BOARD OF CORRECTION
CITY OF NEW YORK

Assessment of NYC Department of Correction's Lock-In and Lock-out Procedures[1]

June 23, 2025

[1] Prepared by Director of Special Investigations Rahzeem Gray. Special thanks to Correctional Standards Review Specialist II Verna Ezeji and the Research team for their invaluable feedback. Additional thanks to Deputy Executive Director and General Counsel Melissa Cintrón Hernández, Executive Director Jasmine Georges-Yilla, and Board members for their insight and comments.

Introduction and Background

The New York City Board of Correction ("Board" or "BOC") conducted a six-week assessment of the New York City Department of Correction's ("Department" or "DOC") lock-in and lock-out procedures, pursuant to the Board's authority to evaluate the Department's performance.[2] The purpose of this assessment was to determine whether correctional uniformed staff are locking people in custody in their cells during regular lock-out hours over an extended period, and whether documentation reflect these lock-ins.

Minimum Standard § 1-05(b) requires that individuals have access to at least 14 hours of out-of-cell time every day, except at night for sleep, count, during emergency lock-ins, and in de-escalation confinement units.[3] Minimum Standard § 1-05(b) has been suspended pursuant to mayoral Emergency Executive Order No. 279, first issued on November 1, 2021 and renewed every five days. This suspension allows the Department to conduct extended lock-ins.

"Deadlock"[4] is an informal and ambiguous term that describes several scenarios involving individuals in custody who are either not allowed to exit their cells during lock-out hours (5:00 am to 9:00 pm) by uniformed staff, or who refuse to exit their cells out of fears for their safety.[5] The term is not defined or used in any official DOC policy. The term used by the Department is "individualized involuntary lock-in" (and is distinct from the term "emergency lock-in," which typically involves the involuntary lock-in of one or more housing areas).

DOC Directive 4009-R-C "Lock-In/Lock-Out" (effective 10/2/20) authorizes Department staff to involuntarily lock in individuals in custody for several reasons, including "threats of violence" against staff or other people in custody, or incidents that "pose a serious and ongoing threat to the safety and good order of the Department." The policy is clear that lock-ins should be a last resort when all other alternatives have been exhausted, and lock-ins should be lifted as soon as possible.

---

[2] New York City Charter § 626(c)(4) authorizes the Board to evaluate departmental performance.

[3] (b) Involuntary lock-in.

(1) All incarcerated persons must have access to at least 14 out-of-cell hours every day. People shall not be required to remain confined to their cells except for the following purposes:

(i) At night for count or sleep, not to exceed eight hours in any 24-hour period;

(ii) During the day for count or required facility business that can only be carried out while people are locked in, not to exceed two hours in any 24-hour period.

(2) The provisions of this section apply to people confined in all housing units, except:

(i) During emergency lock-ins, subject to the requirements of 40 RCNY § 6-06;

(ii) De-escalation confinement units, subject to the requirements of 40 RCNY § 6-05.

[4] The Department has informed the Board that "deadlock" is not a term used by the Department and does not reflect the Department's terminology or practices. Per the Department, "unauthorized individualized lock-in" more accurately describes the conduct in question.

[5] The term is also used to describe unoccupied cells which should not be opened because the person in custody who is assigned to the cell is out to court and the cell door must be kept shut to keep the property inside secure.

While the directive includes robust reporting requirements on the frequency and duration of involuntary lock-ins, these reporting requirements are specific to emergency lock-ins of housing areas or facilities, and are not explicitly required when specific individuals in custody are involuntarily locked-in. As a result, systemic reporting of individualized lock-ins is limited, with formal entries sometimes found in housing area logbooks, or informal indicators located on officer notepads or the cell-door switchboards in the housing areas.

The Board has specific rules regarding the "seclusion" of people with mental illness (Minimum Standard §2-06). However, this rule is not applicable to "deadlocking" or individualized involuntary lock-ins, as, per the rule, "seclusion shall not be used as punishment, for the convenience of staff, or as a substitute for treatment programs." Medical isolation to minimize the potential for disease transmission is distinct from seclusion.

For many years, Board staff has investigated allegations of "deadlocking." While investigating complaints associated with "deadlocks," it can be difficult to distinguish between:

1. The arbitrary or punitive use of individualized involuntary lock-ins by DOC staff.
2. The legitimate and authorized use of individualized involuntary lock-ins to prevent imminent violence.
3. Situations where people in custody refuse to exit their cells because they are afraid for their safety in a particular housing unit.

