

SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.6.A.11	PAGE NUMBER 1 OF 8
		DISTRIBUTION:	Public
		SUBJECT:	Offender Hospitalization
RELATED STANDARDS:	ACA Standards: 5-ACI: 3A-17, 6A-04, 6A-05, 6A-06, 6A-08(M), 1-HC: 1A-04, 3A-12-1	EFFECTIVE DATE:	09/15/2023
		SUPERSESION:	01/04/2019
DESCRIPTION: Health Care-Access to Services	REVIEW MONTH: September	 KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to ensure that offenders requiring health care beyond the resources available at the institution, as determined by clinical services staff, will be transported from the institution consistent with the offender's security requirements to an approved off-site medical facility.

II. PURPOSE

The purpose of this policy is to outline the referral and transportation procedures to occur in the event of an offender's transport off facility grounds for hospital care or specialty healthcare.

III. DEFINITIONS

Constant Direct Supervision:

A method of offender management that ensures continuing direct contact between the offender and staff. Staff shall maintain direct visual observation of the offender and continue personal interaction with the offender.

Hospitalization:

Placement of an offender in a public or private medical care facility outside of the institution. This does not include the placement of an offender in an infirmary or comfort care setting within the institution.

Post-Partum Period:

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

Pregnant Offender:

Any stage of pregnancy, labor, and delivery.

IV. PROCEDURES

1. Referral for Emergency Care or Hospitalization:

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- A. *There is a written plan for access to 24-hour emergency medical, dental, and mental health services availability [ACA 5-ACI-6A-08(M)].* First aid and nonemergent care will be provided by onsite clinical services staff, if available.
- B. In the event of a medical emergency, *offenders who need health care beyond the resources available in the facility/institution, as determined by the responsible health care practitioner, are transferred under appropriate security provisions to a hospital, facility, or practitioner where such care is available.* The provision of health care to an offender will not be limited by the resources or services available within the institution. *There is a written list of referral sources to include emergency and routine care. The list is reviewed and updated annually [ACA 5-ACI-6A-05].*
1. If it is determined that an offender requires transportation for healthcare, clinical services staff will collaborate with the officer in charge (OIC) to determine any special transportation conditions and necessary security precautions. The offender will be transported to a designated hospital, facility, or practitioner by DOC staff, in accordance with DOC security transport provisions, 1.3.A.07 - *Offender Transport & Escort.*
- C. The duty officer (DO) must be notified as soon as possible when it is determined an offender must be transported from the institution for emergency medical care or possible hospitalization.
- D. *The safe and timely transportation of offenders for medical, mental health, and dental clinic appointments, both inside and outside the Correctional Facility (for example, hospital, health care provider, or another Correctional Facility) is the joint responsibility of the facility warden or designee and the health services administrator (HSA) [ACA-5-ACI-6A-06].*

2. Transportation System:

- A. DOC will provide a transportation system that assures timely access to services that are only available outside the correctional facility.
1. This system will:
 - a. Prioritize medical needs.
 - b. Address the urgency of transport by utilizing an ambulance, when necessary, versus a standard car/van method of transport.
 - c. Utilize the appropriate security search, restraints, escort, and supervision throughout the transport process.
 - d. Provide notifications to superiors or emergency contact, as necessary.
- B. In the event of a medical emergency, transport of an offender may be by ambulance or by DOC staff transport vehicle, mode of transport will be determined by first responders or clinical staff based on the urgency of need and the stability of the offender's medical condition.

3. Notification Requirements:

- A. The OIC will notify the DO as soon as possible when it is determined an offender must be transported from the institution for emergency medical care or possible hospitalization.
1. The primary care nurse will call the hospital to advise of the imminent arrival and provide a report to the receiving staff regarding the offender's situation, background, assessment, etc.
 2. The HSA or designee will be notified of all admissions to the hospital.
 3. The HSA or designee will maintain open lines of communication with the hospital.

