

EMERGENCY NOTIFICATION

Minnesota Sex Offender Program

Issue Date: 1/7/20 Effective Date: 2/4/20 Policy Number: 310-5016

POLICY: Designated Minnesota Sex Offender Program (MSOP) staff notify the client’s emergency contact when a client is admitted to a hospital or the facility infirmary with a life threatening illness or injury. When possible, MSOP staff obtain the client’s consent prior to notifying any designated individual. Staff observe notification requirements outlined in MSOP Division Policy 215-5260, “Victim Notification.”

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

APPLICABILITY: MSOP program-wide

PURPOSE: To provide a process for emergency notification in the event of a client’s life threatening illness or injury.

DEFINITIONS:

Emergency contact - an individual designated by the client to be contacted in the event of an emergency. Emergency contact information is located in Phoenix.

Life threatening illness or injury – bodily injury or illness creating a high probability of death, or causing serious permanent disfigurement, or causing a permanent or protracted loss or impairment of the function of any bodily member or organ, or other serious bodily harm.

PROCEDURES:

A. Emergency Contact Information

1. During client admission orientation, Legal and Records support staff/designee ask the client for the name and contact information of his/her emergency contact(s), and documents the information on the Admission Worksheet (210-5100b), (refer to MSOP Division Policy 210-5100, “Admission to the MSOP”). Legal and Records support staff/designee enters the client’s emergency contact information into Phoenix.
2. Revision
 - a) At-need - whenever needed, clients may initiate an update of their emergency contact information by submitting a Client Request (420-5099a) to the client resource coordinator (CRC). The CRC updates the client’s emergency contact information in Phoenix.
 - b) Annually
 - (1) During preparation for a client’s annual Health Services Report (Phoenix) (refer to MSOP Division Policy 215-5007, “Clinical Documentation” section D), the primary nurse reviews the client’s emergency contact information with the client and verifies whether the information is still current.
 - (2) If the client provides corrected and/or updated emergency contact information, the primary nurse updates the emergency contact information in Phoenix.

B. The registered nurse supervisor (RNS)/designee:

1. Makes the initial call to the client's emergency contact as soon as able.
 2. Notifies the facility officer of the day (OD) when they become aware of a client's life threatening illness or injury.
 3. During business hours the RNS consults with the facility director, facility clinical director, facility security director and CRC as necessary to determine appropriate action and identifies the primary staff contacts for:
 - a) visits;
 - b) phone calls;
 - c) ongoing communication to the emergency contact; and
 - d) funeral/visitation arrangements (refer to DCT Policies 120-1035, "Expected Death of a Client" or 120-1040, "Unexpected Death of a Client").
 4. After business hours the OD consults with the Administrator on Call and charge RN to determine primary staff contacts identified in section B.3 above.
 5. Notifies the following upon report of a client's death (see also DCT Policy 230-1005, "Expected Death of a Client" and/or DCT Policy 230-1010, "Unexpected Death of a Client"):
 - a) MSOP Medical Director;
 - b) MSOP Health Services Director; and
 - c) Client's emergency contact(s).
 6. Completes the Death Report Form (Ombudsman form) and Death or Serious Injury Report Fax Transmission Cover Sheet (DHS-6929-ENG) and faxes within 24 hours of death to:
 - a) Ombudsman for Mental Health and Developmental Disabilities; and
 - b) DHS Licensing Division.
- C. In compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) practices, Health Services staff may provide medical updates to the client's emergency contact. Staff may only provide "minimum necessary" information (i.e., the client has been hospitalized with a serious medical condition and the name of the hospital), unless the emergency contact:
1. is authorized by a current valid release of information from the client (refer to MSOP Division Policy 135-5150, "Authorization for Release of Information");
 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 Division Policy 420-5210, "Client Telephone Use") with approval and verification of call recipient identity.

REVIEW: Annually

REFERENCES: MSOP Division Policy 215-5260, "Victim Notification"
MSOP Division Policy 420-5210, "Client Telephone Use"
MSOP Division Policy 210-5100, "Admission to the MSOP"

MSOP Division Policy 215-5007, "Clinical Documentation"

MSOP Division Policy 135-5150, "Authorization for Release of Information"

DCT Policy 120-1035, "Expected Death of a Client"

DCT Policy 120-1040, "Unexpected Death of a Client"

Minn. Stat. § 253B.03 subd. 6

Minnesota Ombudsman for Mental Health and Developmental Disabilities Instructions for Reporting Death or Serious Injury

ATTACHMENTS: Admissions Worksheet (210-5100b)
Client Request (420-5099a)
Health Services Quarterly Assessment (215-5007f-2040M) (Phoenix)
Death Report Form (Ombudsman form)
Death or Serious Injury Report Fax Transmission Cover Sheet (DHS-6929-ENG)

SUPERSESSSION: MSOP Division Policy 310-5016, "Emergency Notification," 6/5/18.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means, regarding this topic.

/s/

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