



Department Directive

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Title: Hospital and Medical Center Transports and Escorts	Directive Number: OPS.110.0042
Related MD Statute/Regulations: Correctional Services Article, §2-103, 9-601, and 11-206, Annotated Code of Maryland; and Human Services Article, §9-237 (a) and (c), Annotated Code of Maryland.	Rescinds and Replaces: DOC.110.0042 – Hospital and Medical Center Transports and Escorts, dated January 23, 2008 DPDS.110.0007 – 911, Urgent and Emergent Medical Transport, dated October 19, 2015 PATX.110.0042 - Hospital and Medical Center Transports and Escorts, dated June 12, 2014
Related ACA and MCCS Standards: 1-CORE-4C-02; 4-ALDF-4C-04 – 05; 4-4190; 4-4190-1; and 4-4349; 5-ACI-3A-16; 5-ACI-3A-17; 5-ACI-6A-06 .01M; and .02E	Authorized By: <i>Keith Dickens</i> Keith Dickens Director of Security Operations
Related Directives: DOC.110.0003 – Restraint Devices DPDS.110.0003 – Security Equipment OPS.110.0003 – Inmate Transport Security OPS.110.0005 – Use of Force Procedures Manual OPS.110.0009 – Firearms DPSCS.110.0009 – Policy Statement – Restraints - Pregnant Inmate DOC.270.0001 – Procedures for Handling Inmate Death DPDS.270.0001 – Procedures for Handling Inmate Death IID.270.0001 – Death Notifications OSIIF.270.0003 – Inmate Deaths – Reporting and Investigating	Issued Date: May 25, 2022 Effective Date: June 1, 2022
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.01 Purpose.

The purpose of this policy is to establish and maintain the methods approved by the Department of Public Safety and Correctional Services (Department) for transporting and escorting inmates to community based hospitals and medical centers.

.02 Scope.

This directive applies to all Department correctional facilities responsible for the care and custody of inmates.

.03 Policy.

Department employees shall use practices and techniques designed to reduce the risk of injury and escape of an inmate when transporting or monitoring an inmate admitted to a community based hospital or medical center.

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

- (1) “Administrative carry” means a firearm with a round in the chamber is holstered without a magazine.
- (2) “Armed” means a firearm is in an administrative carry or routine carry status.
- (3) Chemical Agent.
 - (a) “Chemical agent” means a less than lethal control agent designed to temporarily immobilize an individual or otherwise control non-compliant behavior.
 - (b) “Chemical agent” includes:
 - (i) Oleoresin capsicum (OC or pepper spray); and
 - (ii) CS (orthochlorobenzalmalononitrile).
- (4) “Correctional officer” has the meaning stated in Correctional Services Article, §8-201, Annotated Code of Maryland.
- (5) “Custody” means the degree of supervision used to control an inmate under the authority of the Department.

- (6) “Direct observation” means continuous and unobstructed surveillance.
- (7) “Emergency medical transport” means transporting an inmate to a hospital emergency department via ambulance or helicopter.
- (8) “Escort officer” means a correctional officer responsible for the supervision of an inmate/patient transported or admitted to a hospital.
- (9) “Inmate” has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland.
- (10) “Maximum security” means the highest level of custody necessary to secure an inmate safely.
- (11) “Medium security” means the level of custody necessary to control safely, an inmate requiring more than minimum security, but not meeting the requirements for maximum security.
- (12) “Minimum security” means the level of custody for an inmate who poses less risk for violent behavior or escape and has a minimal history of disciplinary problems.
- (13) “Magnetic Resonance Imaging (MRI)” is a device that creates detailed images of the inside of a person’s body.
- (14) “Magnet room” means a unit within a hospital where the MRI device is located and operated.
- (15) “Operating room” means a sterile unit within a hospital where surgical operations are performed.
- (16) “Pre-op” means before surgery.
- (17) “Pre-release security” means the level of custody for an inmate who poses the least risk for violent behavior or escape and has a satisfactory history of adjustment.
- (18) “Reporting officer” means a correctional officer assigned to relieve an escort officer.
- (19) “Restraint device” means equipment used to secure and restrict physical mobility of an inmate.
- (20) “Routine carry” means the firearm is holstered with a magazine and a round in the chamber.

(21) “Transport officer” means a correctional officer assigned to transport an inmate to a community based hospital or medical center.

(22) Use of Force.

(a) “Use of force” means the application of physical or other form of control by an employee, or employees, against a non-compliant inmate or inmates for the purpose of controlling behavior and procuring compliance.

(b) “Use of force” includes:

(i) Lethal force;

(ii) Less lethal force; and

(iii) Less than lethal force.

.05 Responsibilities.

A. Hospital Transports/Escorts and Notification Requirements.

(1) Correctional supervisors shall be notified by the facility’s medical doctor, nurse practitioner, or registered nurse when an inmate requires transportation to a hospital or medical center outside of the correctional facility.

(2) Medical staff shall provide the correctional supervisor with the inmate’s name, SID number, and medical transport order to facilitate a safe hospital transport.

