DEPARTMENT OF CORRECTIONS

Policy Number:	**301.096**
Title:	**Medical Transportation**
Effective Date:	**09/24/24**

PURPOSE: To provide for the transportation of incarcerated individuals and youth 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 outstate facility staff to the local contracted medical providers.

APPLICABILITY: All Minnesota correctional facilities (MCFs) and the central transportation unit (CTU)

DEFINITIONS:

Escape – leaving the confines of a secure correctional facility or the custody of correctional supervision without authorization.

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

High risk incarcerated person/youth – any incarcerated person/youth with a documented escape risk or a recent history of assaultive behavior; any maximum custody incarcerated person; or any incarcerated person/youth who 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 incarcerated people/youth needing medical care.

Transportation 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) Incarcerated persons or youth 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. Incarcerated people/youth 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 incarcerated person/youth must not be conducted for the sole purpose of determining their gender. If the incarcerated person's/youth's genital status is unknown, it may be determined during conversations with the individual, 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 or use of body scanner technology must be performed on each incarcerated person/youth 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 body scan or unclothed body search, transportation staff must pat search each incarcerated person/youth before transport.

4. Officers must place the incarcerated person/youth 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. Incarcerated persons/youth, regardless of security classification, are transported to the medical provider facility in full restraints. Each incarcerated person/youth 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 incarcerated person is housed outside the secure perimeter of a facility, the incarcerated person may be subject to a lesser level of restraint. The escorting officers may consult with the facility watch commander, captain, CTU 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 incarcerated person who is housed outside the secure perimeter of a facility is traveling with incarcerated people from greater custody levels, then the level two incarcerated person is subject to full restraints.

   c) If a level two incarcerated person who is housed outside the secure perimeter of a facility must be in an area where there are incarcerated people from greater custody levels, the level two incarcerated person 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 incarcerated person/youth when using the restroom or shower, or when therapy walking. Incarcerated people/youth 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 incarcerated people/youth as completely as possible using alternative restraining methods.

3. Pregnant incarcerated people and restraints (see also Policy 301.081, "Response to Resistance, Restraint Systems, and Escape," procedure A.18)
Incarcerated persons known to be pregnant, or individuals who have given birth within the preceding three days, must not be restrained unless an individualized determination has been made that restraints are reasonably necessary for the legitimate safety and security needs of the incarcerated person, correctional staff, other incarcerated individuals, or the public. If restraints are determined to be necessary, the restraints must be the least restrictive available and the most reasonable under the circumstances. If the incarcerated person is receiving health services or hospitalized, the treating medical care provider must be informed of their ability to remove the restraints when treating the incarcerated person. All uses of restraints on pregnant incarcerated people or individuals who have given birth within the preceding three days must be documented on the incident report and the Resistance Use of Force, Pinion Restraint, Canine Bite, and Chemical Irritant Review form.

   a) When incarcerated persons known to be pregnant or who have given birth within the preceding three days must be transported or hospitalized, restraints must not be used unless determined to be necessary according to the above requirements and the least restrictive available are used.
      (1) Staff must not use waist chains or other devices that cross or otherwise touch the person's abdomen or handcuffs or other devices that cross or otherwise touch the person's wrists when affixed behind their back.
      (2) If staff use wrist restraints, they must be applied in such a way that the pregnant person may be able to protect themselves and their fetus in the event of a forward fall.

   b) Restraints must not be used on a person who is in labor or who has given birth within the preceding three days unless all of the following apply:
      (1) There is a substantial flight risk or some other extraordinary medical or security circumstance that dictates restraints be used to ensure the safety and security of the incarcerated person, the staff of the correctional or medical facility, other incarcerated persons, or the public;
      (2) The DOC security staff person has made an individualized determination that restraints are necessary to prevent escape or injury;
      (3) There is no objection from the treating medical care provider, and they have been informed of their ability to remove the restraints; and
      (4) The restraints used are the least restrictive type and are used in the least restrictive manner.

   c) When a pregnant incarcerated person is restrained, security staff must consult with available health services staff on the continued use of restraints

D. <u>Medical records</u>

1. Health services unit staff from the facility where the incarcerated person/youth 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 incarcerated person's/youth's medical information is returned to their 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. Incarcerated person's/youth's personal property

1. The incarcerated person/youth may not bring any personal property, including medallions and wedding rings, on a medical transport.

2. Transport security staff must secure the incarcerated person's/youth's personal property prior to transport.

3. Incarcerated people/youth are allowed to bring medication that may be needed during transport (for example, asthma inhalers, nitroglycerin tablets, eyeglasses, and any other items authorized by health services).

G. Transport security

1. Only trained staff provide transportation.

2. Staff must prepare proper authorization to permit offender transport from the facility including two copies of the Transportation Report.

3. Officers and incarcerated people/youth must wear seat belts, when available, while the transport vehicle is moving.

4. Incarcerated people/youth are never allowed to sit in the front of the transport vehicle.

5. Only necessary stops may be made.

6. A bio-hazard clean up kit must be kept in each transport vehicle.

7. The escorting officers may return an incarcerated person or a youth to the facility without receiving medical attention if the incarcerated person/youth 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. If the transport returns to the facility without the incarcerated person/youth receiving medical attention, the escorting officers must notify the following:
   a) The CTU lieutenant;
   b) The health care provider;
   c) A representative from the contracted health care vendor (Centurion); and
   d) The watch commander.