4. Transportation Requirements:

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A. Searches prior to transport:

1. Offenders will be strip searched prior to transport outside the secure perimeter of the institution unless this requirement is waived by the warden or designee, or a medical exception is made by clinical services staff. The offender will remain under direct supervision after being searched and prior to transport (see DOC policy 1.3.A.5 - *Searches - Institutions*).
2. The OIC must notify the staff member who authorized the transport if an offender has **not** been strip-searched prior to departure from the secure perimeter.
3. All offenders who are not strip searched prior to transport, will at a minimum, be searched by staff with a hand-held metal detector prior to transport. If the offender is not strip-searched, the offender must be hand-pat searched.
4. Offenders will be transported to and from the hospital, facility, or practitioner in appropriate restraints, as determined by the offender's custody classification and status, in accordance with DOC policy 1.3.A.07 *Transport & Escort of Offenders* unless there is need for a medical exception for the restrains as determined by clinical services staff.

B. Transportation Attire/Dress-Out

1. All offenders scheduled and approved for transport to a hospital, facility, or practitioner will be dressed in DOC-issued orange jumpsuit **or** orange pants and shirts, underwear, socks, and shower shoes.
 - a. In the case the offender's outer clothing has been removed during the search, and he/she is not able to be dressed in a DOC-issued orange jumpsuit or orange pants and shirt due to immobility, the offender will be transported to the hospital covered in a DOC-issued blanket. Shower shoes and a DOC-issued orange jumpsuit or orange pants and shirt will accompany the offender.
 - b. Offenders may wear hospital-issued gowns while admitted to the hospital. Offenders will change into DOC-issued orange jumpsuit or orange pants and shirts upon discharge from the hospital and during transport from the hospital. Exceptions may be approved by the warden or designee.
 - c. Offenders transported from one hospital/facility to another may remain dressed in a hospital-issued gown, provided the offender is transported in an ambulance and hospital dress has been approved by the warden or designee.

C. Custody Status Transport Requirements

1. Offenders scheduled for transport (non-emergency) by ambulance from the institution to a hospital facility require correctional officer(s) to accompany the offender; staff will complete the *Hospitalized Offender Checklist* (see attachment #1) and refer to DOC policy 1.3.A.07 – *Offender Transport and Escort*).
2. If the offender is close custody, the OIC should call ahead to the hospital, facility, or practitioner and inform security or hospital personnel that a close custody offender is in route to the hospital/facility.
 - a. Staff may request a secure room for the offender. Staff should inquire about the most secure entrance and direct route within the facility to escort the offender to their destination within the facility. Contact with the public shall be limited to the greatest extent possible.
 - 1) If staff is unable to accompany the offender (such as when there is limited space in the ambulance or weight limitations in the case of air transport) as required by the transport orders, the warden or DO must be promptly notified. The required number of DOC staff based on the supervision requirement for the offender being transported will follow the ambulance in a chase car and assume supervision of the offender immediately upon arrival at the hospital/facility or practitioner.

5. Restraint Requirements:

- A. Offenders who require full restraints while within the hospital/facility will be transported by wheelchair or stretcher at all times unless ambulation is necessary. Offenders will be secured to a non-removable part of the wheelchair or stretcher i.e., the frame. The offender shall remain under direct observation of the accompanying staff at all times.