(3) Upon notification of a hospital transport by the medical personnel, the correctional supervisor/duty officer shall:

(a) Identify officers to transport the inmate to a community-based hospital or medical center;

(b) Ensure that no more than one correctional officer assigned to transport or escort an inmate is a probationary correctional officer;

(c) Ensure that at least one officer is of the same gender as the inmate being transported;

- (d) Ensure that the ratio of transport and escort officers to medium and maximum-security inmates is two-to-one unless security considerations require an additional number of transport or escort officers;
- (e) Ensure that pre-release and minimum-security inmates housed in a medium or maximum-security facility are subject to the same security measures as medium or maximum-security inmates;
- (f) Ensure that transport and escort officers possess their employee identification cards before departing the correctional facility;
- (g) Ensure that an officer selected for transport and escort detail meets the following requirements:
 - (i) Possesses a current weapons qualification card if transporting medium or maximum-security inmates;
 - (ii) Possesses a current correctional certification and identification card;
 - (iii) Is trained in transport procedures and is aware of appropriate security precautions;
 - (iv) Possesses current training in first aid, cardiopulmonary resuscitation (CPR) chemical agents, personal protective equipment (PPE), restraining equipment, and use of force; and
 - (v) If operating the transport vehicle, is properly licensed to operate the vehicle.
- (h) Ensure that the unarmed escort officer is of the same gender of the admitted inmate.
- (i) Ensure that transports are conducted in accordance with provisions established in this directive and [OPS.110.0003 – Inmate Transport Security](#).
- (j) Complete appropriate reports in accordance with [OPS.020.0003 – Reporting Serious Incidents](#), if the emergency hospital transport is due to a serious incident.
- (k) Document the emergency hospital transport in the Offender Case Management System (OCMS), if the transport is not due to a serious incident.

B. Correctional Supervisor Responsibilities/Security Rounds.

- (1) Correctional supervisors shall make unannounced security rounds to community-based hospitals or medical centers to ensure officers responsible for transporting and escorting inmates are adhering to Department policy and procedures.
- (2) Correctional supervisors shall make at least one round on each shift daily during an inmate's admission to the hospital.
- (3) Correctional supervisors shall, while conducting security rounds:
 - (a) Speak with the hospital security to address any security concerns;
 - (b) Speak with the nurse in charge of the ward to address any questions or concerns regarding the inmate or assigned correctional officers;
 - (c) Ensure officers possess their credentials in accordance with §.05A(3)(f) of this directive;
 - (d) Check to ensure that the inmate is properly restrained in accordance with this directive; and
 - (e) Review the logbook for accuracy and timely entries.

C. Transport Officer Responsibilities upon Departure and Arrival at Hospital.

- (1) Before leaving a correctional facility, the transport officer shall obtain, at minimum, the following items:
 - (a) An inmate's escort "E" identification card;
 - (b) The Medical Transport Order (Appendix A); and
 - (c) If applicable, medical documents.
- (2) The transport officer shall adhere to applicable transport procedures in accordance with [OPS.110.0003 Inmate Transport Security.](#)

- (3) In addition to §.05C(2) of this directive, a transport officer shall adhere to the following procedures for emergency medical transportation, applicable to medium and maximum security inmates:
 - (a) Transport officers shall accompany the inmate in the ambulance, to include:
 - (i) One armed transport officer stationed in the front of the ambulance during transit; and
 - (ii) One second armed transport officer stationed in the rear cabin to supervise the inmate.
 - (b) The armed transport officer stationed in the front of the ambulance firearm shall be in a routine carry status during transport.
 - (c) The second armed transport officer shall ensure their firearm is in a administrative carry status by conducting an administrative unload and securing the two loaded magazines in his/her magazine pouch, and the additional loaded magazine in his/her pocket.
 - (d) The armed transport officer stationed in the front cabin shall exit the vehicle, and establish a tactical position and monitor the unloading process.
 - (e) Once the inmate is safely unloaded from the rear cabin, the second armed transport officer shall insert the additional magazine into the firearm without removing the firearm from the holster.
- (4) The transport officers shall utilize the ambulance entrance at all times when an inmate/patient is taken to the hospital.
- (5) The transport officer shall ensure juvenile inmates are transported to the pediatric entrance of the emergency room.
- (6) The transport officer shall ensure juvenile inmates are separate from and not in the presence of adult inmates during transport and escort.
- (7) Upon arrival at the hospital, the transport officer shall immediately contact hospital security to advise them of the inmate escort detail and report if the inmate:
 - (a) Is an escape risk; or

- (b) Has a history of institutional assaults.
- (8) The transport officer shall ensure hospital security staff receives a copy of the *Medical Transport Order* (Appendix A) and returns the original to the shift commander or designee.
- (9) The transport officer shall proceed with admittance of the inmate/patient while the other transport officer removes the vehicle from the ambulance entrance, if applicable.
- (10) The transport officer shall request the assistance of hospital security to monitor the inmate until the return of the other transport officer.
- (11) Holding areas shall be utilized as directed by hospital staff, if available, to keep the inmate/patient secure until treatment or admission into a regular room.

D. Hospital Admissions.

- (1) The transport officer shall notify the correctional supervisor when an inmate is admitted and assigned to a hospital room and relay all pertinent information such as the room number.
- (2) The escort or transport officer shall:
 - (a) Notify the correctional supervisor when an inmate is admitted to a specialized medical unit such as the Intensive Care Unit (ICU), Critical Care Unit (CCU), or a Progressive Care Unit (PCU); and
 - (b) Relay all information such as the inmate's name, identification number and medical status if known (e.g. conscious, intubated, imminent death anticipated).
- (3) The correctional supervisor who has been notified of an inmate admitted to a specialized medical unit shall:
 - (a) Contact the on-call chaplain to provide the chaplain with pertinent information such as the inmate's name, identification number, status in the OCMS as an escape risk or a high-risk transport, and medical status.
 - (b) If there is no chaplain available, the correctional supervisor shall make the notification to the emergency contact listed in OCMS, and adhere to procedures specified in *Standard*

Operating Procedure 08-2020 Notification of Emergency Contact upon Inmate's Admission to an Intensive, Critical, or Progressive Care Medical Unit (Appendix B).