8. If an incarcerated person/youth refuses their medical appointment, the transport officers must notify the following:
   a) The CTU lieutenant;
   b) The health care provider;
   c) A representative from the contracted health care vendor (Centurion); and
   d) The watch commander.

9. The CTU lieutenant must retain transportation and security logs according to the retention schedule, including documents noting the names of transported persons, the locations transported from and to, and the names of the transport officers.

H. Escapes (See also Policy 301.081, "Response to Resistance, Restraints Systems, and Escapes.")

1. Staff assigned to transportation or hospital coverage may attempt to stop an escape using approved response to resistance techniques as long as it is safe to do so. Staff should coordinate their efforts with site security personnel when possible. Local law enforcement must be notified to assist.

2. In the event of an escape, transportation staff must immediately notify the following by vehicle radio or cellular phone:
   a) Local law enforcement and/or 911;
   b) A central office transportation unit supervisor, who then notifies the proper personnel at the office of special investigations (OSI) and the commissioner's office; and
   c) The nearest facility watch commander.

3. Transportation staff must also write an incident report as prescribed in Policy 300.300, "Incident Reports.

I. Emergencies

In the event of a vehicle breakdown, accident, weather emergency, or medical emergency,, the transporting officers must:

1. Notify local law enforcement and/or 911;

2. Notify a central office transportation unit supervisor, who then notifies the office of special investigations (OSI) and the commissioner's office;

3. Notify the nearest facility watch commander;

4. Administer first aid or seek medical attention at the nearest hospital when applicable; and

5. Write an incident report as prescribed in Policy 300.300, "Incident Reports," and refer to Policy 104.4615, "Use of State Vehicles" in the event of an accident.

J. Clinics

1. Incarcerated people must be in full restraints at all clinic appointments.

2. High risk incarcerated people 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 incarcerated person. When possible, one officer must be between the incarcerated person and the door.

5. If medical staff request the incarcerated person'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 person needs surgery requiring complete anesthesia, at least one officer must be present and maintain visual contact of the incarcerated person. Officers are authorized to leave the incarcerated person in full restraints if, in their best judgment, control of the incarcerated person 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 incarcerated person to the facility if the person becomes unmanageable during the clinic visit. The escorting officers must notify the facility watch commander as soon as possible.

7. When an incarcerated person 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 incarcerated person 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.

K. <u>Surgery</u>

1. Attire

   The health care facility provides corrections staff with the appropriate surgical attire.

   a) The health care facility must inform corrections staff of the proper attire prior to entering surgical areas.

   b) Corrections staff must wear protective suits over their uniforms in semi-restricted areas.

   c) Corrections staff must wear surgical scrub attire in the surgical suite, including scrub clothes, hair covers, shoe covers and masks.

   d) The officer must ask the health care facility to provide an area for corrections staff to change clothes and to secure their personal belongings.

   e) The officer must ask the health care facility staff to provide instruction for corrections staff concerning the proper removal and disposal of surgical attire.

2. Corrections staff supervision and responsibilities

a) Corrections staff must remain with, and have visual contact with, the incarcerated person during all surgery phases, including in the surgical suite, recovery area, and patient room.

b) To prevent electrical injury, corrections staff must ensure the incarcerated person is wearing socks to cover the ankles. Leg restraints may remain on the incarcerated person during the surgical procedure.

L. Hospitals/clinics

1. The officers transporting incarcerated people/youth to hospitals/clinics must park in the designated parking area.

2. Officers must take incarcerated people/youth 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. All questions regarding clinic appointments or transport must be directed to the CTU supervisor.

L. Transports to medical appointments at other MCFs

1. Incarcerated people may be transported from their custodial facilities to another facility to receive medical attention. Procedures A through I must be followed during these transports.

2. All appointments must be confirmed prior to the transport to another facility.

3. Incarcerated people 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.

REFERENCES:

Minn. Stat. § 241.07
Policy 104.4615, "Use of State Vehicles"
Policy 202.045, "Management and Placement of Incarcerated People Who Are Transgender, Gender Diverse, Intersex, and Nonbinary"
Policy 203.220, "Delegations"
Policy 301.010, "Searches"
Policy 301.095, "Central Transportation – Incarcerated Persons"
Policy 202.100, "Classification System"
Policy 300.300, "Incident Reports"
Policy 301.081, "Response to Resistance, Restraint Systems, and Escape"
Policy 301.147 "Security Video Recording System/Photographic Images"
Policy 500.180, "Medical Transfer Process"
Prison Rape Elimination Act (PREA), 28 C.F.R. §115 (2012)

REPLACES: Policy 301.096, "Medical Transportation,"11/5/19.
All facility policies, memorandums, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Delegation Authorization Form (203.220A)

APPROVALS:
Deputy Commissioner, Client Services and Supports
Assistant Commissioner, Agency Services and Supports
Assistant Commissioner, Facilities
Assistant Commissioner, Facilities
Assistant Commissioner, Community Services and Reentry
Assistant Commissioner, Health, Recovery, and Programming