

KANSAS DEPARTMENT OF CORRECTIONS

 <p>INTERNAL MANAGEMENT POLICY AND PROCEDURE</p>	SECTION NUMBER 10-123A	PAGE NUMBER 1 of 4
	PROGRAMS AND SERVICES: Notification Procedures in the Event of the Death or Hospitalization of an Injured/III Offender	
Approved By:  Secretary of Corrections	Original Date Issued: 01-12-16 Replaces Version Issued: 01-12-16 CURRENT VERSION EFFECTIVE: 04-04-19	

APPLICABILITY:	<input checked="" type="checkbox"/> ADULT Operations Only	<input type="checkbox"/> JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

All offenders shall be requested to designate an individual to be notified in the event of any serious illness, or injury affecting the offender, which requires hospital admission for a life-threatening condition, or in case of the offender's death. Information regarding the emergency contact shall be maintained in the offender's unit team file. If an offender dies or is hospitalized due to a life-threatening injury or illness, staff assigned by the warden shall be responsible to immediately notify the emergency contact with information regarding the offender's condition and other data as determined relevant. (ACI 4-4395, NCCHC P-A-10)

DEFINITIONS

Emergency Contact: The person, identified by the offender, to be notified in the event the offender requires placement in a hospital for any life-threatening condition, or in the event of the offender's death.

Facility Administrative Health Authority: The Health Services Administrator responsible for the provision of health care services at a facility. The Health Services Administrator works under the direction of the Regional Medical Director clinically and the Regional Vice President or designee administratively.

Hospitalized/Hospitalization: Placement of an offender in a public or private medical care facility outside of the facility, for a life-threatening condition. "Hospitalized" does NOT refer to the placement of an offender in an infirmary operated by or on the grounds of a State correctional facility or placement of an offender in programs operated by or on the grounds of Larned State Hospital.

Injury: A complicated bone fracture, head injury, severe lacerations, wound, or other physical harm, which requires an offender to be hospitalized.

Life-Threatening Condition: A condition that could lead to the death of the offender.

Serious Illness: A complicated or chronic mental, physical condition, or sickness which requires surgery or that an offender to be hospitalized.

PROCEDURES

I. Designation of Staff Responsible for Notifications

- A. Wardens shall assign facility staff member(s) to notify the emergency contact in the event of an offender's death or hospitalization due to life-threatening condition.

1. In facilities having a chaplain, the warden shall assign either the chaplain or the respective unit team manager the responsibility to notify the emergency contact.
 - a. Whether the chaplain or the appropriate unit team manager is assigned, the other staff member shall assume this responsibility if the assigned staff member is not available.
 2. In facilities not employing a chaplain, the offender's unit team manager shall have responsibility for notifying the emergency contact unless the responsibility is assigned to other staff through a general order.
 3. If the Chaplain or Unit Manager is not available, the Shift Supervisor shall be responsible for notifying the emergency contact.
- B. Designated staff members shall be responsible themselves or contact the unit team to obtain the most current notification information provided by the deceased, or offender with a life-threatening illness.
- C. When the deceased offender is identified as a foreign national, per IMPP 11-105, the Deputy Secretary of Facilities Management or designee shall be notified and shall be responsible to provide notification to the appropriated consulate and other officials, per IMPP 01-114D.

II. Identification of Deceased or Hospitalized Offenders

- A. Each Health Services Administrator shall establish procedures by which a designated medical staff member shall immediately inform the designated facility staff member of the following:
1. The name and KDOC number of the offender within the facility who has died or who has been hospitalized due to a life-threatening condition;
 2. The name, address, and telephone number of the hospital, if applicable;
 3. A brief allowable diagnosis of the offender's illness or injury, as applicable;
 4. The name and telephone number of the physician and/or hospital, if other than Facility Medical Director;
 5. The circumstances surrounding the offender's death, or, the illness or injury necessitating the hospitalization of the offender; and,
 - a. All information provided to the emergency contact regarding the circumstances surrounding an offender's death or injury shall be approved by the warden or designee.
 6. The most current information on the emergency contact reflected in the Emergency Information Form (Attachment A) contained in the unit team file. The shall be done by contacting Unit Team.

III. Procedures for Notification of the Emergency Contact (ACI 4-4395; NCCHC P-A-10)

- A. The location of the hospital shall not be disclosed to the emergency contact unless the offender's death is imminent and approved by the Warden or designee.
- B. The staff member performing the notification to the emergency contact shall gather all pertinent data concerning the reason for the offender's death or hospitalization.
1. The data gathered shall include the following:
 - a. If the notification involves the death of an offender, information regarding location of, and, the appropriate procedures for claiming the body, per IMPP 01-114D.

