

NORTH FULTON REGIONAL HOSPITAL

POLICY NUMBER: ADM 054

TITLE: Law Enforcement Custody: Patients (Forensic)

Drive Path: F:\users\DOTTE\ADM054 Law Enforcement Custody - Patients (Forensic).doc

MANUAL: Administration
Function/Structure: Leadership
Regulation/Standard Number: Hospital Practice

APPROVED BY: COO

PURPOSE

1. To provide guidelines for the provision of patient care for patients in police custody.
2. To ensure that non-employee forensic personnel perform in a manner supportive of therapeutic patient goals.
3. To provide confidentiality, privacy, and security for patients.

POLICY

1. Special needs will be identified and agreed on by the non-employee forensic personnel and the Director of the Special Care Unit.
2. The patient will be assured that the same level of care will be provided as other patients with similar needs.
3. The forensic patient will be notified limitations/privileges outlined on this policy.
4. Any expressed concerns by patient will be related to the Patient Care Director to assure that patient rights are not violated.
5. Hospital security management or designee(s) will be responsible for the orientation of non-employee forensic personnel. This orientation will include, but not be limited to, environmental safety and their responsibilities relating to the care of the patient.
6. Hospital security will introduce self to all law enforcement officers providing security for forensic patients and provide the officer with a copy of the hospital's forensic policy. The hospital security personnel will obtain a signature acknowledging receipt of the above material and will be maintained in the security office.
7. In a medical emergency, patient care needs will supersede security needs for the forensic patient.
8. When law enforcement supervision is needed, the law enforcement agency with patient custody must provide officers for the needed supervision.
9. All forensic patients are considered "NO INFORMATION" patients.
10. Forensic patients may have communication restrictions as directed by the law enforcement officer providing security. (See policy "Communication Restrictions".)
11. Hospital security is not responsible for providing "breaks" or "meal time" breaks for the law enforcement officer.
12. The law enforcement officer will maintain visual contact with the forensic patient at all times except when medical procedures are being performed.
13. Law enforcement officers will wear the uniform of their agency and are expected to conduct themselves in a professional manner.
14. Forensic restraints are not covered by the facility restraint policies. If restraints are utilized for medical reasons, the patient will be monitored as prescribed in the restraint policy.

| Date 07/94 | Reviewed and /or Revised • Date • Init | 05/97 | 06/00 | 08/00 | 04/03 | 02/05 | | | | |
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15. The forensic patient will be allowed to make meal choices in keeping with his treatment plan. No hot liquids will be served on the forensic patient's meal tray. Meals will be served on disposable trays, disposable dishes and disposable utensils. The law enforcement officer is responsible for assuring that all items entering the room on a meal tray are removed when the tray is removed.
16. The forensic patient may refuse medical care or treatment unless such care and treatment is court-ordered.
17. In the event of an emergency, the law enforcement officer is expected to control and assist with evacuation of a forensic patient.
18. Death of a forensic patient is always treated as a Medical Examiner's case.

PROCEDURE

Upon Notice of Admission

1. Notify hospital security immediately when you learn that a forensic patient is being admitted to your patient care unit.
2. Remove all unnecessary items from the room assigned for the forensic patient.
3. Ensure that law enforcement officers are oriented to the hospital per attached document (General Orientation for Correctional Officers.) Ensure that the orientation is properly documented.
4. Request permission from the law enforcement officer prior to providing reading material, pens, newspaper, etc., for the forensic patient.
5. Do not acknowledge that the forensic patient is on your unit. The forensic patient is a "NO INFORMATION" patient.

During Hospitalization

6. Utilize instruments and medical equipment as needed to provide patient care, but remove these instruments and equipment when you leave the room.
7. Notify hospital security at any time the forensic patient is moving from the assigned room to other areas of the facility.
8. Request law enforcement officer to accompany the forensic patient to any diagnostic or treatment area of the facility.
 - A. Operating Room – The law enforcement officer will accompany the patient to the pre-operative holding area. The law enforcement officer will not accompany the patient into the operating room suite. When the surgical procedure is completed, the law enforcement officer will be notified to report to PACU.
8. Notify hospital security to be on standby when forensic restraint devices are being removed.
9. Contact the administrative supervisor or the administrator on call for problems that cannot be resolved on the unit.