Sometimes, a single allegation of "deadlocking" can potentially involve two or three of the above scenarios.

At the Board's October 8, 2024 public meeting,[6] a former CHS employee testified about the practice of "deadlocking" within specialized units for people with serious mental illness (CAPS and PACE)[7] at the George R. Vierno Center ("GRVC"). According to the former CHS employee, this practice is a form of punishment for people banging on cell doors, shouting, and flooding, among other reasons. The former employee alleged individuals would go weeks without exiting their cells and, as a result, would not receive their medications. The former employee further alleged

[6] Minutes of the October 8, 2024 public Board meeting are available here: https://www.nyc.gov/assets/boc/downloads/pdf/October-8-2024-Public-Meeting-Minutes_FINAL.pdf

[7] CAPS ("Clinical Alternative to Punitive Segregation") and PACE ("Program for Accelerated Clinical Effectiveness") are two types of units designed for individuals in custody with significant mental health needs, which may include serious mental illness. Serious mental illness, or SMI, refers to a group of mental, behavioral, or emotional disorders that significantly impair a person's ability to function in daily life. Correctional Health Services identifies individuals who would benefit from the level of care provided on these units and, in consultation with the Department of Correction, determines admissions and discharges.

that DOC staff had a system of tagging the cells of individuals involuntarily locked by placing red tags over certain cell numbers on the switchboard in the "A" station.[8]

Following the former CHS employee's testimony, Department leadership testified that this practice "is not something that is authorized by policy." The Department indicated that this matter was under investigation. At the Board's November 12, 2024 public meeting, Commissioner Maginley-Liddie stated that upon learning of these allegations in October 2024, she promptly referred to the New York City Department of Investigation for independent investigation.[9]

Assessment Tool

BOC staff developed an audit tool (*see* enclosed Appendix A) to assess the use of individualized involuntary lock-ins across the Department, by surveying housing area DOC staff and persons in custody. The survey sought to determine if DOC staff deprived people in custody of out-of-cell time through individualized involuntary lock-ins. Information collected through the survey included whether the person in custody was locked in their cell voluntarily or involuntarily, the reason for the lock-in, duration of the lock-in, and any services missed due to being locked in.

For six consecutive weeks, from April 8 through May 13, 2025, BOC staff conducted the assessment across all open DOC facilities through in-person engagement and direct observation. Additionally, BOC staff reviewed housing area logbooks and took pictures of the logbook when an instance of involuntary lock-in was identified, capturing the entry related to the involuntary lock-in, or lack of an entry, as mandated by policy.[10]

Number of Housing Areas Audited

From April 8 through May 13, 2025, BOC staff toured 48 cell housing areas across Rikers Island during institutional lock-out periods.[11] Two additional tours were conducted during institutional lock-in hours and not incorporated into this count. Broken down by housing category from highest to lowest, BOC staff toured 27 general population areas, 15 mental observation areas, seven protective custody areas, and one city-sentenced unit. BOC staff did not rely on internal or external complaints in the BOC or DOC database to choose housing areas to visit. To ensure an impartial data collection process, staff randomly selected housing areas.

[8] The "A" station is the housing area's secured control room and cannot be accessed by people in custody.

[9] Minutes of the November 12, 2024 public meeting are available here: https://www.nyc.gov/assets/boc/downloads/pdf/November-12-2024-Public-Meeting-Minutes.pdf

[10] DOC Directive #4514R-C states that housing area logbook entries shall be made accurately and without delay.

[11] DOC Directive #4009R-C establishes lock-in and lock-out procedures to ensure time spent by incarcerated individuals confined to their cells is kept to a minimum.

Table 1. Type of Housing Area Visited by Facility

Facility Name	Mental Observation	General Population	Protective Custody	City Sentenced
Eric M. Taylor Center ("EMTC")	2	0	0	1
GRVC	10	2	0	0
Otis Bantum Correctional Center ("OBCC")	0	5	1	0
Rose M. Singer Center ("RMSC")	2	0	0	0
Robert N. Davoren Center ("RNDC")	0	19	6	

Summary of Findings

Mental Observation Units

Staff discovered seven involuntary lock-ins taking place in mental observation housing areas. Four involuntary lock-ins were encountered at GRVC and three were identified at RMSC.