- (4) Following the admission of the inmate to the hospital, the correctional supervisor shall ensure adequate staffing is provided to supervise and maintain custody of an admitted inmate as follows:
 - (a) Any inmate housed at a maximum or medium security facility shall be assigned one armed and one unarmed escort officer; and
 - (b) Any inmate housed at a minimum or pre-release facility shall be assigned one unarmed escort officer.
- (5) Following a maximum or medium security level inmate's admission to a hospital or medical center, a correctional supervisor shall send an unarmed escort to relieve one of the armed officer.
- (6) At no time shall the transport or escort officer relinquish their assigned weapon to any other officer.

E. Hospital Admission Parking.

- (1) The transport officer shall:
 - (a) Park the vehicle in the hospital parking deck or in a similar hospital parking area;
 - (b) Secure the vehicle steering wheel with a Club or other security device; and
 - (c) Secure vehicle doors, windows, and pad locks after parking the vehicle.
- (2) If a Department vehicle is used in the transportation of an inmate or reporting officer to the hospital, the transport officer shall ensure the vehicle and the keys to the vehicle are removed and secured on the officer's person when the vehicle is not in use.
- (3) The transport officer shall have the parking tickets validated by hospital staff prior to leaving the hospital.

F. Reporting Officer Requirements and Documentation Responsibilities.

- (1) At least one reporting officer shall be of the same gender as the inmate/patient.
- (2) Reporting officers shall:
 - (a) Be in complete uniform, to include:
 - (i) Name tag;
 - (ii) Badge;
 - (iii) Possession of their correctional certification and identification card;
 - (iv) A valid Weapons Qualification Card, if applicable; and
 - (v) Valid driver's license.
 - (b) Possess training skills in first aid, CPR, chemical agents, PPE, restraining equipment, and use of force.
 - (c) Retrieve security equipment to include but not limited to a chemical agent and firearm, if applicable, from the correctional facility prior to relieving the escort officer.
- (3) A reporting officer shall:
 - (a) Receive and log pertinent information regarding the inmate/patient's care upon relieving the transport or escort officer;
 - (b) Account for all assigned equipment upon relieving the officer; and
 - (c) Notify the desk lieutenant/duty officer of his or her presence on post and of any pertinent information communicated by the transport/escort officer.

.06 Procedures.

A. Inmate Hospital Room Procedures.

- (1) The escort officer shall:

- (a) Stay in the inmate's room at all times unless it has been determined by the physician that the presence of the officer is detrimental (e.g. hospital isolation precautions used to prevent the transmission of infectious agents) to the officer or to the patient's medical care;
 - (b) Use protective gear provided by the hospital as required;
 - (c) Remain alert and watchful; and
 - (d) Refrain from the following activities and or distractions that are strictly prohibited:
 - (i) Card playing;
 - (ii) Use of a personal cell phone or any electronic devices;
 - (iii) Watching TV;
 - (iv) Reading a newspaper or similar literature;
 - (v) Visiting patients or hospital personnel;
 - (vi) Smoking; and
 - (vii) Other distractions.
- (2) If the physician or ward nurse directs the officer to leave the inmate's room, the officer shall:
- (a) Notify the shift commander or designee of the physician's direction to leave the room;
 - (b) Ask the medical personnel if any precautions need to be taken, and notify the shift commander or designee of all precautionary requirements; and
 - (c) Station him or herself immediately outside the doorway of the inmate's room and make frequent visual checks on the inmate.
- (3) The transport or escort officer shall call the duty lieutenant every hour to report his or her status and the status of the inmate and document the "security check notification" in the logbook.

B. Maintaining Security and Observation of Inmates.

- (1) When supervising an admitted maximum or medium security level inmate:
- (a) One escort officer shall have a Department approved firearm and a chemical agent; and

- (b) The second escort officer shall have only a Department approved chemical agent.
- (2) When supervising an admitted minimum or pre-release inmate an escort officer shall only be equipped with Department approved chemical agent
- (3) The escort officer shall search the inmate's hospital room prior to occupancy and throughout admission ensuring that:
 - (a) Dangerous items (e.g. scissors, surgical, and medical instruments) which could be used as a weapon are not within an inmate's reach;
 - (b) Inmates do not receive any food items that may cause a security breach such as soda cans, metal utensils, and similar objects.
 - (c) Medical personnel are notified to remove or relocate potential dangerous items.
- (4) The escort officers shall maintain the security of, and visual contact with, an admitted inmate by adhering to the following provisions:
 - (a) The escort officers shall position themselves in a location that allows for the continuous and direct observation of the inmate.
 - (b) The armed escort officer shall position him or herself as far from the inmate as possible while still maintaining continuous visual contact with the inmate and unarmed officer.
 - (c) The armed escort officer is not to un-holster the weapon unless circumstances exist as outlined in the [DPSCSM.110.0005 - Use of Force Manual](#).

