PRISONER PATIENTS
(Care of Patients under Legal or Correctional Restrictions)

I. PURPOSE:

The purpose of this policy is to define parameters to be used in the clinical setting at Aurora Metro/Mid Market facilities when prisoner patients have been admitted for care and treatment. Patients with an Emergency Detention Status are covered by the policy on Psychiatric Emergency Detentions (see Metro/Mid Market Policy #474).

II. DEFINITIONS:

Law Enforcement staff: An individual with no medical training or experience (for example, correctional officers, guards, police, Sheriff’s department representatives) who may become involved in activities that could support or hinder therapeutic goals for patients.

Police hold: A term that is applied when law enforcement staff identifies a patient who is under their surveillance. Patients on police hold are not under direct law enforcement staff guard. The medical facility needs to notify the appropriate law enforcement agency before a patient on police hold is discharged.

Police Physical hold (also referred to as Forensic Restraint): When prisoner patients are in physical restraints (handcuffs or shackles) by law enforcement staff.

III. POLICY:

A. Notify Loss Prevention when patients under law enforcement staff custody (either physical or police hold) are admitted for care, and when they are transferred to another nursing unit.

B. Loss Prevention will orient and educate law enforcement staff about their responsibilities related to patient care to include: how to interact with patients, how to respond to unusual clinical events or incidents, communication (clinical, security, and administrative communication), and the distinctions between administrative and clinical seclusion and restraint. The Quick Reference Card, containing information on the above issues, will be given to all forensic staff.

C. Documentation from the appropriate law enforcement agency regarding the prisoner patient’s status, agency contact name and telephone number, etc. should be placed at the front of the chart.

D. Patients who have been placed on a police hold have the same health care rights and privileges as any other patient.

E. Prisoner patients are expected to abide by the no smoking policy of Aurora Metro/Mid Market facilities. Prisoner patients are not to be escorted outside for smoking breaks.

F. Length of stay, clinical care and discharge planning is determined by the patient’s clinical needs and condition and is not impacted by the legal status of the patient.
G. Prisoner patients needing an interpreter requires one with court certification (see Interpreter/Special Needs policy).

VII. Emergency Care

A. The ambulance entrance will be utilized for all prisoners.

B. Prisoner patients will be taken directly into a patient room if possible to minimize visibility to other patients/visitors.

VIII. Police Hold Patients

A. Loss Prevention officer(s) should not become physically involved with the prisoner patients unless the prisoner patient commits another crime, becomes violent or endangers himself, employees, or others. Escape is not justification for a Loss Prevention officer to use physical force in detaining a prisoner patient.

B. In the event that a prisoner patient leaves the hospital, Loss Prevention personnel should immediately notify the responsible law enforcement agency that the prisoner patient has left the hospital. Loss Prevention staff will advise the agency of the time and direction of escape.

C. Nursing personnel shall not risk physical injury to keep a patient for treatment.

D. In the event that the prisoner patient refuses to cooperate with nursing staff, becomes combative, displays any other unacceptable behavior, or escapes from the treatment area, staff should immediately notify Loss Prevention.

IX. Law enforcement attended prisoners

A. Law enforcement officers accompanying prisoner patients to an Aurora Metro/Mid Market facility will be asked to access the institution via entrance points that have low visitor traffic patterns, and not through main entrance points.

B. Law enforcement officers will be asked to remain in the prisoner patient room, not standing/sitting outside the doorway, except at the request of the patient care provider.

C. Point of service providers will collaborate with the law enforcement officer attending/responsible for the prisoner patient to ensure consistency of privileges allowed by the correctional facility (i.e., phone calls, visitation, outside packages, nutritional requests beyond their caloric need, etc.). It is the responsibility of the law enforcement officer to enforce these restrictions. Staff will facilitate the removal of the prisoner patient telephone when directed to do so by the law enforcement officer(s).

D. Law enforcement officers(s) will accompany prisoner patients between departments when diagnostic testing is performed.

E. The use of handcuffs and shackles by law enforcement officers is considered constraint rather than restraint and therefore does not fall within the documentation standards for restraint.

F. If the use of handcuffs or shackles is deemed necessary by the law enforcement agency, patient care providers may request their removal to provide care and treatment.

G. When transported to a support area, prisoner patients will be placed on a cart or in a wheelchair with blankets covering handcuffs/shackles from view.
H. When handcuffs or shackles are in use a sign should be placed at the head of the bed stating “Metal constraints in use-remove prior to defibrillation”.

I. If the patient must have an assisted shower, a staff member of the same sex from the law enforcement agency should assist.

J. Officers attending prisoner patients should be dressed in appropriate uniform with identification and name badge and are expected to conduct themselves in a professional manner at all times while on the hospital property.

K. If the officer must leave for any reason, the officer must arrange for a relief officer through the appropriate law enforcement agency. Coffee, soft drinks, etc. are not to be provided by the nursing unit. Loss Prevention will facilitate these arrangements.

L. Provisions will be made for the constant visualization by officers of prisoner patients who require the use of negative pressure rooms.

M. Plastic eating utensils and paper dishes are required for the patient prisoner who is admitted and accompanied by a law enforcement officer.

X. Discharge

A. When the prisoner patient is ready to be discharged, nursing personnel should notify Loss Prevention. Loss Prevention will notify the appropriate law enforcement agency that the patient is ready for release.

B. Documentation of a patient’s discharge into law enforcement agency custody will be made on the patient’s chart at the time of discharge, and the officer’s name, badge number, and agency affiliation will be documented by staff in the discharge documentation upon discharge to another facility.

C. A telephone report by this facility will be given to the detention facility Registered Nurse as appropriate. The patient’s chart copies will be enclosed in a sealed envelope to be taken by law enforcement officer(s) who accompanies the prisoner patient to another health care facility for continuity of care or to the law enforcement detention facility.

D. Prisoner patients being discharged to the Mental Health Complex or another healthcare facility are considered transfers under the EMTALA regulations and appropriate documentation and processes as defined in the Transfer of Patients (see Metro/Mid Market Policy # 396) policy must be followed.