DOC staff assigned to the mental observation areas at GRVC and RMSC provided the following examples to justify the need to keep people in custody confined to their cells, including:

- Person in custody reportedly has lice.
- Person in custody splashed DOC staff with feces earlier in the day.
- Person in custody attempted to splash DOC staff.
- Person in custody assaulted DOC staff.
- Person in custody got into an incident with CHS staff.
- Person in custody engaged in self-gratification in the presence of staff.

Per CHS, CHS medicine and nursing staff provide treatment for lice in the clinic. In rare cases, patients may be moved to the Communicable Disease Unit ("CDU") for medical isolation, if adequate treatment cannot be provided on site. Treatment for lice does not include seclusion in a mental observation unit.

For the seven involuntary lock-ins encountered in mental observation areas, DOC staff only recorded three logbook entries that specifically referenced the incident that led to the lock-in. The housing area "B" post[12] logbooks noted:

[12] "B" post officers or floor officers interact directly with people in custody and are posted inside the living area. The "B" post desk is usually placed near the "A" station, by the housing unit entry.

- "This writer was splashed by PIC."
- "Cell #44 was afforded a shower, then placed back in his cell for medical reasons."
- "Level B activated for assault on staff."

Through DOC staff interviews and engagement with persons in custody, we learned that the duration of the involuntary lock-ins varied from one hour to 24 hours.

At RMSC, one person locked in during the lock-out period stated that she was not afforded the option to lock out because, earlier in the day, she had a verbal dispute with a Correctional Health Services ("CHS") employee. DOC staff then placed her under involuntary lock-in. The housing area logbook does not indicate that such an incident took place. [13]

As the former CHS employee highlighted at the Board's October 2024 public meeting, BOC staff observed white tags over certain cell numbers on the "A" station switchboard in some of the mental observation areas. According to correctional uniformed staff, the tags do not represent an involuntary lock-in; they inform staff that the person in custody is out of the area participating in services or out to court. Per Department staff, the tags are reminders to ensure that the cell door remains closed until the individual returns to the area.

Prior to launching the assessment, BOC staff observed tags on the "A" station switchboards of mental observation housing areas. During those visits, DOC staff explained that the tags are used by staff as a reminder that the person in custody occupying the particular cell recently displayed or exhibited threatening behavior.

During this assessment, BOC staff did not encounter persons in custody in tagged cells during the lock-out period.

General Population

The assessment did not uncover as many instances of involuntary lock-ins in general population housing areas. Among all general population housing areas visited, BOC staff encountered two individuals involuntarily locked in their cells in the same housing area. The "B" post officer assigned to the area explained they were instructed by the area supervisor and intake staff to keep the individuals in their cells for their own safety while awaiting transfers to a safer and more suitable housing area. The "B" officer further explained they afford the two individuals the option to exit their cells from 7:00 am to 8:00 am and 3:00 pm to 4:00 pm, when all the other persons in custody are locked in for the mandatory count.[14]

[13] Per DOC Directive #4514R-C, titled "Housing Area Logbooks," all instances of inmate activities and unusual occurrences must be documented in real time in the housing area logbook.

[14] According to DOC Directive #4009R-C, titled "Lock-In/Lock-Out," individuals may be confined to their cells during the day for no more than two hours within a 24-hour period. This confinement may be for the purpose of conducting facility counts or business that can only be performed while individuals are locked in their cells. DOC's Institutional Lock-In and Lock-Out schedule specifies that mandatory lock-in hours are 7:00 am to 8:00 am and 3:00 pm to 4:00 pm.

The "B" post officer documented the instructions from the area supervisor and intake staff in the "B" post logbook. The logbook entry reads: "cell #13, 38, and 50 is [sic] dead lock until further notice by the area supervisor and intake (main) at this time."

One week after observing this instance of involuntary lock-in, BOC staff returned to the area. The unit was on lockdown due to DOC activating a Tactical Search Operation ("TSO").[15] During this visit, DOC staff explained that both individuals were still housed in the area and were afforded the option to exit their cells during the lock-out periods. Although given the option, both declined and choose to remain in their cells. The "B" post officer believed the individuals opted to stay in their cells because they are associated with a Security Risk Group ("SRG"), [16] or gang, different to the predominant one housed in the same area.

City-Sentenced

BOC staff did not observe or receive complaints about involuntary lock-ins in this area.

