

1.4.E.12 Inmate Hospitalization

I Policy Index:



Date Signed: 11/18/2014
Distribution: Public
Replaces Policy: N/A
Supersedes Policy Dated: 05/21/2014
Affected Units: Adult Institutions
Effective Date: 11/19/2014
Scheduled Revision Date: September 2015
Revision Number: 10
Office of Primary Responsibility: DOC Administration

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 off-site hospital. The mode of transportation will be determined by Health Services staff and 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" are 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 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, 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, as determined by the responsible physician or his/her designee, may be referred for transfer under appropriate security provisions to a facility where such care is available. Treatment of an inmate's condition will not be limited by the resources or services available with the facility (ACA #4-4360).
- B. In the event an inmate requires health services not available at the facility, or in an emergency situation, health service staff may determine if an inmate requires off-site transportation/emergency evacuation to a designated hospital or other treatment facility. Emergency evacuation may be completed via an emergency vehicle or by staff transport, as determined appropriate by Health Services staff (ACA #4-4351).

2. Emergency Contact Notifications:

- A. Inmates may designate an emergency contact person. The emergency contact person will only be contacted by DOC staff after approval by the Warden or his/her designee. Contact will generally be limited to when an inmate is hospitalized for a serious, life threatening illness, injury, or accident or the delivery of a child by a pregnant inmate. The Warden or his/her designee may authorize additional causes for notification as he/she deems appropriate and/or necessary.
 1. Staff assigned by the Warden (typically the Officer In Charge (OIC)) will initiate steps to notify the inmate's emergency contact within one (1) hour of the Warden's decision to approve notification. Staff may provide the emergency contact person with information regarding the inmate's condition and/or other approved information deemed relevant. Notification will be documented on the [Emergency Contact Notification Checklist](#) (See [Attachment 2](#)).
 - a. Notification to the emergency contact will typically be initiated via a telephone call.
 - b. If staff is unsuccessful in speaking directly with the emergency contact within 24 hours of the initial attempt to contact, written notification (letter) will be sent to the most current address of the emergency contact person (if available).
 - 1) The letter will include the inmate's name, address and telephone number of the DOC facility and instructions for the emergency contact person to contact the facility/OIC.
 2. Inmates are responsible for notifying DOC staff of any changes/updates in their emergency contact information.

- B. Outside inquiries regarding a hospitalized inmate will be directed to the OIC, Senior Security Officer, senior staff or Health Service staff.
1. Before releasing any privileged/confidential information, the responding staff member will verify the inmate has completed a [Release of Information](#) for the person making the inquiry (See DOH policy P-H-02 [Confidentiality of Health Records](#)). Staff will confirm with the Senior Security Officer any information about the inmate, i.e. condition or location, has been authorized for release by the Warden or his/her designee.
- C. Factors that may delay notification to the inmate's emergency contact include staff verifying the seriousness of inmate's condition or if concerns exist pertaining to the security, safety and/or sound correctional practices or if the inmate's condition may be part of an ongoing investigation.
1. With a proper signed release of information, the following information regarding a hospitalized inmate may be released to the emergency contact:
 - a. The inmate's name, date of admittance to the hospital and the contact information of the facility where inmate is hospitalized.
 - b. The name and contact information of the DOC contact person most capable of answering questions about the inmate.
 - 1) Questions regarding the inmate's medical condition/status will generally be referred to DOC Health Services staff or the attending physician.
 2. If the OIC, Senior Security Officer or Health Service staff reasonably believes the inmate's condition may be life threatening, he/she may authorize immediate notification of the inmate's emergency contact (with a proper signed release on file from the inmate). The OIC or Senior Security Officer will notify the Warden or his/her designee of the notification.
 - a. Staff are not required to wait for a decision to admit the inmate to the hospital before notifying the emergency contact in the event the inmate's condition is determined to be life threatening. Notification may begin immediately upon the inmate's departure/transport from the facility.

3. Restraint Requirements and Supervision Levels for Hospitalized Inmates:

- A. Transport of inmates to and from a hospital will be in accordance with DOC policy 1.3.A.7 [Transport & Escort of Inmates](#). The DOC will transport inmates in timely manner to provide inmates 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).
1. All inmates will be strip searched prior to transport to the hospital. Inmates not strip searched due to extenuating circumstances will be searched by staff with a hand-held metal detector.
 2. Inmates will be transported to and from the hospital in restraints, as determined by their custody classification and/or status.
 3. All inmates will be dressed in DOC issued orange jumpsuits, boxers, 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.
 - a. The OIC will notify hospital security AND senior staff if an inmate being transported to a hospital has not been searched prior to departure.