C. Supervising and Restraining an Inmate.

- (1) The unarmed escort officer assigned to supervise an inmate admitted to a medical facility has primary responsibility for physical interaction with the inmate.
- (2) When two escort officers are assigned to supervise an inmate admitted to a medical facility, the armed escort officer assigned to supervise an inmate is responsible for:
 - (a) Maintaining continuous visual contact with the unarmed escort officer and the inmate; and

- (b) Limiting physical contact with the inmate to circumstances that require the use of force necessary to protect the officers, medical facility staff, or the inmate and to prevent escape.
- (3) Except for circumstances outlined in § .06D, all admitted inmates shall be supervised and secured with custodial restraints as if they were classified as medium/maximum-security inmates regardless of any lesser status.
- (4) Flex cuffs are required in the intensive and critical care units, operating rooms, or other areas where a defibrillator or MRI is used.
 - (a) When flex cuffs are used, the officer assigned to be in the room with the inmate shall be as close to the inmate as the clinical staff treating the inmate, but on the opposite side of the bed; and
 - (b) In instances where medical treatment requires a greater distance between the officer and the inmate, the officer shall tactically position him or herself close enough to maintain direct observation of the inmate.
- (5) Leg irons and handcuffs are the custodial restraining devices used to restrain an inmate to a bed or wheelchair unless the attending physician requests other devices that do not interfere with the inmate's care, and shall be in accordance with §.06D of this directive.
- (6) The escort officer shall:
 - (a) Ensure inmates are restrained by securing one arm and one leg opposite from the secured arm cuffed to the bed or wheelchair; and
 - (b) Ensure authorized items are within the inmate's reach; and
- (7) Escort officers shall ensure pregnant inmates are restrained in accordance with executive directive [DPSCS.110.0009 Policy Statement - Restraints - Pregnant Detainee, Inmate, or Offender.](#)
- (8) Restraints and Conveyance of the Inmate through the Hospital.

- (a) When two armed officers assigned to transport an inmate are conveying the inmate through the hospital, the officers shall use handcuffs, leg-irons, a waist chain, and a black box and lock.
- (b) In order to keep the inmate within the officers' direct control at all times, the officers shall adhere to the following:
 - (i) One officer shall hold the waist chain or arm of the inmate. This officer shall position him/herself in such a way to ensure the weapon will be on the opposite side of the inmate at all times.
 - (ii) The second officer shall position to the rear of the inmate, no more than one arm's length away, keeping the inmate under direct observation at all times.
- (9) Both officers are to remain with the inmate at all times unless one officer is using the restroom located inside the inmate's room, and in that case, the officers shall adhere to provisions outlined in §§.06H and I of this directive.

D. Maintaining Security and the Reduction or Removal of Restraints.

- (1) Officers shall adhere to all applicable provisions established in this directive for inmates receiving non-emergency treatment (e.g. appointments or testing).
- (2) All inmate patients, regardless of security status, shall be secured to the hospital bed or wheelchair at all times unless the inmate is:
 - (a) Being escorted to the bathroom in accordance with the procedures established in §§ .06I and H;
 - (b) Undergoing a medical procedure that medical staff and the managing official, or designee, have determined requires limited or no restraints; or
 - (c) In a persistently vegetative state, that medical staff and the managing official, or designee, have determined requires limited or no restraints.
- (3) Removal of Restraints for Medical Reasons.

- (a) In the event that the inmate's physician requests the removal of the restraint equipment for medical reasons, the Officer-in-Charge (OIC) shall:
 - (i) Be notified of the request; and
 - (ii) Advise the physician of the risks associated with the removal of restraints; and
 - (iii) Describe to the physician the alternative methods of restraint (e.g. flex cuffs) that could be deployed as a substitute.
- (b) If the inmate's physician still requests the restraints to be removed and does not agree that alternative methods of restraint are sufficient, the OIC shall notify the shift commander or designee.
- (c) The shift commander or designee shall determine if additional staff is needed or if the request requires the managing official's approval.
- (d) Prior to the managing official denying the hospital physician's request, the managing official shall consult with the Regional Medical Director to determine if removal of the restraints is reasonable and medically necessary.
- (e) Upon receipt of the managing official's decision the OIC shall notify the:
 - (i) Hospital physician of a denial of a request to remove restraints; and
 - (ii) Custody staff of the denial or approval.
- (4) Upon receipt of approval to remove a restraint device:
 - (a) Both officers shall be present before any restraints are manipulated or removed.
 - (b) The armed officer shall position himself/herself the farthest away from the inmate/patient while maintaining a line of sight.
 - (c) Only the unarmed officer shall be responsible for placing and removing restraint equipment.
 - (d) If both officers are armed:

- (i) The officers shall ensure the inmate is kept on the opposite side of the officer's weapon; or
 - (ii) One officer may perform an administrative unload and ensure the magazine that was removed from the firearm is secured with the remaining armed officer, who may secure the two remaining unloaded magazines in the pouches on the officer's belt.
- (e) The armed officer shall:
 - (i) Place the magazine from the now "unarmed" officer in his or her backpocket; and
 - (ii) Directly monitor the inmate as the unarmed officer manipulates the restraints.
- (f) Upon completion of the task, the unarmed officer shall retrieve the magazine and insert it into the firearm without removing the firearm from the holster.