Protective Custody

DOC staff assigned to protective custody did not appear to deny people in custody the option to lock out. BOC staff did not receive complaints about involuntary lock-ins in these areas during the assessment.

Services, Meals and Medication

It is unclear if involuntary lock-ins impeded individuals' ability to attend or receive services, because individuals were not forthcoming with that information. The nine individuals BOC staff encountered in their cell, on an involuntary lock-in, could not say with certainty that they missed services due to the lock-in. However, they made it clear that DOC staff delivered meals to them while locked in. In mental observation areas, lock-ins did not interfere with medication because at the time medication was afforded, the individuals were not involuntarily locked in.

Medication was not an issue for the two individuals interviewed in general population housing. Each stated medication was brought to them. Uniformed staff in the area explained that medication is dispensed from the "A" station, but because the two individuals are unwilling to

[15] DOC's Directive #4508R-E, titled "Control of and Search for Contraband," defines a Tactical Search Operation as a partial or full search of a facility conducted by tactical search teams dispatched from all Rikers Island facilities. This operation has multiple components and may be activated on an as needed basis.

[16] DOC's Operation Order #03/12, titled "Monitoring and Managing Security Risk Groups and Watch Groups," outlines that a Security Risk Group ("SRG") is designated by the Commissioner based on recommendations from the Intelligence Unit. This group may share specific characteristics that set them apart from other individuals and may pose a threat to the safety of the public, staff, other individuals in custody, and the overall security of the facility. Consequently, a member of an SRG is defined as a validated member of that group.

leave their cells, the medication officer[17] accompanied CHS pharmacy staff to deliver the medication directly to them.

Outreach to DOC

BOC staff reported every identified involuntary lock-in instance to Department mid-level facility managers. All lock-ins encountered were reported to DOC moments after being discovered. Subsequently, either the managers called the respective unit and advised staff to afford all individuals a lock-out option or they explained they will speak to the area supervisor and have them reiterate to housing area staff that the lock-out option must be afforded to everyone in custody. After reporting the first few instances of involuntary lock-ins on April 8, April 15, and April 29, 2025, BOC staff did not encounter further lock-ins during the remainder of the assessment.

Conclusion

BOC staff identified 9 (18.8%) instances of involuntary lock-ins across 48 housing areas toured, containing multiple cells each, during the six-week assessment. Although BOC Minimum Standard § 1-05(b) is currently suspended by mayoral Emergency Executive Order, depriving people in custody in non-restrictive housing of lock-out with no basis or supporting documentation is a problematic and unjust practice, in violation of DOC's own lock-in and lock-out policies.[18] BOC recognizes the importance of affording 14 hours of out-of-cell time to people in custody and will continue to verify if DOC staff are affording lock-out according to policy.

Recommendations

To DOC

1. As set forth in the Board's resolution, dated November 12, 2024, condemning the use of frequent, arbitrary, and unreported individualized involuntary lock-ins, the Department must take all steps necessary, including training, re-training, and disciplinary action, to address any instances of inappropriate individualized involuntary lock-ins going forward. Further, the Department must implement robust reporting requirements across all facilities by recording each instance of individualized involuntary lock-ins via logbook entries and Central Operations Desk notifications.

2. DOC staff must discontinue the practice of unauthorized "deadlocking." Department leadership must employ different tactics to accomplish the discontinuation of this

[17] Per DOC Operations Order #015, effective 11/19/08, the medication officer is responsible for escorting pharmacy staff to designated medication dispensing areas in the facilities. Additionally, the medication officer is charged with inspecting the mouths of individuals to ensure the medication was ingested.

[18] DOC Directive #4009R-C establishes lock-in and lock-out procedures to ensure time spent by incarcerated individuals confined to their cells is kept to a minimum.

practice. This can include audits of logbooks and surveillance footage, targeted training, discipline of staff who engage in this practice, and issuance of teletypes.

3. BOC staff observed the use of the term "dead lock" in DOC logbooks. DOC staff must discontinue using or referencing "dead lock" to describe an involuntary lock-in.

4. DOC must track and report individualized involuntary lock-ins akin to how emergency lock-ins must be tracked pursuant to Minimum Standard § 6-06(l) and (r).[19] Accordingly, DOC should report to the Board whether services were impacted due to an individualized involuntary lock-in and incident-level data tracked by the Department. Incident-level data should include the individual's name, housing area, the reason for the lock-in, and the duration of the lock-in.

