may alter an inmate's restraints under the following circumstances:
 - a. Staff has received authorization from the Warden or designee to alter the inmate's restraints. This will be noted on the [Hospitalized Inmate Checklist](#) (See [Attachment 1](#)).
 - b. When a medical need exists for the removal of metal restraints, as ordered by the attending medical personnel to conduct a medical test(s); e.g. X-rays at the restraint site, a MRI, staff may replace the metal restraints with flex-cuffs. The flex-cuffs must be completely secured on the inmate before staff removes the metal restraints. Metal restraints must be completely secured on the inmate before staff removes the flex-cuffs.
 - c. If the inmate requires emergency care, the tending physician may request some or all of an inmate's restraints be removed. Supervising staff will determine if an alternative exists to removing the restraints. If the restraints must be removed, the hospital staff requesting the removal of the restraint(s) must document this in the inmate's chart. The Warden or designee shall be notified immediately.
 - 1) Emergency care is defined as medical care immediately necessary to preserve the life, health, limb, sight or hearing of the inmate.
 - d. Inmates will be permitted to ambulate (walk) in designated areas of the hospital/facility (limited or no contact with the public), while accompanied and directly supervised by DOC staff, as required/ordered by the tending physician, i.e. inmates in labor or at risk of developing blood clots, etc.
- C. Under no circumstance will pregnant female inmates have restraints applied during labor or delivery. Restraints may not be applied during the post-partum period until after the inmate is discharged from the hospital and then, only if deemed absolutely necessary by the Warden or his/her designee. Absolutely necessary is defined as when there is imminent risk of escape, or harm to the inmate, the baby or others, and these risks cannot be managed by other reasonable means (e.g. enhanced security measures) (ACA #1-HC-3A-12-1).
1. If the Warden or his/her designee determines it is absolutely necessary to apply handcuff/flex cuffs to an inmate during the post-partum period, documentation will be included (typically in the Transport Order upon discharge from the hospital and return to the DOC facility) supporting the compelling and/or imminent security or flight risk posed by the inmate and the duration which the restraints were applied.

- D. Minimum custody inmates will not normally be restrained when admitted to a hospital, unless otherwise ordered by the Warden or his/her designee

5. Supervision Requirements:

- A. The supervision ratio for hospitalized inmates will be as follows (See [Attachment 1](#)):
1. Two (2) armed officers for each Maximum custody inmate.
 2. Two (2) armed officers for each restrictive housing or disciplinary segregation inmate.
 3. Two (2) armed officers during the transport of a non-minimum custody male inmate for emergency/unscheduled medical services/treatment. Requests to reduce the supervision level to one (1) officer must be approved by senior staff.
 4. One (1) armed officer for each High Medium custody inmate.
 5. One (1) armed officer for each Low Medium custody male inmate. Low Medium female inmates may be transported by one (1) unarmed staff member.
 6. Minimum (MN) custody inmates do not normally require direct staff supervision unless ordered by the Warden or his/her designee. If supervision is ordered, one (1) unarmed staff member will be assigned to supervise the inmate.
- B. The Warden, his/her designee may adjust the supervision ratio and/or restraint level for any inmate transported or admitted to a hospital/facility. This will be documented on the Hospitalized Inmate Checklist (See [Attachment 1](#)).
- C. Unless granted an exception by the Warden or his/her designee, a single staff member transporting an inmate or supervising an inmate admitted to a hospital/facility will be of the same gender as the hospitalized inmate. If two staff/officers are supervising an inmate only one (1) staff member must be the same gender as the inmate.

6. Visitation with a Hospitalized Inmate:

- A. Hospitalized inmates will not normally be allowed visits. Visits may only be authorized by the Warden, Senior Security Officer or designee. Authorized visitation of a hospitalized inmate is limited to immediate family members on the inmate's approved visit list, or the inmate's Attorney of Record or clergy (See DOC policy 1.5.D.1 [Inmate Visiting](#)).
- B. Information regarding the hospitalized inmate, i.e., name and address of the hospital, room number or other contact information for the hospital may be released to approved visitors only after authorization by the Warden or designee, and only if a valid, signed Release of Information exists for the visitor receiving the information.
- C. DOC staff will supervise all visit(s), including visits with an inmate's attorney. Attorney visits will be visually monitored, audio monitoring is not allowed.
- D. Staff supervising the hospitalized inmate may contact the facility control room to verify an inmate has been approved for visits and confirm the list of the authorized visitors.
1. Visitors must be pre-approved by the Warden or designee. Visitors who have not been pre-authorized for visits with the inmate will be instructed to call the respective control room.

