

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 and inmates requiring emergency off-site hospital transport, as determined by the Health Services staff, must be transported from the facility under appropriate security requirements, to an approved off-site medical provider.

III Definitions:

Attorney of Record:

An attorney who has appeared in court signed or received pleadings or other forms on behalf of an inmate or has filed a letter of representation with the particular institution where the inmate resides. The person shall remain the inmate's Attorney of Record until replaced or released by the inmate, is allowed to withdraw by the court, or the case is closed.

Constant Direct Supervision:

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

DOC Staff Member:

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

Health Care:

The sum of all action taken, preventative and therapeutic, to provide for the physical and mental well-being of a population. Includes medical and dental services, mental health services, nursing, personal hygiene, dietary services and environmental conditions.

Hospitalization:

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

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).

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.

Pregnant Inmate:

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

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 may be responsible for the same duties at ancillary units that fall within the supervision of the main facility, as designated by the Warden.

IV Procedures:

1. Referrals:

- A. Inmates who require health care beyond the resources available at the facility, as determined by Health Services staff, may be referred for transport to a hospital/facility or provider where such necessary health care is provided. The provision of health care will not be limited by the resources or services available within the institution where the inmate is housed (ACA #4-4348). Health Services staff shall ensure continuity of care when transporting an inmate from the institution to a community-based provider (1-HC-1A-04).
- B. In the event it is determined an inmate requires health care not available at the institution, Health Services staff should collaborate with the Officer in Charge (OIC) to determine any special conditions of transportation and necessary security precautions (1-HC-1A-05). The inmate will be transported to a designated hospital/facility or provider by DOC security staff, in accordance with DOC transport requirements (See DOC policy 1.3.A.7 *Inmate Transport & Escort*). Transport of an inmate in the event of a medical emergency from an 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 senior security office must be notified as soon as possible anytime an inmate sentenced to the custody of the institution is transported for emergency medical care or possible hospitalization.

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 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) or Senior Security Officer), will initiate steps to notify an inmate'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 via telephone.
 2. Before releasing privileged information regarding the inmate, the responding staff member will verify the inmate has a valid Release of Information (RIO) 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 emergency contact's most current address on file.
 - a. The notice will only 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, unit staff or Health Service staff. Without a valid and proper signed Release of Information from the inmate for the person making the inquiry, only information described in SDCL § [24-2-20](#) may be released to the person.
- 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 and whether the inmate's medical condition may be the result of criminal conduct or the incident contributing to or surrounding the inmate's condition is part of an ongoing investigation.
1. Questions concerning specific information about the inmate's medical condition will generally be referred to Health Services staff.
 2. If the OIC, Senior Security Officer or Health Service staff receive information that supports the inmate's condition may be or is life threatening, the OIC or Senior Security Officer may authorize emergency notification of the inmate's emergency contact, provided a valid signed Release of Information is on file for the contact.
 - a. The OIC or Senior Security Officer will notify the Warden or 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 member of the same sex as the inmate should be present when the inmate is searched. Transport staff may search the inmate to be transported (See DOC policy 1.3.A.5 *Searches - Institutions*).
 2. All inmates who are not strip searched prior to transport outside the secure perimeter of the facility will, at a minimum, be searched by staff with a hand-held metal detector prior to transport.
 3. 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*.
 4. 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 due to immobility, the inmate will be transported to the hospital covered in a DOC issued blanket with shower shoes. A DOC issued orange jump suit will accompany the inmate.
 - a. The OIC must notify the staff member who authorized the transport if an inmate has not been strip searched prior to departure from the secure perimeter.
 - b. If the inmate is MX custody, DOC staff should call ahead to the hospital/facility and inform security or hospital personnel when possible that the inmate is in route to the hospital/facility.
 - c. Staff may request a secure room for the inmate. Staff should inquire about the most secure entrance and direct route within the facility to escort the inmate to their destination 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 during transport from the hospital. Exceptions must be approved by the Warden or his/her designee.
1. Inmates transported from one hospital/facility 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 status 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 of a DOC facility require armed escort. Armed staff will accompany the inmate during transport to or from the

hospital/facility or to an outside medical provider, including in the ambulance, unless this requirement is waived by the Warden or his/her designee.

- b. If 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) as required by the transport orders, the transport must be approved by 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/facility or provider.
3. All non-minimum custody inmates scheduled for emergency/unplanned transport from a secure facility to a hospital/facility will be transported by two (2) 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. Supervision of minimum custody inmates during transport and while at the hospital/facility shall be determined by the Warden or designee.