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Upon Discharge

10. Notify hospital security when discharge is planned.
11. Review any discharge instructions with the patient and the law enforcement officer. Assure that all parties involved understand the follow-up care. Do not give specific dates for follow-up care to the patient. This may compromise security. If there are specific dates for follow-up care, give these dates to the law enforcement officer. The law enforcement officer must understand that if the patient is released from their custody prior to the follow-up appointment, these dates and time regarding follow-up care must be shared with the patient prior to release.
12. Ask the law enforcement officer and the patient to sign the discharge instructions.
13. Give a copy of the discharge instructions to the law enforcement officer.

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North Fulton Regional Hospital General Orientation for Correctional Officers

At North Fulton Regional Hospital, all patients have the right to considerate and respectful care at all times and under all circumstances, with recognition of their personal dignity. While we do understand that prisoners of the court have lost their civil rights, they have not lost their human rights.

To protect the patient's right to privacy and confidentiality, all personnel should refrain from discussion of patient's illnesses, treatment, prognosis, or condition with individuals not associated with the hospital or in public areas of the hospital.

Hospital personnel will perform all patient care-related responsibilities, such as transferring the patient on and off stretchers, administering medications, treatments, etc. You should not become involved with hospital functions, but devote your attention strictly to matters of inmate security.

| Type of Emergency | Code | Action Expected of Correctional Officers |
|------------------------------|---------|--|
| Fire | Red | Will need to step inside patient's room, as all doors will be closed |
| Disaster (Internal/External) | Green | Charge Nurse will direct |
| External Toxic Spill | Yellow | Charge Nurse will direct |
| Cardiac Arrest | Blue | Charge Nurse will direct |
| Watch/Warning | Tornado | Assist in moving patient to the hallway for a warning |
| Bomb Threat | 99 | Charge Nurse will direct |
| Wandering/ Lost Patient | Rehab | Charge Nurse will direct |
| Outside Civil Disturbance | II | Charge Nurse will direct |
| Infant Abduction (0-11mo) | Pink | Charge Nurse will direct |
| Child Abduction (12mo-13yrs) | Levi | Charge Nurse will direct |

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CHANNELS OF COMMUNICATION

Clinical Communication

Communication regarding the patient's medical status and treatment should be addressed primarily with the RN assigned to the patient. The Nursing Unit Supervisor, Unit Manager, House Supervisor, and Chief Nursing Officer are also available to assist, and can be reached through the nurse assigned to the patient.

Administrative Communication

Communication regarding administrative policies or procedures within the hospital may be addressed with the Nursing Supervisor (ext. 2504 or 770-388-5323), or Administration.

Security Communication

Security issues may be addressed through the Director of Plant Operations, the Security Officer on duty, or the House Supervisor. Call extension 2800 or 2911.

RESTRAINTS

Administrative Restraints

Any type of restraint applied to a Correction Unit patient in order to protect staff and others and to prevent escape is not considered a clinical restraint. These detention devices, whether they are handcuffs, shackles, or other escape restraint devices, will be applied by the Department of Corrections officers only and at their discretion. No physician order is required for this type of restraint.

Clinical Restraints

A clinical restraint is a physician ordered method of restricting a person's freedom of movement, physical activity or normal access to his/her body, when necessary to support clinical, therapeutic progress of the patient. North Fulton Regional Hospital is committed to limiting clinical restraint use to only clinically appropriate and adequately justified situations and to implementing alternative or preventative strategies prior to clinical restraints.

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North Fulton Regional Hospital
General Orientation Forensic Services Verification Form – Law Enforcement Officers

Officer's Name _____ Agency _____ Date _____

Badge number _____ Inmate's Name _____ Room number _____

Initial Each Item
to Document
Review and
Understanding

Topics Covered

| | |
|-------|---|
| _____ | Hospital Forensic Policy |
| _____ | How to Interact with Patients |
| _____ | Procedures for responding to unusual clinical events and incidents |
| _____ | Hospital's channels of clinical, security, and administrative communication |
| _____ | Distinctions between administrative and clinical seclusion and restraint |

I certify that I received the General Orientation for Correctional Officers on the date listed above. I further acknowledge that I was given an opportunity to ask questions in regard to this information and that I understand and will comply with all of the policies and procedures.

Officer's Signature

Printed Name

Date

Orientation Coordinator