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POLICY:

- This Hospital will provide a consistent level of clinical care for all patients requiring hospital services without regard to where the patient is located.
- This Hospital provides orientation and education of staff working with patients under legal or correctional restrictions.
- Use of seclusion and restraint for non-clinical purposes will be consistent with legal requirements.


SPECIAL CONSIDERATIONS:

- Police custody patients require special consideration in applying ICU and hospital policy due to the legal restrictions on persons serving jail terms. They require exceptions to the restraint policy and inclusion of forensic staff interaction with ICU staff and hospital policies.
- It is the responsibility of the law enforcement agency whose custody the patient is in, to determine whether a patient is a low security risk or a high security risk. A contraband/weapon search will be performed by the police officer prior to admission. Information that will be shared with hospital staff is to include the reason for the arrest, a police liaison name and telephone number and any other pertinent information. This information will be placed in the front of the chart for communication purposes (Please see Police Custody Patient Checklist.)

PROCEDURE:

- Low Security Risk Patients:
 - o Low security risk patients will not have a police officer in attendance after admission.

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- o Except in an extreme emergency, the hospital will be notified before transport to allow nursing staff the opportunity to prepare for arrival of the patient. All patients will be accompanied by at least one police officer.
- o Police custody inpatients will be placed in the area appropriate for their medical or surgical condition and in a private room.
- o Police custody patients are not allowed to have telephones, make or receive telephone calls.

• High Security Risk Patients:

- o The police officer, or other law enforcement official, remains accountable for the security of the police custody patient at all times. Officers must wear appropriate identification badges at all times.
- o Except in an extreme emergency, the hospital will be notified before transport to allow nursing staff the opportunity to prepare for the arrival. Minimally, all patients will be accompanied by at least one police officer.
- This Hospital will observe a “No Publication” policy on all police custody patients. No employee may give out information regarding police custody patients to any civilian for any reason. Hospital employees may not confirm nor deny that a particular police custody patient is housed at the hospital.
- Police custody patients are not allowed to have visitors. In general, exceptions are only granted when a patient is in critical condition and/or is in the terminal stage of a disease, and then only with approval by the law enforcement agency that retains responsibility for the patient.

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CARE OF POLICE CUSTODY PATIENTS:

- Staff is accountable for providing the police custody patient with the same level of clinical care as is provided to all patients in the ICU.
- The patient has a right to accommodation of religious, cultural and emotional needs, subject to the approval of police officials.
- The patient has a right to education regarding his or her medical condition, clinical treatments, medications and proposed interventions, and to discharge planning.
- The Hospital policy on restraints applies to these patients when they require restraints for medical reasons.
- Staff should not leave medications, sharps, razors or any other items at the patient's bedside unless such items are approved by the law enforcement agency official assigned as liaison. If the nurse is using a needle to give an injection or to start an IV, all the equipment needed, including a sharps container, should be carried to the bedside, kept out of the patient's reach and removed immediately after the procedure is completed.
- A copy of the discharge instructions, if patient is released from the ICU, is sent with the police custody patient on discharge. The law enforcement agency is considered legal guardian and responsible for follow up treatment, will be informed of the patient's diagnosis and treatment plan.

SAFETY OF THE STAFF:


- Staff interacting with police custody patients as part of their job duties will receive a brief orientation regarding how to care for and deal with this special population.

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- Staff should refrain from personal conversation with police custody patients, other than that which is clinically indicated.
- Staff should never give a police custody patient any personal information about himself or herself. Staff should use only their first name when dealing with a police custody patient, and should never agree to relay messages from the prisoner to anyone other than the law enforcement officer assigned to the patient.
- Staff should report any inappropriate behavior by a police custody patient to the police officer immediately.
- No students will be assigned to a police custody patient.
- No volunteers are to visit a police custody patient.
- Clergy will not visit unless the patient is terminally ill, or such visits are approved by the law enforcement agency.
- A sign should be placed on the patient’s door that reads, “No Visitors.”
- If a staff member feels that s/he in physical danger, s/he should leave the patient’s room immediately and communicate with the police officer immediately. A low security risk patient can be changed to a high security, risk status by collaborating with the law enforcement agency. (It is important that employees also notify the appropriate unit supervisor and/or department director, as well as the Risk Manager, in the event that there is a fear of danger related to the police custody patient.)
- Meals will be served to police custody patients by ICU staff after the staff member and the officer have counted the number of plates and utensils on the tray. Plastic utensils will be used. The officer and staff member will also count the plates and utensils when they are retrieved from the patient to preclude the patient from utilizing these items to make weapons, or to injure themselves.

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Meals may be provided to police officers using the same restrictions.


- If a fire or internal disaster occurs which requires evacuation of police custody patients, the police officers are responsible for transporting the patient back to jail or to another hospital, as appropriate.

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ADDITIONAL PROCEDURES

- Police custody patients will be escorted by the appropriate law enforcement agency through the Emergency Department entrance, and care will be taken to avoid contact with patients in the waiting, registration or triage areas. If the patient is not ambulatory, the officers will utilize a wheelchair or gurney, as appropriate. The patient will be shackled during transport between the police vehicle and the patient room. Police custody patients will be searched by the police officer for contraband and weapons prior to admission.
- A Police Custody Patient Checklist will be completed by the police officer and a nurse on admission and then placed in the front of the chart.
- The patient for treatment in the ICU will be transported to that department on a gurney and shackled.
- ICU police custody patients will be shackled to the bed while hospitalized, except when shackles interfere with needed procedures or when being transported to another part of the facility (for tests, x-rays, surgery, etc.). When not shackled to the bed, the police officer will determine what type of detention device is to be used for transport or ambulation. An officer with keys for the shackles or other device(s) will always be immediately available to

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remove the device if it becomes necessary due to emergencies such as fire, disaster, vomiting, seizure or cardiac arrest.

- If a police custody patient requires surgery:
 - o The police officer accompanies the patient to the Pre-Op holding area.
 - o The police officer will wear protective clothing, as appropriate, in the OR area.
 - o The police officer may leave the OR after the patient is under general anesthesia.
 - o The police officer remains with the patient in the Recovery Area.

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