

Minnesota Sex Offender Program

Policy:	500.016	Title: Emergency Notification – Client Infirmery/ Hospitalization
Issue Date:	6/3/14	
Effective Date:	7/1/14	

AUTHORITY: Minn. Stat. [§246.014](#), subd. (d)

PURPOSE: To provide a process for family/emergency contact in the event of client’s life threatening illness, injury.

APPLICABILITY: Minnesota Sex Offender Program (MSOP) program – wide, excluding Community Preparation Services (CPS)

POLICY: Designated staff as outlined below will notify the family/emergency contact when a client is admitted to a hospital or the facility infirmery with a life threatening illness or injury. When possible, MSOP staff will obtain the client’s consent prior to notifying any designated individual. (Staff will also observe notification requirements as outlined in MSOP Policy 203.260, “Victim Notification.”)

DEFINITIONS:

Family/emergency contact - an individual designated by the client to be contacted in the event of an emergency. Emergency contact information is in the client’s medical record.

Immediate family – refer to MSOP Policy 302.100, “Visiting” for definition.

Life threatening injury/illness – a physician’s determination that a client’s injury/illness is life threatening.

PROCEDURES:

A. Emergency Contact Information

1. *Initial Creation* - During client admission orientation, Health Information Management System (HIMS) staff meet with the client and complete the Admission Worksheet (202.100B, attached), including the client’s emergency contact information (refer to MSOP Policy 202.100, “Admission to the MSOP”). HIMS staff then enter the client’s emergency contact information into Phoenix.
2. *Updates*
 - a) At-need - whenever needed, clients may initiate update of their emergency contact information via a Client Request (303.101A, attached) to the client rights coordinator.
 - b) Quarterly
 - (1) During preparation for a client’s quarterly treatment review (refer to MSOP Policy 203.007, “Clinical Documentation” section C), the primary therapist will review the client’s emergency contact information with the client and ask if the information is still current.
 - (2) If the client states that the emergency contact information needs updating, the primary therapist will forward the new contact information (if

provided) to a client rights coordinator or notify a client rights coordinator to follow up with the client. The client rights coordinator will update the emergency contact information in Phoenix.

- B. Health Services staff will notify the officer of the day (OD) when they become aware that a client's medical status is life threatening.
1. During business hours the Health Services supervisor will consult with the facility director, facility clinical director, facility security director and clients rights coordinator as necessary to determine appropriate action and identify the primary staff contacts for:
 - a) visits;
 - b) phone calls;
 - (1) During business hours, the facility clinical director/designee will make the initial call to the family/emergency contact within 24 hours if possible.
 - (2) After business hours, the OD will ensure that the appropriate staff makes the initial call to the family/emergency contact within 24 hours if possible.
 - c) medical information; and
 - d) funeral/visitation arrangements.
 2. After business hours the Officer of the Day, (OD) will consult with the Admin. On Call, Registered Nurse on duty.
- C. In compliance with Health Insurance Portability Act of 1996 (HIPAA) practices, staff may provide medical updates to the client's family/emergency contact. Staff will provide only "minimum necessary" information (i.e., the client has been hospitalized with a serious medical condition and the name of the hospital) (refer also to MSOP Policy 500.190, "Health Information Management Services (HIMS)"), unless the emergency contact:
1. is authorized by a current valid release of information from the client; or
 2. has healthcare power of attorney for the client, and the client is currently unable to make medical decisions; or
 3. is a "proper relative" per [Minn. Stat. §253B.03 subd. 6](#) (parent, spouse, adult child, adult sibling), and the client is currently unable to make medical decisions.
- D. If the client is physically able, the OD may authorize additional telephone calls (refer to MSOP Policy 302.210, "Client Telephone Use") with approval and verification of call recipient identity.
- E. If a client becomes terminally ill, the facility director or facility clinical director may approve special visiting and coordinate through the client rights coordinator. All visitors must be on the client's approved visit. Exceptions must be authorized by the facility director or facility clinical director.

REVIEW: Annually

REFERENCES: MSOP Policy 203.260, "Victim Notification"
MSOP Policy 302.100, "Visiting"
MSOP Policy 302.210, "Client Telephone Use"
MSOP Policy 301.090, "Transports"
MSOP Policy 202.100, "Admission to the MSOP"
MSOP Policy 203.007, "Clinical Documentation"

MSOP Policy 500.190, “Health Information Management Services (HIMS)”
[Minn. Stat. §253B.03 subd. 6](#)

SUPERSESSSION: MSOP Policy 500.016, “Emergency Notification – Client Infirmery/Hospitalization,” 11/1/11.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means, regarding this topic.

ATTACHMENTS: Admission Worksheet (202.100B)
Client Request (303.101A)

/s/

Nancy A Johnston, Executive Director
Minnesota Sex Offender Program