E. Security and Flexcuff Restraints for Use in the ICU and during Surgery and Metal Restrictive Procedures.

- (1) Inmates in pre-op are to be restrained using flex cuffs or at the direction of the attending physician or hospital security.
- (2) The unarmed officer shall apply flex cuffs in a fashion that does not interfere with medical devices in the ICU, the MRI, or surgical procedures. Flex cuffs may be applied as follows:
 - (a) One leg to the gurney;
 - (b) Both legs together;
 - (c) One arm to the gurney;
 - (d) Both arms together; or
 - (e) Any method that restricts or immobilizes the inmate without causing physical harm.
- (3) Flex cuffs shall be applied prior to the removal of metal restraints.

- (4) Officers are required to follow the inmate from pre-op to the operating room and then to the recovery room. Officers shall restrain the inmate as directed by the operating room staff.
- (5) Officers shall maintain constant observation of the inmate in the OR and all other locations. Staff in the OR shall instruct officers where to station themselves in order to observe the inmate.
- (6) Upon return to the assigned room, officers shall:
 - (a) Re-establish restraints before removal of flex cuffs; and
 - (b) Utilize a flex cuff cutter or other hospital tool to remove the flex cuffs.
- (7) MRI Procedures.
 - (a) An unarmed “watch” officer shall maintain direct observation of an inmate undergoing a MRI procedure within the magnet room/viewing area;
 - (b) An armed officer shall observe the inmate from outside of the magnet room through an observation window. If, however, the inmate is not visible through the observation window or there is no observation window, then the armed officer shall post immediately outside of the magnet room while remaining alert and vigilant.
 - (c) The “watch” officer shall utilize a secure firearms locker (in close proximity to the magnet room) to store any metal security equipment prior to entering the magnet room, including but not limited to:
 - (i) Metal handcuff;
 - (ii) Chemical agent;
 - (iii) Ammunition; and
 - (iv) Firearm, if applicable.
 - (d) If a secure firearms locker is not available, the officer shall adhere to the following procedure:

- (i) Request the assistance of an unarmed hospital security officer to directly observe the inmate; and
 - (ii) Maintain observation of the inmate from outside the magnet room, and if observation is not practical, the armed officers shall notify the shift commander.
- (8) Once the inmate is removed safely from the magnet room, the unarmed officer shall retrieve his/her security equipment from the firearms locker.

F. Accompanying Inmate/Patient.

- (1) Officers shall accompany the inmate if additional testing or procedures are required in another hospital department and notify the shift commander or designee of their departure and return.
- (2) At minimum, if the inmate is moved from one medical department to another, the inmate shall be transported with leg irons and handcuffs, provisions for the removal of restraints shall be in accordance with §§.05D and E of this directive.
- (3) If an elevator is used to transport an inmate from one department to another, only the attending medical personnel and officers shall accompany the inmate on the elevator.
- (4) If the inmate goes to the operating room or another location, the officers shall accompany the inmate to the area.
- (5) If accompanying an inmate to a medical department that requires health-specific precautions, the officer shall adhere to the precaution as long as it does not pose a security risk. Precautions may include but not limited to:
 - (a) The use of personal protective equipment (PPE);
 - (b) Lead apron usage for radiation safety; and
 - (c) Positioning behind an imaging administration barrier for computerized tomography (CT) scans.
- (6) The transport or escort officer shall not leave or remove an inmate/patient from the medical department unless directed to do so by hospital staff.

G. Violent or Disruptive Inmates.

- (1) If assistance is required because an inmate/patient has become violent or disruptive, officers shall notify the nurse on duty, the hospital security department through the switchboard/radio, and the shift commander/duty officer at the correctional facility.
- (2) If the inmate becomes violent or disruptive, the assigned officers shall:
 - (a) Assist and protect the hospital staff to the best of their ability in accordance with the Use of Force Manual; and
 - (b) Use whatever reasonable force is required to protect the public, prevent escapes, and maintain order.

H. Hospital Rules and Courtesy.

- (1) Officers and inmates shall comply with hospital rules unless they interfere with security. If hospital orders conflict with correctional facility security practices, officers shall contact the shift commander for instructions.
- (2) Officers shall extend all courtesy to the hospital staff and other patients.

I. Communicate Inmate/Patient's Needs.

- (1) If medical staff is not present in the hospital room, the officers shall communicate to the nursing staff all of the inmate's requests pertaining to nursing care (e.g. need for pain medication, additional blankets, restroom privileges, and positioning).
- (2) Officers shall monitor the inmate's use of the "Nurse Call" button for inappropriate use.

J. Officer Restroom Usage.

- (1) Officers shall:
 - (a) Use the restroom that is in the patient's room unless prohibited by medical staff; and
 - (b) Document pertinent information such as the restroom relief time.

- (2) If an officer is not permitted to use the patient's restroom, the officer shall request relief assistance from hospital security.
- (3) Inmate movement shall wait until the officer returns from the restroom.