5. As required by Operations Order #18/16, DOC staff assigned to mental observation housing areas must complete a 40-hour Crisis Intervention Training. During the assessment, BOC staff uncovered that 11 DOC staff members assigned to "A" or "B" posts in mental observation areas were not trained. Since correction officers are not steadily or consistently assigned solely to mental observations areas, DOC must ensure most uniformed staff undergo this training and must avoid assigning correction officers who have not completed the training to mental observation areas.

To CHS

1. When a person in custody reports an involuntary lock-in allegation to CHS staff, the staffer must report the allegation to CHS leadership and document when this practice impedes access to medical and mental health services. CHS leadership should inform DOC staff of these instances and work collaboratively to remedy the issue.

[19] Certain subsections of Minimum Standard § 6-06 are suspended pursuant to Emergency Executive Order No. 625 of 2024, including §§ 6.06(a),(e) and (i) (relating to limits on use and duration of emergency lock-ins), § 6.06(g) (suspended to the extent that it would require DOC to immediately notify the public of an emergency lock-in), and § 6.06(k) (requiring DOC to allow a person in custody to have access to a tablet or device during an emergency lock-in).

Appendix A

Involuntary Lock-In Assessment Tool

In accordance with Board of Correction (BOC) Minimum Standards § 1-05 and Department of Correction (DOC) Directive #4009R-C, a person in custody (PIC) must have access to at least 14 hours of out-of-cell time every day. BOC developed this assessment tool to track and record instances where staff believe a PIC could be receiving less out-of-cell time due to correctional staff's unwillingness to afford them out-of-cell time. This tool will help BOC understand if DOC correctional staff are practicing an unofficial and unlawful policy of keeping PIC in their cells during lock-out periods, despite requests to lock out.

INVOLUNTARY LOCK-IN SURVEY
Section A – Housing Area Staff Questionnaire

FACILITY _____ HOUSING UNIT_____ TC_____ DATE_____ TIME_____

Is the entire housing area on lockdown? _____Yes (Obtain Action Report) _____ No
A post officer's name _____ Shield #_____
B post officer's name _____ Shield #_____
Monitor's name: _____
Monitor's name: _____

PLEASE INCLUDE COMMENTS ON THE BACK OF THIS PAGE

1. **Are you aware of any PIC who has not been locked out of their cell today?**

A post officer: (check one)	**B post officer:** (check one)
_____ **Yes**: Voluntary	_____ **Yes:** Voluntary
_____ **Yes**: Involuntary	_____ **Yes:** Involuntary
_____ **No:** Not aware of anyone who has not been locked out	_____ **No:** Not aware of anyone who has not been locked out

2. **If yes to question 1, are there any PICs who are currently not being afforded a lockout option?**
   A post officer: (check one)
   _____**Yes**: Cell(s) and # of days locked in_____ _____ _____ _____
   _____**No**, all PIC are currently being afforded lockout (If no, skip questions 3 & 4).
   B post officer: (check one)
   _____**Yes**: Cell(s) and # of days locked in_____ _____ _____ _____
   _____**No**, all PIC are currently being afforded lockout (If no, skip questions 3 & 4).

3. **If yes to question 2, were you instructed by a supervisor to not afford the PIC a lockout option?**
   A post officer (check one) Yes_____ No_____
   B post officer (check one) Yes_____ No_____

4. **If yes to question 3, what is the supervisor's name?_____**

5. **If yes to any of these questions, is there a logbook entry recorded for each PIC's lock in?** Yes_____ No_____

INVOLUNTARY LOCK-IN SURVEY
Section B – PIC Questionnaire

Use a separate form for each PIC who is locked in their cell.

FACILITY _____ HOUSING UNIT _____ Cell #_____ DATE _____ Time_____

PIC's Name _____ B&C#_____

Monitor's name: _____ Young Adult Unit? Yes / No
Monitor's name: _____ Mental Observation Unit? Yes / No

)

1. **Why are you locked in?** _____
2. **How long have you been locked in?** _____
3. **When was the last time you were afforded an opportunity to lock out?** _____
4. **Were you afforded access to the following services during the time you've been locked in?**

Recreation	Law Library	Religious Services	Barber/ Beauty	Visits	Uniform Exchange	Linen Exchange	Sick Call	Medication
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No	No	No	No
	N/A	N/A	N/A	N/A	N/A	N/A		N/A