2. The names of the authorized visitors will be added to [Attachment 1](#).
3. If the visit is authorized for a specific day, the OIC, unit staff or OD will contact the supervising staff and provide the day(s) of the visit(s) and list of approved visitors. The time of the visit must comply with the hospital's visit policy.
4. Supervising staff will confirm the identification of the approved visitor(s) by photo ID prior to allowing access to the inmate (See DOC policy 1.5.D.1 [Inmate Visiting](#)). The visit will be documented in the Comprehensive Offender Management System (COMS) by the control room staff.

7. Allowable Personal Property for a Hospitalized Inmate:

- A. Hospitalized inmates are not allowed outside deliveries, packages, gifts, etc. unless approved by the Senior Security Officer. If a visitor attempts to bring an unauthorized item(s) into the room of a hospitalized inmate, DOC staff will ask the visitor to remove the items. Repeated attempts will result in the inmate/visitor's visit privileges being suspended.
- B. Inmates, their possessions and assigned hospital room are subject to search at any time (See DOC policy 1.3.A.5 [Searches – Institutions](#)).
 1. Use and/or possession of alcohol, tobacco products, non-prescribed or unauthorized narcotics, synthetic drugs, illegal drugs or weapons by a hospitalized inmate is prohibited and may result in disciplinary action and/or criminal prosecution.

8. Staff Duties:

- A. Staff supervising a hospitalized maximum, high medium or low medium, restrictive housing or disciplinary segregation inmate will maintain constant direct/visual contact with the inmate unless the inmate is taken to a restricted area of the hospital, i.e. surgery.

Example: Staff will accompany the inmate into an X-ray suite but stay behind the shield used by the X-ray technician and maintain direct visual contact of the inmate.

1. If hospital staff/policy prohibits staff from maintaining constant direct/visual supervision of the inmate, staff will immediately notify the OIC. The OIC will notify the Warden or designee.
 - a. Staff will remain in the closest proximity possible to the inmate; e.g. the hallway outside of the operating room, and when possible, station themselves by any exit that leads from the room or area where the inmate is located.
2. Before an inmate is allowed to occupy an area outside staff presence, staff should inspect the area to determine if the inmate can be safely detained within the area. Staff will check the area for possible weapons and/or unsecured drugs/medications and note the location of doors, exits and windows that may aid in an escape attempt.

Note: Areas and rooms within the hospital that are sterile and/or prepared for medical procedures or otherwise off-limits to inspection will not be inspected without authorization or assistance from hospital staff.

3. Staff will notify hospital security and/or the emergency department in advance of all concerns and expectations regarding the safety and security of a hospitalized inmate and any special security requirements or procedures that apply.

4. Conscious inmates will not be left unrestrained and unsupervised at the same time.
- B. If only one staff member is assigned to supervise the inmate, and the staff member is unable to supervise the inmate due to an emergency or restroom break, the staff member will notify hospital security and/or the emergency department prior to discontinuing supervision.
 1. The staff member will ensure the inmate is secured and supervised by hospital security/emergency department staff prior to discontinuing supervision.
 - a. In the case of bathroom breaks, the staff member will use the bathroom in the inmate's room, or restroom in closest proximity to the inmate's location.
 2. Inmates requiring supervision by two (2) staff members shall not be left unsupervised. One staff member may supervise the inmate provided this is only for a very brief period of time; i.e. the second officer is using the restroom. Staff should notify hospital security and/or the emergency department prior to reducing the supervision level.
- C. If an inmate requiring constant direct/visual supervision must use the bathroom, the bathroom door will remain partially open to allow staff of the same gender as the inmate to maintain direct visual contact with the inmate. Inmates are not allowed unsupervised toileting.
 1. Staff need not be inside the bathroom but must remain in a position outside the bathroom to maintain direct visual contact.
- D. Staff supervising a hospitalized inmate must contact the OIC a minimum of once every hour to provide a status report.
- E. A DOC staff supervisor with the rank of Sergeant or above will check on the inmate and supervising staff at least once each shift. The unit manager, Major or senior staff on call will conduct daily checks on all maximum inmates at the hospital. Exceptions may be granted by the Warden or his/her designee.
- F. Any misconduct by the hospitalized inmate will be documented and reported.
- G. Any inmate who escapes, walks away, or is missing will be reported immediately to the facility control room and/or OIC.
- H. Staff are responsible for immediately notifying the OIC and/or medical staff upon confirmation an inmate's condition is life threatening. The OIC will notify the Warden or designee, who will to determine whether to initiate contact with the inmate's emergency contact.