K. Inmate Restroom Usage.

- (1) When the inmate requests to use the restroom the officers shall:
 - (a) Request a bed pan or portable urinal from medical staff;
 - (b) Ensure the inmate remains restrained to the bed while utilizing the bed pan or portable urinal;
 - (c) If a bed pan or portable urinal is not provided, notify a correctional supervisor and advise the supervisor that the inmate is being escorted to the restroom;
 - (d) Ensure that the unarmed officer inspects the restroom for contraband and possible escape routes prior to usage by the inmate;
 - (e) Once satisfied that the restroom is secure, allow the inmate to go to the restroom;
 - (f) Ensure that the unarmed officer unshackles the leg iron from the bed and re-shackles it to both legs;
 - (g) Un-cuff the handcuff from the bed and re-cuff it to both wrists in front;
 - (h) Ensure that restraints remain on the inmate at all times;
 - (i) Ensure that the unarmed officer escorts the inmate to the restroom; and
 - (j) While the inmate is using the restroom, ensure that the armed officer positions himself/herself as far away from the inmate as possible, while maintaining visual contact of the unarmed officer.

L. Officer Illness or Fatigue.

- (1) The transport or escort officer shall contact the correctional supervisor and the nurse immediately if the officer becomes drowsy due to illness or fatigue, or otherwise becomes unable to perform the officer's duties. Under no circumstances shall sleeping be permitted while on duty.
- (2) The correctional supervisor shall if necessary have the officer relieved from the post.
- (3) The transport or escort officer shall not leave the post unattended for any reason. When being relieved, officers shall identify the relieving officer. If the relieving officer is unknown, officers shall request proper identification.

M. Confidentiality.

- (1) The transport or escort officer shall keep an inmate's medical information confidential. However, information that affects, or is believed to affect, security operations shall be communicated to the appropriate shift supervisor/duty officer.
- (2) The telephone number of the hospital room shall not be given to anyone except the desk lieutenant/duty officer and/or shift supervisor.
- (3) Correctional officers shall not discuss with any person other than authorized Division and hospital personnel the condition, treatment, or destination of the inmate/patient.

N. Officer Meals and Meal Relief.

- (1) When possible, arrangements shall be made with hospital staff for officer meals.
- (2) Meals shall be consumed in the room while continuing to observe the inmate, unless relieved by a reporting officer from the correctional facility.
- (3) When lunch is not served by the hospital, or the officers did not bring lunch from home, the officers shall contact a correctional supervisor at the facility who will make contact with hospital security for relief.
- (4) When hospital security arrives, one officer shall depart the room to purchase the meals for both officers. The officer responsible for purchasing the meal shall retrieve the meals and return to the room for consumption.

- (5) If the hospital is unable to provide assistance, the facility shall send a reporting officer.
- (6) When a reporting officer arrives to provide relief, an escort officer may depart the room to take a break. If two reporting officers arrive to provide relief, both escort officers may depart the room to take a break.
- (7) The reporting officer may bring meals to the officers. If needed, the correctional supervisor shall bring bag meals from the facility for the officers assigned to this detail.

O. Telephone.

- (1) The transport or escort officer in the room shall answer all telephone calls to the inmate/patient telephone.
- (2) The inmate shall not be allowed to receive any incoming calls unless authorized by the managing official or designee.
- (3) The transport or escort officer in the room shall not use the hospital telephone to make personal calls and shall only use the telephone to call the correctional facility.
- (4) An inmate may use the telephone for an outgoing call only if the call is approved by the managing official/designee and designated by the hospital as an emergency.
- (5) The transport or escort officer in the room is responsible for making all approved calls (i.e. dialing the phone number). Incoming calls shall not be received by the officer or inmate unless approved by the managing official or designee.
- (6) The nurse in charge shall call the physician if necessary. The officers and the inmate shall not ask the telephone operator to call the physician or hospital supervisor directly.
- (7) All requests for general information regarding the inmate shall be forwarded to the correctional facility.
- (8) Information requests regarding the inmate's medical condition shall be forwarded to the medical staff at the correctional facility.

P. Medical Facility Visiting Procedure.

- (1) Personal visits to a hospitalized inmate shall only be approved in the event of a life threatening condition as determined by the attending medical staff or medical facility.
- (2) Any visit must be approved by the managing official or designee in accordance with [OPS.195.0003 – Inmate Visits.](#)
- (3) Nursing staff must be advised of all visit approvals. Visits shall be consistent with hospital policy and procedures.
- (4) The escort officer shall check with the nursing staff for current restrictions and visiting time frames.
- (5) The escort officer shall notify the correctional facility's duty lieutenant of the impending visit.
- (6) The correctional supervisor shall ensure the visit is recorded in OCMS, and the officer shall log the visit into the logbook indicating the date, time, and each visitor's name.
- (7) Visits shall not exceed 30 minutes in length unless special circumstances exist and an extension is granted by the managing official or designee.
- (8) Visits shall be limited to two (2) adults at a time unless special circumstances exist, and additional visitors are granted by the managing official or designee.
- (9) Before allowing a visitor to enter the patient's room, the visitor shall:
 - (a) Provide photo identification confirming his or her identity;
 - (b) Be frisk searched by an officer of the same gender; and
 - (c) Allow outerwear and shoes to be thoroughly searched and inspected for contraband.
- (10) Visitors shall not be permitted to bring any personal items into the patient's room (e.g. keys, phone, camera, money, etc.).
- (11) No physical contact between visitor and inmate is allowed during the visit.
- (12) An embrace or kiss on the cheek is allowed at the end of the visit only.