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- B. Restrictive housing, close, and medium custody offenders admitted to a hospital room will be fully restrained and will have one (1) wrist handcuffed to the bed, not the bed rail. Offenders secured to the bed or other fixed objects will not be left unattended.
1. The warden, designee, or DO may make reasonable adjustments to the restraint requirements of an offender.
 2. DOC staff supervising a hospitalized offender may only alter an offender's restraints under the following circumstances:
 - a. Staff has received proper authorization. This will be noted on the Hospitalized Offender Checklist.
 - 1) When a medical need exists for the removal of metal restraints, as ordered by the attending medical personnel, i.e., to conduct a medical test(s), obtain X-rays at the restraint site, submit to an MRI, etc. In some cases, staff may replace the metal restraints with flex cuffs. The flex-cuffs must be completely secured on the offender before the removal of the metal restraints. Metal restraints must be completely secured on the offender before staff removes the flex-cuffs.
 - 2) If the offender requires emergency care, the tending physician may request the removal of some or all of an offender's restraints. Transport staff will determine if an alternative exists to removing the restraints. If the restraints must be removed for any length of time, the transportation officer will report the reason and length of time.
 - b. Transport staff will promptly notify the DO or designee if the restraints are removed or diminished.
 - c. Emergency care is defined as medical care immediately necessary to preserve life, health, limb, sight, or hearing.
 - 1) Offenders will be permitted to ambulate (walk) in designated areas of the hospital/facility with limited, controlled contact with the public, while accompanied and directly supervised by DOC staff, as required/ordered by the attending physician, i.e., offenders in labor or at risk of developing blood clots.
- C. *Under no circumstance will pregnant female offenders have restraints applied during active labor or during the delivery of a child [ACA 5-ACI-3A-17].* Restraints may not be applied during the post-partum period until after the offender is discharged from the hospital and then, only if deemed absolutely necessary by the warden or designee. Absolutely necessary is defined as when there is an imminent risk of escape, or harm to the offender, the baby, or others, and these risks cannot be managed by other reasonable means (e.g., enhanced security measures). *Any deviation from the prohibition requires approval by, and guidance on, methodology from the medical authority and is based on documented serious security risks [ACA 1-HC-3A-12-1][ACA 5-ACI-3A-17].*
1. If the warden or designee determines it is absolutely necessary to apply handcuff/flex cuffs to an offender during the post-partum period, documentation will be included (typically, in the transport order upon discharge from the hospital and return to the DOC institution) supporting the compelling and/or imminent security or flight risk posed by the offender.

6. Supervision Requirements:

- A. The supervision ratio for hospitalized offenders will be as follows:
1. One (1) armed and one to two (1-2) less lethal armed officer(s) for each close custody/restrictive housing offender.
 2. One (1) armed officer and one (1) less lethal armed officer for each medium custody offender.
 3. One (1) armed officer (lethal optional, less lethal required) for each minimum-restricted custody offender.
 4. One (1) armed officer (lethal optional, less lethal required) for each minimum custody offender.
- B. Unless granted an exception by the warden or designee, at least one (1) staff member transporting and/or supervising an offender will be of the same gender as the hospitalized offender.

7. Allowable Personal Property:

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

8. Staff Duties:

- A. Staff supervising a hospitalized restrictive housing, close, or medium status offender will maintain constant direct supervision of the offender, unless the offender is taken to a restricted area of the hospital, i.e., surgery.
 - 1. If hospital staff/policy prohibits staff from maintaining constant direct supervision of the offender, staff will notify the OIC prior if supervision is expected to be limited for more than fifteen (15) minutes. Staff will remain in the closest proximity possible to the offender, e.g., the hallway outside of the operating room. When possible, staff will station themselves by any exit that leads from the room or area where the offender is located.
 - 2. Before an offender is allowed to occupy an area outside of staff presence, staff will inspect the area to determine if the offender can be safely detained. Staff will check the area for possible weapons 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 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 in advance of any special security requirements or procedures that may be applicable or required for the hospitalized offender.
 - 4. Conscious offenders will not be left unrestrained and unsupervised at the same time.
- B. If an offender requiring constant direct supervision must use the bathroom, the bathroom door will remain open to allow staff to maintain direct visual contact with the offender. Offenders who require staff supervision 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.
- C. Staff supervising a hospitalized offender must contact the control center to provide a status report at every scheduled count.
- D. The DO will conduct daily checks on all offenders at the hospital. Exceptions may be granted by the warden or designee.
- E. Any misconduct by a hospitalized offender will be documented and reported by supervising staff.
- F. Any offender who escapes, walks away, or is missing will be reported immediately to the facility control room and/or OIC.
- G. Staff are responsible for notifying the OIC or DO upon confirmation an offender's condition is life-threatening or the offender is deceased. The OIC or DO will notify the warden or designee, who will determine whether to initiate contact with the offender's emergency contact. The OIC will also promptly notify the onsite resource nurse or, if unavailable, the on-call nursing supervisor.