4. Inmates may wear hospital issued gowns as required by medical personnel while admitted to the hospital but are required to change into DOC issued orange jumpsuits upon discharge from the hospital and before transport back to the DOC facility. Exceptions may be approved by the Warden or his/her designee.
 5. Inmates transported from one hospital to another may remain dressed in a hospital issued gown provided the inmate is transported in an ambulance or air ambulance and hospital dress has been approved by the Warden or his/her designee.
 6. High medium, low medium custody inmates and disciplinary or administrative segregation inmates scheduled for transport (non-emergency) by ambulance from the facility to a hospital will normally require a minimum of one correctional officer riding in the ambulance or air ambulance with the inmate.
 - a. Maximum custody inmates are required to have a armed correctional officer accompany them on the ambulance transport, unless this requirement is waived by the Warden, his/her designee or the Senior Security Officer.
 - 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), the required number of staff based on the supervision requirement for the inmate will follow the ambulance in a DOC vehicle and assume supervision of the inmate immediately upon arrival at the hospital.
 - c. If the inmate is transported by ambulance from one hospital to another out-of town hospital, or the inmate is transported by air without staff supervision, the Warden, his/her designee or the Senior Security Officer will arrange for the appropriate number of DOC staff to assume supervision of the inmate upon arrival at the flight's destination point or hospital.
 7. All inmates scheduled for emergency/unplanned transport from a secure facility to a hospital will be transported with a minimum of 2 armed staff members. If only one staff member is able to ride in the ambulance, the second staff member will follow in a chase car.
- B. Maximum, High Medium and Low Medium custody inmates and inmates housed in disciplinary or administrative segregation units admitted to a hospital room will be restrained with ankle cuffs and will have one (1) wrist handcuffed to the bed, not the bed rail.
1. The Warden, his/her designee or the Senior Security Officer may adjust the restraint requirements of any inmate; i.e. an inmate in a coma may not require any restraints or an inmate with a cast on his/her ankle may not require ankle cuffs.
 2. DOC staff supervising a hospitalized inmate may alter an inmate's restraints under the following circumstances:
 - a. Staff has received authorization to alter the inmate's restraints from the Warden, senior staff, Senior Security Officer or OIC.
 - b. When a medical needs exists for the removal of metal restraints, as ordered by the attending medical personnel to conduct a medical test(s); e.g. X-rays, staff may replace the metal restraints with flex-cuffs. The flex-cuffs must be completely secured on the inmate before staff remove the metal restraints. Metal restraints must be completely secured on the inmate before staff remove the flex-cuffs.
- 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
- E. The supervision ratio for hospitalized inmates will be as follows:
1. Two (2) armed correctional officers for each Maximum custody inmate.
 2. Two (2) armed correctional officers for each administrative or disciplinary segregation inmate.
 3. Two (2) armed correctional officers during the transport of an 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 correctional officer for each High Medium custody inmate.
 5. One (1) DOC staff member for each Low Medium custody inmate.
 6. Minimum (MN) custody inmates do not normally require staff supervision unless ordered by the Warden or his/her designee. If supervision is ordered, this will typically be (1) DOC staff member for the MN custody inmate.
- F. The Warden, his/her designee or Senior Security Officer may adjust the supervision ratio or restraint level for any inmate admitted to the hospital.
- G. Unless granted an exception by the Warden or his/her designee, DOC staff supervising a hospitalized inmate will be of the same gender as the hospitalized inmate. If two (2) DOC staff are supervising an inmate, only one (1) staff member must be of the same gender as the inmate.

4. Visitation with a Hospitalized Inmate:

- A. Hospitalized inmates will not normally be allowed visits. Visits may only be authorized by the Warden or his/her designee. Visitation of a hospitalized inmate is generally limited to immediate family members on the inmate's approved visit list, or the inmate's Attorney of Record.
- 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 his/her designee. The inmate must have a completed Release of Information on file for the person receiving the information.
- C. DOC staff assigned to supervise the hospitalized inmate will monitor all approved visit(s), including visits with an inmate's attorney.

1. Supervising staff may contact control room staff to verify whether an inmate has been approved for visits and to confirm the list of the approved visitors.
2. Visitors must have prior approval from designated staff (usually the Senior Security Officer) to visit a hospitalized inmate. Visitors who have not been approved to visit an inmate will be instructed to call the respective facility's control room.
3. The names of the authorized visitors will be added to [Attachment 1](#). Additionally, staff may contact the control room officer to verify a visitor is on the inmate's approved hospital visit list (See DOC policy 1.5.D.1 [Inmate Visiting](#)) and/or contact the OIC.
4. If the visit is approved for a specific day, the OIC, unit staff or OD will contact the supervising staff and provide the day(s) of the approved visit(s). The time of the visit must comply with the hospital's visit policy.
5. Supervising staff will confirm the identification of the visitor(s) by photo ID prior to allowing the visitor 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.