9. Inmate Access to Telephones:

- A. Inmates are not permitted to make telephone calls. Inmates are not allowed to receive telephone calls unless authorized by the Warden or designee.
 1. Audio monitoring of attorney/client telephone call is not permitted, however, officers will maintain direct visual supervision of the inmate (See DOC policy 1.5.D.4 [Inmate Access to Telephones](#)).
 2. Non-attorney telephone calls approved by the Warden will be monitored by staff.
 3. Approved incoming and outgoing telephone calls will be limited to those individuals on the inmate's approved telephone list or attorney.

B. Inmates may not possess or access cell phones.

V Related Directives:

DOC policy 1.3.A.5 [Searches – Adult Institutions](#)

DOC policy 1.3.A.7 – [Transport & Escort of Inmates](#)

DOC policy 1.3.C.4 – [Inmate Personal Property](#)

DOC policy 1.5.D.1 – [Inmate Visiting](#)

DOC policy 1.5.D.4 -- [Inmate Access to Telephones](#)

DOH policy P-H-02 -- [Confidentiality of Health Records](#)

VI Revision Log:

June 2006: New policy.

October 2007: Minor style/format changes.

September 2008: **Revised** formatting of policy and attachment in accordance with DOC policy 1.1.A.2. **Added** definition of Attorney of Record. **Revised** wording to include immediate family and Attorney of Record in ss (A, C, C1, C2 and C3), **deleted** reference to DOC policy 1.5.D.1 in ss (A) and **added** reference to DOC policy 1.5.D.1 in ss (C3) of Visitation with a Hospitalized Inmate. **Replaced** guarding with supervising throughout policy. **Added** DOC policy to section V.

October 2008: **Deleted** statement regarding routine appointment within ss (A) and (A1), **replaced** statement regarding OIC in ss (A2) with OD, **revised** ss (B2) to state that the inmate may contact their emergency contact collect, **deleted** former ss (B3, B4, B4a, and B4b) regarding phone contact with the emergency contact and release of information, **deleted** statement regarding to include leaving a phone message and **replaced** 24 with 72 hours in ss (C2), **deleted** former ss (2b) regarding the letter to the emergency contact including the diagnosis, all within Emergency Contact Notifications. **Revised** ss (B) to defer to OIC vs. control room, Warden, Senior Security Officer or designee, **revised** ss (C1) to state that visits must be approved by the OIC by calling the applicable control room, **revised** ss (C2) to state unapproved visits will call vs. go to the respective control room, **replaced** Warden, Senior Security Officer or designee with OIC in ss (B4 and B5) and **revised** location of showing proper ID from ss (C2 to C), of Visitation With a Hospitalized Inmate. **Deleted** former ss (A, B and C) regarding allowable personal property, **revised** new ss (A) to include statement about determining Class of the contraband and **deleted** former ss (C2) regarding visits being allowed if visitor cooperates with removal of contraband and **added** statement to ss (2b) of Allowable Personal Property for a Hospitalized Inmate. **Added** ss (B3) stating inmates must be supervised at all times, **replaced** 24 hours with shift in ss (E) and **deleted** former ss (F2) regarding DOC staff not directing inmates what channels to watch or listen to of Staff Duties/Behavior). **Revised** wording throughout policy.

September 2009: **Revised** order of policy statement. **Revised** language to include “critical or stable condition” within ss (A of Emergency Contact Notifications). **Added** reference to DOC policy 1.4.B.14 and **revised** title of DOC policy 1.4.B.2 within ss (B) and **added** new ss (C) both within Restraint Requirements and/or Supervision Levels for Hospitalized Inmates. **Added** ss (D1, D2 and D3 within Visitation with a Hospitalized Inmate). **Added** reference to “direct” in ss (A), **added** “Example”, **revised** ss (A1) to explain why staff may not be able to maintain visual contact and **added** contacting OIC, **revised** wording in former ss (A1, now A1a), **added** ss (A1b and A1c), **added** Note regarding DOC staff not inspecting sterile areas and **deleted** reference to additional charges and language regarding officer not allowed to direct what the inmate will watch on TV or listen to on the radio in ss (F). all within Staff Duties/Behavior. **Added** MDSP OM 3.3.A.11, SDWP OM 4.3.D.6, DOC policy 1.4.B.14 and **revised** title of DOC policy 1.4.B.2 all within (Section V).

September 2010: **Revised** formatting of Section I.