Q. Inmates Deaths.

(1) In case of an inmate death officers shall:

- (a) Notify the correctional facility shift commander/duty officer that an inmate has died, and provide the inmate's name, SID number, approximate time of death, and cause of death if known;
- (b) Stay with inmate's body until instructed otherwise by the shift commander;
- (c) If a photograph is needed for inmate identification, wait for clearance from the Intelligence Investigative Division in accordance with OSIIF.270.0003 – Inmate Deaths – Reporting and Investigating;
- (d) Follow procedures outlined in DOC.270.0001 or DPDS.270.0001 – Procedures for Handling Inmate Death;
- (e) Secure any property belonging to the deceased inmate and ensure it is returned to the correctional facility; and
- (f) Request a copy of the Report of Death form (Appendix C).

(2) The transport or escort officer shall ensure all weapons, security equipment, and paperwork are returned to the correctional facility.

R. Release of Inmate from Hospital.

- (1) The transport or escort officer shall ensure the inmate has proper clothing in his/her possession prior to his/her return to the correctional facility. If the inmate does not, the officer shall notify the desk lieutenant/duty officer to have an officer bring the proper clothing.
- (2) If the inmate is released from the hospital, the desk lieutenant/duty officer shall arrange to transport the inmate back to the correctional facility and arrange for all weapons and ammunition to be returned to the correctional facility.
- (3) No Department weapons or ammunition shall be left or stored at the hospital.

- (4) If applicable, officers shall ensure all medical documentation provided by the attending medical staff is forwarded directly to the correctional facility.

.07 Appendix.

A. Medical Transport Order

B. SOP 08-2020 Notification of Emergency Contact Upon Inmate's Admission to an Intensive, Critical, or Progressive Care Medical Unit

C. (Sample) - Report of Death form

.08 History.

A. This directive rescinds and replaces Division Directive DOC.110.0042 – Hospital and Medical Center Transports and Escorts dated January 23, 2008, DPDS.110.0007 – 911, Urgent and Emergent Medical Transport dated October 19, 2015, and PATX.110.0042 - Hospital and Medical Center Transports and Escorts.

B. This directive also supersedes the provisions of any other prior existing communication with which it may be in conflict.

.09 Distribution.

A

S – Central Transportation Unit, Escort Officers, Medical Staff

**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
MEDICAL TRANSPORT ORDER**

I. THIS SECTION TO BE COMPLETED BY A PHYSICIAN OR REGISTERED NURSE:

Inmate Name: _____ Institution: _____

Inmate SID #: _____ Housing Location (Floor/Sect/Cell): _____

To: Shift Commander (Specify name and shift) _____

From: Medical Provider _____
(Signature) (Printed Name) (Contact Number)

MEDICAL TRANSPORT

INFORMATION: Date (MM/DD/YY): _____ Day: _____ Time: (Military): _____

Destination: _____ Means of Transport: _____

Address: _____

Estimated length of appointment: _____

Reason: ☐ Emergency ☐ Appointment
☐ Pre-Op ☐ Outpatient surgery
☐ Other: _____

PERSONAL PROTECTIVE (PPE) EQUIPMENT TO BE USED DURING TRANSPORT. CHECK ALL APPLICABLE ITEMS.	PPE	INMATE	CORRECTIONAL OFFICER
	Gloves (Latex)		
	Respirator (agency approved)		
	CPR Mouthpiece		
	OTHER: Surgical Mask, etc.		

SPECIAL INSTRUCTIONS:

II. THIS SECTION TO BE COMPLETED BY TRANSPORTING OFFICER(S):

Officer #1: _____ Officer #2: _____

Departure Date: _____ Departure Time: _____

Community Hospital or Facility Name: _____

Inmate:

DOB: _____ Height and Weight: _____ Eye Color: _____

Race: _____ Hair (color and length): _____

Description of Clothing: _____

III. THIS SECTION TO BE COMPLETED BY THE SHIFT COMMANDER AT INMATE'S DEPARTURE:

I certify that Section I and II have been reviewed for accuracy and completeness.

Shift Commander or Designee (*Signature*):_____Date (*MM/DD/YY*):_____

IV. THIS SECTION TO BE COMPLETED BY THE MEDICAL PROVIDER UPON INMATE'S RETURN TO THE FACILITY:

Inmate's Return Date (*MM/DD/YY*):_____Return Time (*Military*):_____

Medical Provider (*signature*):_____Print Name: _____

V. DISTRIBUTION: Original - Medical Records Yellow - Traffic Pink - Duty Captain



July 23, 2020

NOTIFICATION OF EMERGENCY CONTACT UPON INMATE'S ADMISSION TO AN INTENSIVE, CRITICAL, OR PROGRESSIVE CARE MEDICAL UNIT

STANDARD OPERATING PROCEDURE 08-2020

I. APPLICABLE TO:

All Department Correctional Facilities.

II. POLICY.

When an inmate is admitted to a hospital's specialized medical unit, the Department shall notify the inmate's listed emergency contact or immediate family members. The notification provided shall be consistent with the procedures outlined in this SOP, [OPS.140.0002—Religious Services Manual](#), [DOC.270.0001—Procedures for Handling Inmate Deaths](#), and [DPDS.270.0001—Procedures for Handling Inmate Death](#).