5. Allowable Personal Property for a Hospitalized Inmate:

- A. 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 hospital visit privileges being suspended.
- B. Inmates, their possessions and their assigned hospital room are subject to search at any time (See DOC policy 1.3.A.5 [Searches – Adult Institutions](#)).
 1. The 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.

6. Staff Duties:

- A. DOC staff supervising a hospitalized inmate requiring constant direct supervision will maintain direct visual contact with the inmate unless the inmate is taken to an area of the hospital where staff is restricted from entering.

Examples: DOC staff should accompany the inmate into an X-ray suite but stay behind the shield used by the X-ray technician and maintain direct visual contact.

1. If hospital staff/policy prohibits DOC staff from maintaining constant direct supervision of an a maximum, high medium or low medium custody inmate or inmate housed in administrative or disciplinary segregation, DOC staff will immediately notify the OIC. The OIC will notify senior staff.
 - a. In the case constant direct supervision is prohibited by hospital staff/policy, DOC staff will remain in the closest proximity possible to the inmate being supervised; e.g. the hallway outside of the operating room.
2. Before an inmate is allowed to occupy an area outside of the supervising staff member's presence, staff should inspect the room to determine if the inmate can be safely detained in the

room and check for possible weapons, unsecured drugs/medications, and note the location of doors, exits and windows that may aid in an escape attempt.

Note: DOC staff will NOT inspect areas/rooms that are sterile and prepared for medical procedures or are otherwise off-limits to the public.

3. Staff will notify hospital security or the facility health administrator of all concerns regarding the safety and security of a hospitalized inmate or any special security requirement or procedures.
- B. If only one (1) DOC staff member is supervising the inmate and the staff member is unable to continue supervising the inmate for any reason, the staff member will notify the OIC and hospital security prior to discontinuing supervision of the inmate.
1. The supervising staff member will ensure the inmate is secured within a hospital room prior to discontinuing supervision of the inmate.
 - a. In the case of staff bathroom breaks, staff should use the bathroom in the inmate's room or the restroom in closest proximity to the inmate's location.
 2. Maximum custody and administrative or disciplinary segregation inmates requiring two (2) correctional officers may not be left unsupervised. One correctional officer may supervise the inmate provided this is only for a very brief period of time; i.e. the second correctional officer is using the restroom.
- C. If an inmate requiring constant direct supervision needs to use the bathroom, the bathroom door will remain partially open to allow same gender staff to maintain direct visual contact with the inmate.
1. DOC staff need not be inside the bathroom, but must be in a position outside the bathroom to maintain direct visual contact.
 2. DOC staff maintaining direct visual contact of the inmate will be of the same gender as the inmate.
- D. Staff supervising a hospitalized inmate must contact the OIC every hour to provide a status report.
- E. A DOC staff supervisor with the rank of Sergeant or above will make at least one (1) visit to the hospital every shift to check on the inmate and DOC staff supervising the inmate. 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 an inmate will be reported by supervising staff to the OIC.
- G. Any inmate who escapes, walks away, or is missing from the hospital will be reported immediately by the supervising staff to the facility control room and/or OIC.
- H. Supervising staff are responsible for immediately notifying the OIC and/or medical staff if the inmate's condition becomes life threatening. The OIC will notify the Warden or his/her designee to determine if the emergency contact person should be notified.

7. Inmate Use of the Telephone:

- A. The telephone in the hospital room is for staff use only. Inmates are not allowed incoming or outgoing telephone calls unless approved by the OIC or Senior Security Officer.

1. Audio monitoring of attorney/client calls/visits is not permitted, however, staff will maintain direct visual supervision of the inmate during an attorney call/visit (See DOC policy 1.5.D.4 [Inmate Access to Telephones](#)).
2. Non-attorney telephone calls approved by the Warden or his/her designee may be audio monitored by staff.
3. Generally, approved incoming and outgoing telephone calls will be limited to those individuals on the inmate's approved telephone list or attorney and may be further limited to the inmate's emergency when security, safety, sound correctional practice or investigative reasons exist.

B. Inmates may not possess a cell phone.

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 remove 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.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

11/18/2014

Date

Attachment 1: Hospitalized Inmate Checklist

The **Hospitalized Inmate 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 **Hospitalized Inmate 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 **Hospitalized Inmate Checklist**.

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

South Dakota Department of Corrections		Attachment: Hospitalized Inmate Checklist	
Policy		Please refer to DOC policy 1.4.E.12	
Distribution: Non-Public		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/Sensor/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/Sensor/Security Officer change the supervision requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", explain the change(s):			
Visits: Has the Warden/Sensor/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 Information:			
Revised: 9/22/2008		Page 1 of 1	

Attachment 2: Emergency Contact Notification Checklist

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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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