- b. A brief allowable diagnosis of the offender's illness or injury, as applicable;
 - c. The circumstances surrounding the offender's death or the life-threatening condition necessitating the hospitalization of the offender.
 - d. If the offender's death is imminent and approved by the hospital and warden, information on the procedures for visitation at the hospital.
 - e. The name of the facility employee and the facility telephone number to contact for further assistance.
- C. Technical questions concerning the medical condition of the hospitalized, ill, or injured offender shall be referred to the attending physician through appropriate facility medical staff.
- D. If the responsible staff member is unable to contact the emergency contact by telephone, the following procedures should be implemented:
- 1. State or local police in the area of the emergency contact's residence shall be contacted for assistance in the notification.
 - 2. If state or local police are unsuccessful in notifying the emergency contact, an e-mail shall be sent to the last recorded e-mail address of the individual informing him/her of the offender's death or hospitalization.
 - a. The information in Section III.B. shall be provided.
- E. If the Facility Medical Director reasonably believes the offender's condition is life threatening, contact efforts shall begin immediately upon the offender's departure from the facility. Staff shall not await a decision to admit the offender to the hospital before commencing contact efforts in the event the offender's condition is believed to be life threatening.
- F. If the hospital policy permits visiting and the security risk is low, the warden or designee may authorize hospital room visitation or other communications with offenders.

IV. Notification in Instances Where Telephone Contact Was Not Made

- A. Within 72 hours of the offender's death or the offender's admission to a hospital, a letter shall be written by the warden or designee providing the required notification and any additional details.
- 1. The letter shall be sent by certified mail, return receipt requested to the most current address of the emergency contact.
 - 2. The letter shall contain:
 - a. The name, address, and telephone number of the correctional facility to contact for further verification of the incident.

V. Emergency Information and Emergency Notification Forms

- A. An Emergency Information Form (Attachment A) shall be completed by each offender upon admission to the custody of the Kansas Department of Corrections.
- 1. The Emergency Information Form shall be reviewed and updated by the unit team at each 120-day review or at any time requested by the offender and approved by the unit team manager. Any revisions necessary shall be made by the offender and a new form placed in imaged master files, per IMPP 05-104.
 - a. The new/most current form shall be filed on the top of the previous Emergency Information forms, which shall be retained in the file and marked or stamped "VOID".

2. The Emergency Information Form shall be maintained in the offender's unit team file and shall be referred to in the event the need arises to notify the individual designated by the offender, in accordance with this policy.
- B. The Emergency Notification Form (Attachment B) shall be completed by the staff member upon completion of the notification procedure.
1. The notification form shall reflect the manner in which one of the emergency contacts was notified.
 - a. The staff member performing the notification procedure shall attempt to notify an individual identified on the Emergency Information Form in the following priority:
 - (1) Person to be notified,
 - (2) First alternate person to be notified, and;
 - (3) Second alternate person to be notified.
 2. The original of the completed notification form shall be maintained in the offender's unit team file or electronic records.
 3. Copies of the completed notification form shall be forwarded to the records office and the Health Services Administrator.
 - a. The records office shall maintain a copy of the completed form in the offender's master file in accordance with IMPP 05-104.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.S.A. 58-3901 *et seq.*, 75-5257
IMPPs 01-114D, 05-104, 11-105
ACI 4-4395
NCCHC P-A-10

ATTACHMENTS

Attachments	Title of Attachment	Page Total
A	Emergency Information Form	2 pages
B	Emergency Notification Form	1 page

**KANSAS DEPARTMENT OF CORRECTIONS
EMERGENCY INFORMATION FORM**

Date

Offender Name

KDOC #

Person to notify in case of offender death or hospitalization due to serious illness/injury

Relationship to Offender

Address

City, State, Zip

Phone Number(s) including Area Code

E-mail Address

Other Relevant Information:

First alternate person to notify in case of offender death or hospitalization due to serious illness/injury

Relationship to Offender

Address

City, State, Zip

Phone Number(s) including Area Code

Other Relevant Information:

Second alternate person to notify in case of offender death or hospitalization due to serious illness/injury

Relationship to Inmate

Address

City, State, Zip

Phone Number(s) including Area Code

E-mail Address

Other Relevant Information:

I release corrections officials and/or designated contractors from any liability for disclosing emergency medical information to the designated emergency contacts listed above.

Dates Reviewed:

Offender's Signature

Date

Staff Witness

Date

This form is to be maintained in the offender's unit team file. It shall be reviewed every 120 days for adults/180 days for juveniles by the unit team and offender, and updated with information provided by the offender, or, replaced as necessary.

KANSAS DEPARTMENT OF CORRECTIONS EMERGENCY NOTIFICATION FORM

Offender Name _____ KDOC # _____ Date _____

Person Notified _____ Relationship to Offender _____

Address _____ Phone Number(s) including Area Code _____

City, State, Zip _____ E-mail Address _____

Notification by: _____
Name _____ Position (UTM or Chaplain) _____

Time of Notification: _____

Manner of Notification: ___ by telephone
 ___ through state/local police
 ___ by e-mail
 ___ by mail

Briefly describe notification efforts/manner in which notification finally accomplished: _____

Diagnosis of offender's condition: _____

Circumstances surrounding hospitalization/death of offender: _____

Name of Hospital: _____

(Do Not Disclosed to _____

Emergency Contact) _____

Address _____

Phone Number _____

Name of Physician: _____

(Do Not Disclosed to _____

Emergency Contact) _____

Phone Number _____

Visitation Procedures, in case of imminent death only or approved by the warden or designee. _____

Telephone Procedures, in case of imminent death only or approved by the warden or designee. _____

Signature of Staff Member

When notification is completed, the original of this form shall be placed in the offender's unit team file. A copy of the completed form shall be sent to the Records Office for filing.