III. PROCEDURES.

A. Initial Notifications—Custody Staff.

1. A transporting escort officer shall immediately notify their supervisor when an inmate is admitted to a specialized medical unit such as the Intensive Care Unit (ICU), Critical Care Unit (CCU), or Progressive Care Unit (PCU).
2. The escort officer's supervisor shall within one hour, relay to the Institutional Duty Officer (IDO):
 - (a) That an inmate has been admitted to an ICU, CCU, or PCU; and
 - (b) The following inmate information:
 - (i) Inmate identification number;
 - (ii) Room number, if applicable; and
 - (iii) Medical status if known (e.g. conscious, intubated, imminent death anticipated).
3. An IDO who has been notified of an inmate's admission to a hospital's specialized care unit shall contact the on-call Chaplain to provide the Chaplain with the following inmate information:
 - (a) The inmate's name;
 - (b) Identification number;
 - (c) Status in OCMS as an escape risk or a high risk transport; and
 - (d) Status as a patient in an intensive, critical, or progressive care unit.

4. If the IDO receives information that the death of the inmate is imminent, the IDO shall follow the procedures established in [DOC.270.0001](#) or [DPDS.270.0001](#).
5. If there is no Chaplain available, the IDO shall make the notification to the emergency contact listed in the Offender Case Management System (OCMS) using the instructions provided in §B of this SOP.

B. Notifications to the Emergency Contact Identified in OCMS.

1. Chaplain's Responsibilities.
 - (a) A Chaplain is prohibited from disclosing the inmate's medical condition and from answering medical questions; however, in accordance with [OPS.140.0002—Religious Services Manual §.19G](#), the Chaplain may contact the inmate's emergency contact listed in OCMS to compassionately notify them of a serious illness.
 - (b) A Chaplain may call the inmate's emergency contact within a reasonable time frame to advise them that:
 - (i) They are listed as the inmate's emergency contact in the Department's database;
 - (ii) The inmate is seriously ill and has been moved to a hospital-based specialized care unit;
 - (iii) The patient is getting the care he or she needs; and
 - (iv) If the patient's condition worsens, they will be contacted by medical staff who can provide them with more information.
 - (c) If the inmate is **not** designated in OCMS as an individual who is an escape risk or a high risk transport the Chaplain shall:
 - (i) Explain that an inmate's health status information is confidential and non-medical staff do not have access to protected medical information;
 - (ii) Provide the hospital name and contact information; and
 - (iii) Direct the emergency contact to telephone the facility's medical staff for information on the process for obtaining protected medical information in accordance with the procedures established in §C of this SOP.
 - (d) If the inmate **is** designated in OCMS as an individual who is an escape risk or a high risk transport the Chaplain shall:
 - (i) Explain that an inmate's health status information is confidential and non-medical staff do not have access to protected medical information; and

- (ii) Direct the emergency contact to telephone the facility's medical staff for information on the process for obtaining protected medical information in accordance with the procedures established in §C of this SOP.
 - (e) If the emergency contact indicates that they do not know the inmate or do not want to be informed of further events involving the inmate, the Chaplain will:
 - (i) Apologize for the interruption;
 - (ii) Indicate that there will be no more notifications; and
 - (iii) Inform the IDO that the information in OCMS is no longer accurate.
 - (f) If the emergency contact indicates that they are **not** the inmate's immediate family member or cannot assist medical personnel with making healthcare decisions, the Chaplain shall attempt to obtain that information and provide it to the Case Management Unit for verification.
 - (g) Upon completion of the call, the Chaplain shall fill out the *Notification of Serious Illness* form (Appendix A).
2. Unless the inmate progresses to imminent death, the Chaplain will provide no further updates to the emergency contact. Additional notification will be provided by Department medical personnel or hospital staff.

C. Additional Notifications and a Release of Information (ROI) Document.

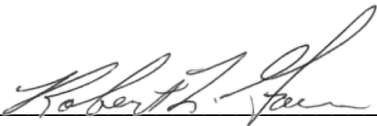
- 1. Department medical personnel or hospital staff shall conduct any additional notifications related to the release of medical information to the emergency contact or identified immediate family member.
- 2. If contacted by the inmate's emergency contact, an immediate family member, or hospital personnel, and an authorized ROI is on file in the inmate's medical case record, Department medical personnel shall:
 - (a) Provide the ROI to hospital staff in order to facilitate notification; and
 - (b) Provide health status updates to the emergency contact, if the emergency contact provides a copy by facsimile or other electronic means (e.g., email) of their driver's license or other suitable photographic identification.
 - (c) If the inmate does not have an ROI on file in the inmate's medical case record, hospital staff will work with the inmate, Department medical personnel, the Managing Official, and the facility's case managers to complete a ROI document. Once an ROI is completed hospital staff will handle ongoing notification.

D. Hospital Visitation.

Inmates with a life-threatening medical condition and in the care of an outside medical facility are permitted to receive visits from immediate family members in accordance with the:

- (a) Warden's permission;
- (b) Procedures set forth in §.09 of [OPS.195.0003—Inmate Visits](#); and
- (c) Hospital's guidelines.

IV. AUTHORIZED BY:


Robert L. Green, Secretary

V. APPENDIX.

A. Notification of Inmate's Serious Illness to Emergency Contact.

VI. DISTRIBUTION:

A, C, and D
S – Chaplains
Office of Clinical Services and Inmate Health
Social Work

HOSPITAL REPORT OF DEATH				NAME AND LOCATION OF HOSPITAL	
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL					
Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.					
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.					
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		2. TIME OF DEATH (Hour-day-month-year)		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		4. RELIGION		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of)			
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		DUE TO (or as a consequence of) (1)			
		(2)			
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a.			
		b.			
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE		11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE		
SECTION B - ADMINISTRATIVE ACTION					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)		
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY		
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR		