PURPOSE:

This policy is designed to ensure that patients who are in custody of law enforcement officials remain in a secure environment while at Community Hospital and that appropriate measures are taken to ensure the safety of Community Hospital employees, patients, and visitors.

DEFINITIONS:

A. **Physical Restraints**: Devices restricting a patient's mobility or access to his/her own body, for the purpose of receiving medical care, as outlined in the Restraint Usage Policy and Procedures in the Patient Care Manual. All other policies referring to "restraints" will be assumed to mean physical restraints unless specifically identified as legal restraints or chemical restraints.

B. **Legal Restraints**: Legal devices used to restrict physical movement, e.g., handcuffs and/or shackles, with the intent to detain and/or protect patients, employees and/or visitors from criminally violent behavior.

C. **Forensic Evidence**: Collection of blood, body fluids, hair, photographs or any other items taken for the primary purpose of being evidence in a criminal investigation. Any retained foreign object(s) of unknown origin will not be considered forensic evidence until a physician:
   1. Visually examines the object.
   2. Determines that the object(s) does not serve a medical purpose.
   3. Judges that the object was likely retained in the body as a result of a crime, to the best of his/her ability.

D. **Forensic Binder**: A binder in the Security Office that contains the Fact Sheet for Law Enforcement. The fact sheet is to be filled out by each law enforcement agent that is responsible for a patient who is in custody of law enforcement. After the law enforcement agent has completed his/her business at the facility, the fact sheet is to be turned in to the Security Officer on duty.

PROCEDURE:

A. In an effort to provide safety and security for all employees, patients, and visitors, law enforcement officials are required to notify the Security Officer prior to or upon arrival at the facility. Employees encountering a forensic patient and law enforcement official are required to personally notify the Security Officer at their arrival.
   1. If a patient is placed in custody while already at the facility, the employee providing care to the patient is to notify the:
      a. Security Officer on duty,
      b. The appropriate Department Director as soon as possible,
      c. And, if the patient is in Surgery, or is an Inpatient, a message needs to be left at 644-3030 to inform Risk Management.
   2. In the event that a patient is taken into custody while hospitalized, all elements of this Policy and Procedure still apply.

B. When a law enforcement agency notifies Community Hospital that a patient is in custody or is being placed in custody or on a police hold, the following information is obtained by the Security Officer and noted in the Forensic Binder:
   1. Patient name.
   2. Reason for law enforcement hold.
   3. Name of law enforcement agency.
   4. Name of law enforcement contact and phone number.

C. The Security Officer will provide the law enforcement official with a copy of the Law Enforcement Fact Sheet. In addition, the Security Officer will instruct the official to return the completed form either after all business is completed or the official's shift has ended. The relieving law enforcement official will receive a new copy of the fact sheet from the Security Officer for use during that official's shift.

D. Unless it directly interferes with required medical treatment, law enforcement officers shall use necessary legal restraints, e.g., handcuffs, leg shackles, to provide protection for employees, other patients and visitors and to prevent escape of patient(s).

E. The law enforcement official(s) assigned the responsibility of guarding the patient in custody is to be dressed in appropriate uniforms displaying agency affiliation and
name badges. They are expected to conduct themselves in a professional manner at all times on hospital premises and shall be advised of and required to abide by certain Hospital Policies and Procedures. Agency sitter s are held to the same standard.

F. Law enforcement officials and authorized agency sitter s are permitted to carry a weapon on hospital premises; they are to notify the Security Officer that they are armed and provide information as to the type of weapon.

G. The involved law enforcement official shall not leave a patient who is in custody unguarded on hospital premises.

H. The law enforcement official is to remain close to the patient in custody at all times, except as noted in section P, below.

I. If the assigned law enforcement official must vacate his/her assigned post for any reason, relief must be arranged through the involved law enforcement agency.

J. Responsibility for the patient who is in custody and his/her property is that of the involved law enforcement agency; the patient shall be considered to be in law enforcement custody until hospital employees are informed otherwise.

K. It is assumed that the patient is the responsible decision maker, except in the case of un-emancipated minors, for all medical treatment decisions. In the case of a minor, there will be an inquiry as to who is the designated decision-maker, the State of Colorado or family members as outlined in the General and Informed Consent Policy and Procedure.

L. Hospital employees will not seek any information pertaining to the patient's criminal history except in such cases where the information is used to develop treatment plans, protect the employees, visitors and/or the patient.

M. Hospital employees are not permitted to assist in the collection of forensic evidence. Court orders will be obtained prior to law enforcement personnel being allowed to draw and/or obtain specimens or samples. Court orders will be filed in the medical record.