9. Guidelines for Releasing Information:

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A. Refer to SDCL § 24-2-20.

10. Emergency Contact Notifications:

- A. Offenders 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 designee. Offender emergency contacts may be contacted for the following reasons:
1. Childbirth by a pregnant offender.
 2. Death of the offender.
 3. When it is determined, by clinical service staff or other medical professionals, that death is or may be imminent.
 4. As directed by clinical service staff or a medical professional to receive informed consent when the offender is unable to give informed consent for the provision or withdrawal of medical care; or
 5. Other exceptions deemed appropriate and necessary by the warden or designee.
- B. Staff assigned by the warden (typically the OIC or DO) will initiate steps to notify an offender's emergency contact within one (1) hour of the warden's authorization. Notification will be documented on the *Emergency Contact Notification Checklist* (see attachment #2).
1. Notification provided to the emergency contact will typically be initiated by telephone.
 1. Before releasing privileged information regarding the offender, the responding staff member must verify the offender has a valid Release of Information (RIO) on file for the emergency contact.
 2. If staff are unsuccessful in establishing contact with the emergency contact within twenty-four (24) hours of the initial attempt to contact, written notification in the form of a letter or email will be sent to the emergency contact's most current address on file.
 - a. The notice will only include the offender's name, location of incarceration, telephone number of the DOC institution, and instructions for the emergency contact person to contact the institution for information regarding the offender.
 3. Offenders are responsible for notifying DOC staff of any changes or updates to their emergency contact information.
- C. Outside inquiries regarding a hospitalized offender will be directed to the OIC, DO, unit staff, or clinical services. Without a valid and proper signed Release of Information from the offender for the person making the inquiry, 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 the offender's condition; safety and security concerns; consideration to sound correctional practice; and whether the offender's medical condition may be the result of criminal conduct or the incident contributing to or surrounding the offender's condition is part of an ongoing investigation.
1. Questions concerning specific information about the offender's medical condition will generally be referred to clinical services staff.

11. Offender Access to Telephones:

- A. Offenders may be authorized to contact immediate family or attorney while admitted to the hospital only if approved by the warden or designee.
1. Audio monitoring of an attorney/client telephone call is not permitted; however, officers will maintain direct visual supervision of the offender.
 2. Non-attorney telephone calls approved by the warden will be monitored by staff.
- B. Offenders may not possess or access cell phones or other electronic devices capable of sending or receiving calls or messages.

12. Visitation with a Hospitalized Offender:

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- A. Hospitalized offenders will not normally be allowed visits. Visits may only be authorized by the warden, DO, or designee, based on extenuating circumstances, such as the severity of the offender's condition and prognosis. Visitation of a hospitalized offender is limited to immediate family members on the offender's approved visit list, attorney, or clergy. If approved, appropriate contact information will be shared.
- B. DOC staff will supervise all visit(s), including attorney visits. Attorney visits will be visually monitored. Audio monitoring is not allowed.
- C. Staff supervising the hospitalized offender will contact the control room to verify an offender has been approved for visits and confirm the list of authorized visitors.
 - 1. Visitors must be pre-approved by the warden or designee. Visitors who have not been pre-authorized for visits with the offender will be instructed to call the respective facility.
 - 2. The names of the authorized visitors will be added to the Hospitalized Offender Checklist.
 - 3. The OIC, unit staff, or DO will contact the supervising staff and inform staff of 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.
 - a. The number of visitors will not exceed two (2) at any given time, and the length of any visit will not exceed one (1) hour.
 - 4. Supervising staff will confirm the identification of the approved visitor(s) by photo ID prior to allowing access to the offender. The visit will be documented in the Comprehensive Offender Management System (COMS) by the control room staff.