October 2012: **Deleted** “Non-public” and **Replaced** with “Public”. **Deleted** definition of “Correctional Officer” and “Correctional staff”. **Added** definition of “DOC staff member” **Deleted** “whether the inmate is in critical or stable” and **Replaced** with “of the inmates” in Section 1 A. **Deleted** “or a message left via telephone” in Section 1 A. 1. a. **Deleted** “or if staff left a message via telephone but did not speak directly with the emergency contact person” to Section 1 A. b. **Added** “of the shift when the inmate was admitted” to Section 1 A. 1. b. **Added** “or others regarding the status of the inmate” to Section 1 B.

Deleted 2. "The OIC will arrange for the inmate to call their emergency contact collect" in Section 1 B. **Added** "first class mail" to Section 1 C. 2. **Added** "A Release of Information signed by the inmate must be on file for each person who receives information from staff regarding the status of the hospitalized inmate" in Section 1 D. **Added** "his/her designee to Section 2 B. 1. **Added** "or other DOC staff member authorized to order the removal of an inmate's restraints" to Section 2 B. 2. **Added** "modifying" to Section 2 B. 2. b. **Deleted** c. "Upon an order from the Warden or Senior Security Officer" in Section 2 B. 2. **Added** "Medical staff may be consulted. Any restraints applied during the post partum recovery shall be applied in the least restrictive manner possible while ensuring the safety of the public, staff and the inmate" to Section 2 C. **Added** "normally" and **Added** "unless otherwise ordered by the Warden, his/her designee or Senior Security Officer" in Section 2 E. 4. **Deleted** "It is always preferable to have a" and **Replaced** with "Unless granted an exception by the Warden" and **Added** "supervising a hospitalized inmate will be" and **Deleted** "as the inmate supervising at the hospital" in Section 2 G. **Added** new A. in Section 4. **Added** "the inmate may not have the items in their possession." **Deleted** "somewhere else" and **Replaced** with "in an area where the inmate does not have access to the items" in Section 4 B.2.b. **Added** "or detain" to Section 4 B. 1. b. **Deleted** "if the visitor does not cooperate with the removal of the personal property items" and **Deleted** "will be based on the type of non-allowable personal property that the visitor is attempting to bring in" and **Replaced** with "to Class B and Class C contraband" in Section 4 B. 2. **Deleted** "The OIC will review the informational report and determine if DOC staff needs to write a disciplinary report on the incident" and **Replaced** with "If the visitor or inmate is uncooperative or refuse to follow staff directives, the visit shall be terminated." in Section 4. B. 2. b. **Added** 3. and 3.a. to Section 4 B. **Deleted** "a female officer shall be in the room during the birth or a male officer will be placed outside the delivery room" and **Replaced** with "supervising staff shall maintain supervision of the inmate via the least intrusive means possible, affording reasonable privacy within the context of a sound security principal." in Section 5 A. **Deleted** "if possible" and **Added** "weapons, unsecured drugs/medications, etc. and **Deleted** "to safeguard the area" and **Replaced** with "to ensure the security of the inmate and the safety of staff, the general public and the inmate" in Section 5 A. 2. **Added** "or are otherwise off-limits to the general public" in Section 5 A. 2. **Added** "of the restroom in closest proximity to the inmate's location" in Section 5 B. 4. **Deleted** "Whenever practical" in Section 5 C. 2. **Deleted** "and nursing staff" in Section 5 E. **Added** Section 6. "Inmate Use of the Telephone"

October 2013: Numerous changes to policy and format of the policy to accommodate the inclusion of various facility OMs to provide for the rescinding of the OMs. Also language added regarding armed staff supervision of certain hospitalized inmates.

April 2014: **Added** definition of "Pregnant Inmate" and "Post Partum Period" **Added** C. and C. 1. to Section 2.