N. A Physician may, with the informed consent of the patient in custody, remove a foreign object of unknown origin for the health and welfare of the patient as part of the patient's plan of care. If a physician removes any foreign object, such as a bullet, that was likely the result of a violent crime, the object will be retained and a law enforcement representative will be informed. A court order will be required for the release of any foreign object.

O. If the use of legal restraints, e.g., handcuffs, leg shackles, is deemed necessary by the law enforcement agency, the employee assigned to the patient in custody must be made aware of the location of the key in the event of an emergency. If metal legal restraints are in use, a sign should be placed at the head of the patient’s bed, or in the outpatient treatment room, stating, “Metal restraints in use; remove prior to defibrillation.” If metal restraints are in use, some radiologic diagnostic tests may not be performed due to jeopardy of the patient’s safety. The Radiology Technician will consult with the Radiology Department Director or Lead in regard to appropriate actions to be taken, which may include:
   1. Delaying the procedure until non-metal legal restraints can be applied by the law enforcement official.
   2. Rescheduling the procedure.

P. The healthcare provider will permit the law enforcement official to remain with the patient during examination and treatment. At the patient’s request, however, the official should remain out-of-hearing-range of the conversation between the physician or other healthcare provider and patient to preserve the privilege of confidentiality. If the patient requests privacy, the patient must be handcuffed or shackled to the gurney or other medical care giving apparatus to insure the safety of all hospital employees, patients, visitors and others.

Q. Once the need for medical treatment has been met and the patient can be released or transferred without medical danger, the hospital should avoid any unwarranted delay in such release or transfer, including delays due to any unnecessary elective medical treatment.

R. In the event that the patient in custody refuses to cooperate with nursing staff, becomes combative or displays other unacceptable behavior, employees shall immediately notify the Hospital Security Department and the assigned law enforcement official. Under no circumstances shall employees risk personal physical injury in order to hold the patient for treatment.

S. Should a patient in custody attempt to leave the hospital, the law enforcement official assigned to guard the patient should be assisted by the Security Officer in obtaining back-up assistance from the involved agency. Hospital Security should not attempt to detain a patient unless the patient commits another crime; becomes violent or engages in behavior that endangers himself/herself or others.

T. Training
   1. Employees who may be involved in the care and/or supervision of a patient in custody will be provided training relative to:
      a. Interaction with such patient.
      b. Procedures to be followed in response to unusual clinical events and incidents.
      c. Channels for clinical, security and administrative-related communications.
      d. The distinction between legal and clinical restraints.
      e. Appropriate methods for discreet transport of restrained individuals.
      f. General Safety Guidelines for Members of the Care Team
        i. Remove all equipment that is not essential for patient care.
        ii. Surgical and other medical instruments could potentially be used as a weapon by patients who are in custody.
        iii. Every possible precaution should be taken to make sure such instruments are inaccessible, especially in a patient's room or any other
treatment area.
iv. Mouthwash may be left at the bedside, in limited supply.
v. Telephones are to be removed.
vi. Visitors are not permitted.
vii. Sharps containers within reach of the patient will be removed.
viii. Remove dressing supplies from the patient's room, including scissors, wrap-around gauze rolls and tape.
ix. Chemical(s), medications or solutions should not be stored at the bedside, except those that are ordered for self-administration.
x. Medications should be administered in the most appropriate manner to prevent diversion of the medications without causing more pain to the patient.

U. Law Enforcement Officials will receive the Law Enforcement Fact Sheet from the Security Officer which contains information regarding:
  1. How to interact with patients,
  2. Procedures for responding to unusual clinical events and incidents,
  3. The hospital’s channels of clinical, security and administrative communication,
  4. Distinctions between administrative (legal) and clinical seclusion and restraint.

V. NOTE: There may be occasions when the law enforcement agency requests a patient be detained until their arrival. Employees of Community Hospital do not detain patients, nor is law enforcement informed when a patient is being discharged. It is recommended that the hospital employee immediately inform the Security Officer of any such request, however, under no circumstances, will Security Officers detain a patient unless a law enforcement official is present or requests assistance, or if the Security Officer has witnessed the commission of a crime by the person being detained.

RESPONSIBLE EMPLOYEES:
Clinical Staff, Security Officers, Director of Facilities Management

QUESTIONS DIRECTED TO:
Safety Officer, Director of Facilities Management

Referenced Documents

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Signed by ( 02/23/2016 05:54AM PST ) Debbie Riggle, VP of Ancillary Services
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