5. **Were you afforded meals while locked in?** (Circle one for each meal)

Breakfast	Yes, at my cell	Yes, in a common area	No
Lunch	Yes, at my cell	Yes, in a common area	No
Dinner	Yes, at my cell	Yes, in a common area	No

6. **Do you have a tablet?** (check one) _____Yes_____No
   If so, does your tablet work? (check one) _____Yes_____No
7. **Are you aware of any uniformed staff who has ordered you to be locked in?** (check one)
   _____ Yes (If yes, what is the staff's name?) _____
   _____ No
8. **If yes to question 7, if an individual is involuntarily in their cell in a <u>mental observation</u> <u>housing area</u>, speak with the on-duty psychiatrist to verify if there is a written order for the individual to remain in their cell.**
   Psychiatrist's Name: _____
   Is there a written order? _____Yes _____ No
9. **Were you involved in any incidents in this housing area?** (check one) ____Yes ____No
10. **Have you requested protective custody housing?** (check one) ____Yes ____No
    If yes, when? _____ **or** is this a PC Unit? ____Yes ____No
    If yes, why did you request protective custody? _____
    To whom did you make the request? _____
11. **Do you want to lock out now?** (check one) _____Yes _____ No
    If yes, inform the officer that the PIC would like to lock out. **(Do not instruct staff to lock them out or keep them locked in. Bring to the attention of the Commanding Officer/AC).**
    Did the officer lock them out while you were in the unit? (check one) ____Yes ____No

INVOLUNTARY LOCK-IN SURVEY
Section C – Managerial Staff Questionnaire

FACILITY ___________DATE ___________ INTERVIEW TIME _________

MANAGER'S NAME_____________________________TITLE __________________

Monitor's name: ____________________________________
Monitor's name: ____________________________________

PIC's name: _____________________ B&C #__________ Housing Area_____ Cell #_________
Which of the following actions occurred after notifying the facility manager? (check one)
_____The individual was afforded an option to lock out but opted to remain locked in.
_____The individual opted to lock out after being afforded an option.
_____The individual was not allowed to lock out and remained locked in their cell.

PIC's name: _____________________ B&C #__________ Housing Area_____ Cell #_________
Which of the following actions occurred after notifying the facility manager? (check one)
_____The individual was afforded an option to lock out but opted to remain locked in.
_____The individual opted to lock out after being afforded an option.
_____The individual was not allowed to lock out and remained locked in their cell.

PIC's name: _____________________ B&C #__________ Housing Area_____ Cell #_________
Which of the following actions occurred after notifying the facility manager? (check one)
_____The individual was afforded an option to lock out but opted to remain locked in.
_____The individual opted to lock out after being afforded an option.
_____The individual was not allowed to lock out and remained locked in their cell.

PIC's name: _____________________ B&C #__________ Housing Area_____ Cell #_________
Which of the following actions occurred after notifying the facility manager? (check one)
_____The individual was afforded an option to lock out but opted to remain locked in.
_____The individual opted to lock out after being afforded an option.
_____The individual was not allowed to lock out and remained locked in their cell.

NYC HEALTH + HOSPITALS/CORRECTIONAL HEALTH SERVICES (CHS) RESPONSE TO RECOMMENDATIONS FOR CHS IN THE NYC BOARD OF CORRECTION'S "ASSESSMENT OF NYC DEPARTMENT OF CORRECTION'S LOCK-IN AND LOCK-OUT PROCEDURES"

Recommendation for CHS

1. **When a person in custody reports an involuntary lock-in allegation to CHS staff, the staffer must report the allegation to CHS leadership and document when this practice impedes access to medical and mental health services. CHS leadership should inform DOC staff of these instances and work collaboratively to remedy the issue.**

CHS remains focused on connecting patients with the treatment they need and on working with DOC to address any barriers to care. When CHS staff encounter barriers to delivering services, including medications, to patients, they are expected to work with DOC to resolve the issue. If the situation raises clinical concerns and/or requires escalation, CHS staff are expected to notify their supervisors for assistance in resolving the issues at the facility or central level.

However, CHS should not and cannot be involved in patient allegations regarding security-related concerns. Assuming such a responsibility would unfairly raise patient expectations of CHS' ability to resolve issues that are beyond the purview of the health authority, and it would undermine the trust between patients and providers that is essential to our ability to treat our patients.