July 2014: **Added** new Section 1. "Transfers" **Added** "or emergency off-site hospital transport" and **Deleted** "primary health care provider" and **Replaced** with "Health Services staff" and **Added** "The mode of transportation will be determined by Health Services staff and designated DOC staff" in the policy statement. **Added** "The DOC will transport inmates in timely manner to provide access to health care services that are only available outside the facility with consideration toward the prioritization of the medical need and urgency of the transport (ambulance versus standard transport by DOC staff) (ACA #4-4349)" to Section 3 A. **Added** new 1. to Section 3 A. **Added** "under garments, socks, shower shoes or a blanket, in the case the inmate's outer clothing has been removed during search procedures and he/she is not able to be dressed in a DOC issued orange jump suit" in Section 3 A. 3. **Added** a. to Section 3 A. 3. **Added** "as required by medical personnel" in Section 3 A. 4. **Added** "or weight limitations in the case of air transport" in Section 3 A. 3. b. **Added** "at the flight's destination" in Section 4 A. 3 c. **Added** 1. to Section 3 A. **Deleted** "will only remove" and **Replaced** with "may alter" in Section 3 B. 2. **Deleted** b. in Section 3 B. 2. **Added** "When a medical need exists for the removal of metal restraints" **Added** "staff may replace the metal restraints with flex cuffs. The flex cuffs must be completely secured on the inmate before staff removes the metal restraints. Metal restraints must be completely secured on the inmate before staff remove the flex cuffs" in Section 3 B. 2. c. **Added** new 3. to Section 3 E. **Added** "The OIC will notify senior staff" in Section 6 A. 1. **Added** 3. to Section 6 A. **Added** D. to Section 6. **Added** "The unit manager, Major or senior staff on-call will conduct daily checks on all maximum or high risk inmates at the hospital" in Section 6 E.

November 2015: Deleted “administrative” and Replaced with “Restrictive Housing” throughout the policy. Deleted “as determined by the responsible physician or his/her designee” in Section 1 A. Deleted “health service staff may determine if an inmate requires transportation/evacuation” and Replaced with “the inmate may be transported” and Added “by DOC security staff in accordance with transport policy requirements” and Deleted “transport as determined appropriate by Health Service staff” in Section 1 B. Added “are strongly encouraged” and Added “on their phone list” and Added “for medical reasons” and Added “death or when health service staff or medical professionals determine the inmate’s death may be imminent” and Added “on a case by case basis” in Section 2 A. Deleted “staff may provide the emergency contact person with information regarding the inmate’s condition and/or other approved information deemed relevant” in Section 2 A. 1. Added “Without a signed Release of Information from the inmate for the person making the inquiry, only information described in SDCL § 24-2-20 regarding the inmate may be released by DOC staff” to Section 2 B. Deleted 1. a. and b. Deleted “reasonably believe” and Replaced with “receive confirmation from DOC Health Service staff” and Added “for the person to be notified of the inmate’s condition” and Added “as soon as possible when such notification has been provided” in Section 2 C. 1. Added “departing from the secure perimeter of the facility” to Section 3 A. 1. Added “and DOC policy” in Section 1 A. 2. Added “non-minimum” to Section 3 A. 7. Added “non-minimum custody” to Section 3 E. 2. Added “Senior Security Officer” to Section 4 A. Added “and if a valid and proper Release of Information exists for the visitor receiving the information” in Section 4 B.

November 2016: Added “provided the inmate is ambulatory” in Section 1 B. Added C. to Section 1. Added “or email” in Section 2 A. 1. c. Added 5. to Section 2 A. Added “At least one transport staff (same sex) should be present when the inmate is searched” in Section 3 A. 1. Added and with approval of the Warden or designee in Section 3 B. 2. b. Added new A. to Section 4. Added “Inmates secured to the bed or other fixed object will not be left unattended” in Section 4 B. Added “Restraints will be applied to medically impaired or handicapped inmates insofar as physically possible to safeguard the inmate and staff and prevent escape” in Section 4 B. 1. Added “at the restraint site, a MRI” to Section 4 B 2. b. Added c. & d. to Section 4 B. 2. Added “male” to Section 5 A. 3. Added 3. to Section 8 A. Added “Staff should notify hospital security and/or the emergency department prior to reducing the supervision level” in Section 8 B. 2.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

12/21/2016

Date

Attachment 2: Emergency Contact Notification Checklist

The **Emergency Contact Notification Checklist** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Emergency Contact Notification Checklist** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Emergency Contact Notification Checklist**.

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Emergency Notification Checklist Please refer to DOC policy 1.4.E.12 Inmate Hospitalization
EMERGENCY CONTACT NOTIFICATION CHECKLIST	
Inmate Name: _____	Inmate ID Number: _____
Notification approved by Warden or designee: _____ Yes _____ No	Date and Time Notification was Approved: _____
Release of Information signed by inmate: _____ Yes _____ No	
Person Notified (Emergency Contact): _____	Relationship to Inmate: _____
Address: _____	Phone Number: _____
Notification Completed by: _____	
Time of Notification: _____	
Manner of Notification: _____ Telephone _____ Mail	
Brief Description of Information Provided to the Emergency Contact: _____ _____ _____ _____	
If the Emergency Contact was not Immediately Notified of the Inmate's Life Threatening Condition, List the Reason(s) for the Delayed Notification: _____ _____ _____	
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