4. Restraint Requirements:

- A. Inmates who require full restraints while within the hospital/facility 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. Inmates will not be restrained to 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 status 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, designee or the Senior Security Officer may adjust the restraint requirements of any inmate. Example, a LM inmate who is 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 to safeguard the inmate and staff and to prevent escape.
 2. DOC staff supervising a hospitalized inmate may only 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, i.e. to conduct a medical test(s), obtain X-rays at the restraint site, submit to a MRI, etc. In some cases, staff may replace the metal restraints with flex-cuffs. The flex-cuffs must be completely secured on the inmate before removal of 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 the removal of some or all of an inmate's restraints. Supervising staff will determine if an alternative exists to removing the restraints. If the restraints must be removed for any length of time, 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 as soon as possible if the restraints must remain altered/removed for any length of time.

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 with 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 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 designee. If supervision is ordered, usually only one (1) unarmed staff member will be assigned to supervise the inmate.

B. The Warden or designee may adjust the supervision ratio and 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 based on extenuating circumstances, such as severity of the inmate's condition and projected length of stay. Visitation of a hospitalized inmate is limited to immediate family members on the inmate's approved visit list, 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 status inmate will maintain constant direct supervision of 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 will stay behind the shield used by the X-ray technician.

1. If hospital staff/policy prohibits staff from maintaining constant direct 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 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 inmate.
 4. Conscious inmates will not be left unrestrained and unsupervised at the same time.
- B. If only one staff member is assigned to supervise a hospitalized 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 or hospital staff prior to discontinuing supervision of the inmate to ensure the inmate is supervised in the staff member's absence.
1. The staff member will ensure the inmate is secured and supervised by hospital staff or security 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 remain under supervision of DOC staff. 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 prior to reducing the supervision level, as the situation may warrant (i.e. combative, disruptive inmate).
- C. If an inmate requiring constant direct 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 designee.
- F. Any misconduct by the hospitalized inmate will be documented and reported by supervising staff.
- 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 or other electronic device capable of sending or receiving calls or messages.

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.

September 2017: **Added** definition of “Health Care”.

September 2018: **Added** “Health Services staff shall ensure continuity of care when transporting an inmate from the institution to a community-based provider (1-HC-1A-04)” in Section 1 A. **Added** “Health Services staff should collaborate with the Officer in Charge (OIC) to determine any special conditions of transportation and necessary security precautions (1-HC-1A-05)” in Section 1 B. **Added** 4. to Section 3 B. **Added** “full” to Section 4 A. **Added** “length of time” and **Added** “if the restraints must remain altered/removed for any length of time” to Section 4 B. 2. c. **Added** “based on extenuating circumstances, such as severity of the inmate’s condition and projected length of stay” to Section 6. A. **Added** “to ensure the inmate is supervised in the staff member’s absence” in Section 8 B. **Added** “or other electronic device capable of sending or receiving calls or messages” to Section 9 B.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

01/04/2019

Date

Attachment 1: Hospitalized Inmate Checklist

The **Hospitalized Inmate Checklist** form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\HOSPITALIZED INMATE CHECKLIST.doc>

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

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Hospitalized Inmate Checklist Please refer to DOC policy 1.4.E.12 Inmate Hospitalization			
HOSPITALIZED INMATE CHECKLIST				
Inmate Name	Inmate Number			
Hospital Name	Room Number	Telephone #	Date Hospitalized	
Custody Level:	<input type="checkbox"/> Maximum	<input type="checkbox"/> High Medium	<input type="checkbox"/> Low Medium	<input type="checkbox"/> Minimum
Security Restrictions Required:	<input type="checkbox"/> Ankle Cuffs	<input type="checkbox"/> Waist Handcuffed to the Bed Rail	<input type="checkbox"/> Other (explain):	
Did the Warden/Senior Security Officer change the restraint requirements?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", explain the change(s):				
Staff Supervision Level:	<input type="checkbox"/> Two Correctional Officers for each Maximum Custody inmate <input type="checkbox"/> One Correctional Officer for each High Medium Custody inmate <input type="checkbox"/> One Correctional Staff member for each Low Medium Custody inmate <input type="checkbox"/> None (Minimum Custody inmate or requirements waived)			
Did the Warden/Senior Security Officer change the supervision requirements?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", explain the change(s):				
Visits:	Has the Warden/Senior Security Officer authorized visits with the inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Visitors:	Name	Relationship		
	Name	Relationship		
	Name	Relationship		
	Name	Relationship		
Control Room Telephone Number:				
Other Miscellaneous Instructions:				
Revised: 09/18/2018	Page 1 of 1			

Attachment 2: Emergency Contact Notification Checklist

The **Emergency Contact Notification Checklist** form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Emergency Contact Notification Checklist.doc>

<P:\TEMPLATE\DOC\DOC-ALL\Emergency Contact Notification Checklist.doc>

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and Time Notification was Approved: _____
Release of Information signed by inmate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person Notified (Emergency Contact): _____	Relationship to Inmate: _____
Address: _____	Phone Number: _____
Notification Completed by: _____	
Time of Notification: _____	
Manner of Notification: <input type="checkbox"/> Telephone <input type="checkbox"/> 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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