13. Continuity of Care:

- A. *Continuity of care is required from admission to transfer or discharge from the facility, including referral to community-based providers, when indicated [ACA 1-HC-1A-04][ACA 5-ACI-6A-04].* Clinical services staff will ensure continuity of care when an offender is transported from the institution to a community-based hospital, facility, or practitioner and from the practitioner back to the DOC.
 - 1. To the hospital:
 - a. Report will be called to the hospital by nursing staff.
 - b. A current medication formulary will be provided.
 - 2. At the time of discharge:
 - a. Nurse-to-Nurse Report will be called to the clinic by hospital staff, AND
 - b. Practitioner-to-Practitioner report will be called to the onsite or on-call DOC medical practitioner by the hospital's discharging practitioner. The discharging practitioner may reach the DOC practitioner by contacting the medical clinic.
 - 3. Upon return from the hospital:
 - a. Any follow-up instructions are to be sent with the DOC transport officer and returned to clinical services.
 - b. A nurse or practitioner will collect vital signs and complete a focused assessment related to the offender's hospitalization.
 - c. The nurse will make note of:
 - 1) The admission/discharge diagnosis.
 - 2) Changes recommended for:
 - a) New medications.
 - b) Diet.
 - c) Activity restrictions.
 - b. Recommended follow-up labs, x-rays, or other diagnostic tests.
 - c. Recommended frequency of vital signs.
 - d. Recommended follow-up at clinic/hospital and/or onsite with nursing or onsite practitioner.
 - 4. All return orders will be considered recommendations and will be reviewed by a DOC practitioner.
 - 5. The treatment plan will ensure to include:
 - a. Housed in the medical clinic, when appropriate.
 - b. Returned to the general population or appropriate housing with self-care instructions.
 - c. Arrange for a follow-up practitioner's appointment.

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d. All diagnostic testing, procedures, and a summary of the care received will be reviewed and initialed by the physician.

B. The health record contains results and recommendations from off-site visits or attempts by health staff to obtain these results.

V. RESPONSIBILITY

The director of Clinical and Correctional Services and the director of Prisons are responsible for the annual review and revision of this policy.

VI. AUTHORITY

SDCL § 24-2-20.

VII. HISTORY

September 2023

January 2022

August 2021

September 2019

September 2018

September 2017

November 2016

November 2015

July 2014

April 2014

October 2013

October 2012

ATTACHMENTS (*Indicates document opens externally)

1. Hospitalized Offender Checklist*
2. Emergency Contact Notification Checklist*
3. DOC Policy Implementation / Adjustments

HOSPITALIZED OFFENDER CHECKLIST

Offender Name _____

Offender Number _____

Hospital Name _____

Room
Number

Hospital Telephone _____

Date Hospitalized _____

Facility:

SDSP JPA SFC MDSP YMU RCMU SDWP PMC

Custody Level: RH Close Medium Minimum-R Minimum

Is the offender pregnant?

Security Restraints Utilized: Yes No

(while admitted to the hospital)

Other
(explain): _____

Did the Warden/designee alter the restraint requirements? Yes No

If "Yes", explain the change(s): _____

Staff Supervision Level:

- Two-three officers for each Close Custody/RH offender
- Two officers for each Medium offender
- One officer for each Minimum-R Custody offender
- One officer for each Minimum Custody offender

Did the Warden/designee alter the supervision requirements? Yes No

If "Yes", explain the change(s): _____

Has the Warden/designee authorized visits with the offender? Yes No

Visits:

Authorized
Visitors:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

**Control Room Telephone
Number:**

**Other Miscellaneous
Instructions:**

EMERGENCY CONTACT NOTIFICATION CHECKLIST

Offender Name: _____

Offender ID Number: _____

Notification approved by Warden or designee: Yes
 No

Date and Time Notification was Approved: _____

Release of Information signed by offender: Yes
 No

Person Notified (Emergency Contact): _____

Relationship to Offender: _____

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 Offender's Life-Threatening Condition, List the Reason(s) for the Delayed Notification:

