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<b>Policy Number:</b>	<b>301.096</b>
<b>Title:</b>	<b>Medical Transportation</b>
<b>Effective Date:</b>	<b>11/5/19</b>

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**PURPOSE:** To provide for the transportation of offenders for off-site medical treatment as requested by facility health services staff and approved by a contracted vendor. This may include medical transports to metro area providers or transports by out-state facility staff to the local contracted medical providers.

**APPLICABILITY:** All Minnesota correctional facilities (MCFs) and the central medical transportation unit (CMTU)

**DEFINITIONS:**

Full restraints – waist chain, black box (with padlock), handcuffs (double locked), and leg irons (double locked).

High risk offender – any offender with a documented escape risk or a recent history of assaultive behavior; any maximum custody offender; or any offender that intelligence information, or any other information deemed appropriate by the facility watch commander or higher authority, has indicated is a potential risk.

Levels two through five – as defined in Policy 202.100, “Classification System.”

Medical holding area – area at a medical facility officially designated to hold department offenders needing medical care.

Offender summary report – a document generated by the correctional operations management system (COMS) program. The document includes pertinent information, such as general physical appearance and sentence information.

**PROCEDURES**

A. Notification

1. A representative from the contracted vendor or facility health services personnel must notify the central transportation unit (CTU) lieutenant/designee of future medical appointments. Every attempt must be made to provide as much notice as possible to involved facilities. The CTU lieutenant or designee notifies the appropriate facility of the following:
  - a) Offenders to be transported;
  - b) The minimum number of facility staff needed for the transport; and
  - c) The approximate departure time.
2. At outstate facilities, the health services departments provide the scheduled medical appointments to transport staff. The health services and transport staff coordinate transports within the individual facilities.

3. Offenders are not to be notified of the transport until the last possible moment, unless medical instructions warrant such notification. If this is the case, staff must take appropriate precautions to maintain security.

B. Searches

1. A search/physical examination of an offender must not be conducted for the sole purpose of determining the offender's gender. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
2. An unclothed body search must be conducted on each offender who is to be transported. Officers performing the search must comply with Policy 301.010, "Searches."
3. The officer conducting the unclothed body search must legibly sign the Delegation Authorization Form (link attached). If facility staff conducted the unclothed body search, transportation staff must pat search each offender before transport.
4. Officers must place the offender in a secure environment until the commencement of the transport.
5. Officers must search all transport vehicles for contraband before and after each transport.

C. Restraints

1. Offenders, regardless of security classification, are transported to the medical provider facility in full restraints. Each offender is transported in an orange jump suit with the facility identification on the back of each jump suit. Exceptions to this include:
  - a) If a level two offender is housed outside the secure perimeter of a facility, the offender may be subject to a lesser level of restraint. The escorting officers may consult with the facility watch commander, captain, or officer of the day (OD) regarding restraints. Transporting staff must make every attempt to notify the medical provider(s) of the restraints being used prior to the medical appointment.
  - b) If a level two offender who is housed outside the secure perimeter of a facility is traveling with offenders of greater custody, then the level two offender is subject to full restraints.
  - c) If a level two offender who is housed outside the secure perimeter of a facility must be in an area where there are offenders of greater custody, the level two offender is subject to full restraints.
2. Upon arrival at the provider facility, restraint levels may be modified at the discretion of the CTU lieutenant or officer in charge (OIC). Some form of restraint must be applied to an offender when using the restroom or shower, or when therapy walking. Offenders leaving a health care facility with casts, prosthetics, or other medical conditions that do not allow full restraints, must also have some form of restraint applied. Officers must restrain these offenders as completely as possible using alternative restraining methods.
3. Pregnant offenders and restraints (see also Policy 301.081, "Use of Force and Restraints – Adult," procedure A.10)

- a) Female offenders are not to be restrained during active labor or delivery of a child, unless there are documented serious security risks and the medical authority has given specific approval as well as guidance on the method of restraint. In such extreme circumstances, staff must also follow the procedures in C.3.d), below.
- b) Pregnant offenders, or female offenders during the three days following delivery, are not restrained during transportation and hospitalization unless there are security reasons to do so.
- c) Staff must make an individual determination that restraints are necessary for the safety and security needs of the offender, staff, or the public. Security reasons to be considered include situations such as:
  - (1) Escape risk;
  - (2) Danger to the pregnant offender or the unborn child (self-injurious behavior);
  - (3) Physical abuse (assaultive behavior) to correctional or medical staff;
  - (4) Causing damage to property; or
  - (5) Public safety risk.
- d) If staff determine that restraints are necessary, the restraints must be the least restrictive available and reasonable under the circumstances. If a pregnant offender must be restrained, necessary precautions must be taken in order to prevent harm to the fetus.
  - (1) Staff must notify a central office CTU supervisor, who then notifies the proper personnel at MCF-Shakopee.
  - (2) All staff involved must each write an incident report.
  - (3) Qualified health services staff prescribe the precautions to be taken, including such examples as:
    - (a) The manner in which the offender may be restrained, and
    - (b) Whether the offender needs a qualified health services staff person present during the application of restraints.

D. Medical records

- 1. Health services unit staff from the facility where the offender is housed provide all necessary medical information to the transporting officers.
- 2. The transporting officers must treat this information as private correspondence between health services and the health care provider.
- 3. The transporting officers must ensure the offender's medical information is returned to the offender's facility upon completion of the medical appointment.

E. Food services

Food services staff at the individual facilities must provide bag lunches, when necessary, for each transport.

F. Offender personal property

- 1. The offender may not bring any personal property, including medallions and wedding rings, on a medical transport.

2. Facility security staff must secure the offender's personal property prior to transport.
3. Offenders are allowed to bring medication that may be needed during transport (e.g., asthma inhalers, nitroglycerin tablets, eyeglasses, and any other items authorized by health services).

G. Transport

1. Only trained staff provide transportation.
2. Staff must prepare proper authorization to permit offender transport from the facility including two copies of the offender summary report.
3. Officers and offenders must wear seat belts, when available, while the transport vehicle is moving.
4. Offenders are never allowed to sit in the front of the transport vehicle.
5. A bio-hazard clean up kit must be kept in each transport vehicle.
6. The escorting officers may return an offender to the facility without receiving medical attention if the offender becomes disruptive and unmanageable during transport. The escorting officers must make every attempt to de-escalate the situation in order to complete the medical appointment.
7. In the event of a vehicle breakdown, accident, or other emergency while transporting offenders, the transporting officers must contact the local police/state patrol. The transportation officers must initiate contact by cellular phone (calling 911); if phone service is unavailable, officers must contact using the radio system. Transporting staff must contact the nearest correctional facility following the initial emergency services contact. Offenders and officers must remain in the vehicle until assistance arrives, unless it is unsafe to do so.
8. The CTU lieutenant must retain transportation and security logs according to the retention schedule, including documents noting the names of transported offenders, the locations transported from and to, and the names of the transport officers.

H. Offender clinics

1. Offenders must be in full restraints at all clinic appointments.
2. High risk offenders must be in full restraints and escorted by at least two officers at all times.
3. Two officers must be present for escort and security coverage when restraints may need to be removed for a medical procedure.
4. One officer must always remain in the examining room with the offender. When possible, one officer must be between the offender and the door.
5. If medical staff request the offender's restraints be either partially or fully removed for a medical procedure or treatment, officers must remove only those restraints that would

interfere with the examination or treatment. If the offender needs surgery requiring complete anesthesia, at least one officer must be present and maintain visual contact of the offender. Officers are authorized to leave the offender in full restraints if, in their best judgment, control of the offender would be jeopardized even with additional security staff. If medical staff insist upon the removal of restraints, the officers must contact the CTU lieutenant or the facility watch commander for further instructions.

6. The escorting officers have the discretion to terminate the medical appointment and return the offender to the facility if the offender becomes unmanageable during the clinic visit. The escorting officers must notify the facility watch commander as soon as possible.
7. When an offender is scheduled to use any area of the clinic, that clinic area must be searched by a DOC transportation security staff member. The search of the area must be conducted to eliminate any possible weapons, escape paraphernalia, or contraband. If a contraband item is discovered, staff must collect and secure the item. If staff have reason to suspect the item discovered could result in the loss of control of the offender or an escape attempt, staff are authorized to terminate the transport/delegation. If a staff person discovers contraband during the search, the staff person must submit an incident report detailing the result of the search prior to the end of the shift.

