

KANSAS DEPARTMENT OF CORRECTIONS

	INTERNAL MANAGEMENT POLICY AND PROCEDURE	SECTION NUMBER 10-123D	PAGE NUMBER 1 of 5
		SUBJECT: PROGRAMS AND SERVICES: Notification Procedures in the Event of the Death or Hospitalization of an Injured/III Offender	
Approved By:  Interim Secretary of Corrections		Original Date Issued: 01-12-16	Replaces Version Issued: N/A
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APPLICABILITY:	<input 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 hospitalization, or in case of the offender's death. Information regarding the designated individual shall be maintained in the offender's unit team file. If an offender dies or is hospitalized as a result of a serious injury or illness, staff assigned by the warden/superintendent shall be responsible to immediately notify the designated individual with information regarding the offender's condition and other data as determined relevant. (ACI 4-4395, NCCHC P-A-10)

In the event of an offender's death the notification of appropriate authorities, per IMPP 01-114D shall be required in addition to the notification of the designated individual addressed by this IMPP.

DEFINITIONS

Designated Individual: The person, identified by the offender, to be notified in the event the offender requires placement in a hospital for any serious illness (including mental illness), injury, 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 period of 24 hours or longer, for a serious or critical 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.

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/superintendents shall assign facility staff member(s) to notify the designated individual in the event of an offender's death or hospitalization due to injury or serious illness.
 - 1. In facilities having a chaplain, the warden/superintendent shall assign either the chaplain or the respective unit team manager the responsibility to notify the designated individual.
 - 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 designated individual unless the responsibility is assigned to other staff through a general order.
- B. Designated staff members shall be responsible to contact the unit team to obtain the most current notification information provided by the deceased, seriously ill, or injured offender.
- C. **ADULT:** 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 serious illness or injury;
 - 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 designated individual regarding the circumstances surrounding an offender's death or injury shall be approved by the warden/superintendent or designee.
 - 6. The most current information on the designated individual reflected in the Emergency Information Form (Attachment A) contained in the unit team file.

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

- A. The staff member performing the notification of the designated individual shall gather all pertinent data concerning the reason for the offender's death or hospitalization.
 - 1. The data gathered shall include, in addition to that required in Section II.A., 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. If the offender is hospitalized outside of the facility, information on the procedures for visitation at the hospital.
 - c. The name of the facility employee and the facility telephone number to contact for further assistance.
- B. The staff member, performing the notification service by telephone, shall provide the designated individual all available information, within the limits of the requirements in Section II.A., above.
- C. Technical questions concerning the medical condition of the hospitalized, ill, or injured offender shall be referred to the attending physician.
- D. If the responsible staff member is unable to contact the designated individual by telephone, the following procedures should be implemented:
 - 1. State or local police in the area of the designated individual's residence shall be contacted for assistance in the notification.
 - 2. If state or local police are unsuccessful in notifying the designated individual, 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. The staff member performing the notification procedure regarding an offender's hospitalization shall commence contact efforts immediately but not later than six (6) hours from the time the facility is informed that a decision has been made to admit the offender to the hospital.
 - 1. 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.
 - 2. If an offender's hospital admission is pre-planned or non-emergency, contact efforts shall commence upon the offender's admission to the hospital.

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/superintendent 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 designated individual.
 - 2. The letter shall contain:
 - a. The name, address, and telephone number of the correctional facility to contact for further verification of the incident; and/or,
 - b. If applicable, the name, address, and telephone number of the off-site hospital within which the offender has been placed for medical care.

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 for adults/180-day review for juveniles 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 the unit team file, 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 designated individuals 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.
 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.
 - (1) **ADULT**: In accordance with IMPP 05-104.
 - (2) **JUVENILE**: In accordance with JJA IMPP 05-110.

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

Attachment	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 (For Juveniles must be Parent or Legal Guardian)

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: _____

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: _____

Address _____

Phone Number _____

Name of Physician: _____

Phone Number _____

Visitation Procedures: _____

Telephone Procedures: _____

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.