#### I. Inpatient

1. There must be a minimum of one staff person per offender. An additional staff person equipped with a radio or cell phone must be available to help or relieve the other staff person. One officer must be of the same sex as the offender to ensure security coverage when the offender uses the restroom or shower.
2. Officers providing coverage must maintain constant visual contact with the offender. This includes maintaining visual contact when the offender uses the restroom, shower, or any other area. Officers must be present when hospital staff are in the room with the offender. Officers must be discreet, however, while maintaining control.
3. Inpatient offenders who, due to medical procedures, require the removal of all restraints, must be supervised by two officers during such procedures.
4. If the offender has been transported to the medical facility in clothing other than an orange jumpsuit, the offender's clothing and personal property must be bagged, labeled, and secured in the department medical holding area and returned to the sending facility.
5. Officers must secure the offender to the hospital bed with at least one set of restraints. Two sets of restraints are used when the offender is considered high risk. Officers should consider alternative restraining options that maintain security and allow hospital staff to complete their medical care (e.g., if the offender has a medical condition that does not allow the offender's legs to be restrained, the offender's arm is secured to the bed frame). To permit some mobility, a waist chain may be padlocked to the bed frame and attached to a leg iron, which is secured to the offender.
6. Officers must maintain a log on all offenders. Security details in the log must include the names of all officers supervising the offender, all authorized visitors, any phone calls provided to the offender, and any unusual events impacting offender coverage. The log must reflect the transfer of custody and keys to officers providing break coverage.

7. Single staff coverage

A single officer of the same sex as the offender may be sufficient to provide necessary supervision of the offender under the following circumstances:

- a) For offenders classified as minimum custody and incarcerated at a minimum custody facility (level two), the appointing authority/designee has discretion depending upon the offender's institution adjustment, recent behavior, and discipline record. For the purposes of this section, Minnesota Correctional Facility-Shakopee (MCF-SHK) is designated a level two facility and all MCF-SHK offenders fall under this classification.
- b) When the medical professionals and corrections appointing authority determine that an offender's medical condition has rendered the offender incapable of physically escaping from custody or otherwise being a threat to security operations.
- c) When single staff coverage has been deemed sufficient, the officer may briefly leave an offender unsupervised to use a restroom, consult in private with nurse, etc. Restraints must remain on for brief, close proximity absences. If the officer leaves for a break, restraints are removed to allow for potential medical emergencies while absent. Restraints are reapplied upon the officer's return from break.

8. Phone calls

- a) If an offender is hospitalized for an extended period of time (ten days or more) and is physically and mentally able, the offender is permitted a single, ten-minute telephone call. Phone calls are restricted to the emergency contact or immediate family members as listed on the offender's approved visiting list or in COMS.
- b) All telephone call requests are reviewed on a case-by-case basis by the facility watch commander, who consults with other DOC staff (such as: health care providers, the office of special investigations, and/or the facility captain or officer of the day) as needed before approving the phone call. The watch commander may deny a telephone call if there is reason to believe the call may jeopardize security.
- c) In the event that the offender must undergo a life-threatening surgery or has a terminal prognosis, the facility watch commander may authorize a telephone call may prior to the completion of the ten days of hospitalization.
- d) In emergency situations, the watch commander, captain, or officer of the day (OD) is authorized to make an exception and authorize telephone calls at any point in the hospital stay.
- e) If the hospitalization extends beyond the ten days, the watch commander evaluates the need for additional telephone calls on a case-by-case basis, taking the offender's medical needs into consideration.
- f) Officers must monitor the start and end of each telephone call and remain within listening distance during the call. Telephone calls must be logged, including the telephone number, the name of the person called, the start and end times of the call, and any other pertinent information. Officers must terminate any telephone call that, in the officer's judgment, jeopardizes security.

- g) The telephone number must be dialed by the facility switchboard and transferred to the hospital room telephone, or the officer may dial the number if the medical facility is unable to provide this service.
  
- 8. The offender is allowed to write and receive mail while admitted in the hospital. Sending facilities must monitor the mail during the offender's stay in the hospital. The mail is processed via escorting officers through the sending facility.
  
- 9. Surgery
  - a) Attire  
The health care facility provides corrections staff with the appropriate surgical attire.
    - (1) The health care facility must inform corrections staff of the proper attire prior to entering surgical areas.
    - (2) Corrections staff must wear protective suits over their uniforms in semi-restricted areas.
    - (3) Corrections staff must wear surgical scrub attire in the surgical suite, including scrub clothes, hair covers, shoe covers and masks.
    - (4) The officer must ask the health care facility to provide an area for corrections staff to change clothes and to secure their personal belongings.
    - (5) The officer must ask the health care facility staff to provide instruction for corrections staff concerning the proper removal and disposal of surgical attire.
  
  - b) Corrections staff supervision and responsibilities
    - (1) Corrections staff must remain with, and have visual contact with, the offender during all surgery phases, including in the surgical suite, recovery area, and patient room.
    - (2) To prevent electrical injury, corrections staff must ensure the offender is wearing socks to cover the ankles. Leg restraints may remain on the offender during the surgical procedure.

J. Visitation

- 1. An offender on inpatient status may be approved for visitation from immediate family members or the emergency contact person in the event of a life threatening surgery, a terminal prognosis, or an extended length of admittance of ten days or more. Those requesting approval must be on the offender's approved visiting list.
  
- 2. The request for inpatient visiting is coordinated through the sending facility's watch commander. A minimum number of people will be approved to visit. Family members must coordinate with the sending facility and the staff providing the security coverage must be provided a copy of the offender's approved visiting list. Normally, visits should be prearranged at least one day in advance.
  
- 3. The watch commander or designee must, prior to a visit taking place, ensure the medical provider (nursing staff and hospital security staff) is aware of the visiting information.
  
- 4. The officers providing security coverage must identify all authorized people with picture identification. The officers providing coverage may terminate visits at any time if they

believe security is jeopardized. Should this be the case, the officers must notify the facility watch commander. There must always be at least two officers present for each visit. All activity-involving visitation must be logged and each facility notified of the visit.

**K. Hospitals/clinics**

1. The officers transporting offenders to hospitals/clinics must park in the designated parking area.
2. Officers must take offenders directly to the appropriate waiting area as specified by the medical facility. This may require the use of access keys or numbers provided to the sending facility.
3. Officers must give medical papers, x-rays, and related items to an authorized representative of the medical facility. The medical facility returns all appropriate papers to the escorting officers for return to the sending facility upon completion of the medical appointment.
4. Security/relief coverage may be provided by staff from facilities other than where the offender is housed. Communication must remain open with all staff within the hospital. Officers must log all transfers of custody. Logbooks are maintained by the facility staff providing security coverage.
5. All questions regarding inpatient offenders should be coordinated and directed to the sending facilities involved. All questions regarding clinic appointments or transport must be directed to the CTU.

**L. Transports to medical appointments at other MCFs**

1. Offenders may be transported from their custodial facilities to another facility to receive medical attention. Procedures A through G must be followed during these transports.
2. All appointments must be confirmed prior to the transport to another facility.
3. Offenders may be subject to search when arriving at, or departing from, a facility.

**INTERNAL CONTROLS:**

- A. Transportation and security logs are retained by the CTU lieutenant and kept according to the retention schedule.

**ACA STANDARDS:** 4-4189, 4-4190-1, 4-4348, 4-4351, 1-ABC-3A-15, 1-ABC-4E-28, 1-ABC-4E-38

**REFERENCES:**

[Minn. Stat. § 241.07](#)  
[Policy 301.010, "Searches"](#)  
[Policy 301.095, "Central Transportation - Offenders"](#)  
[Policy 302.100, "Visiting"](#)  
[Policy 202.100, "Classification System"](#)  
[Policy 500.180, "Medical Transfer Process"](#)  
Prison Rape Elimination Act (PREA), [28 C.F.R. §115 \(2012\)](#)

**REPLACES:**

Division Directive 301.096, "Medical Transportation," 5/20/14.  
All facility policies, memorandums, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.



**ATTACHMENTS:** [Clinic Movement Log](#) (301.096A)  
[Delegation Authorization Form](#) (203.220A)

**APPROVALS:**

Deputy Commissioner, Community Services

Deputy Commissioner, Facility Services

Assistant Commissioner, Operations Support

Assistant Commissioner, Facility Services