

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Forensic Patient Management
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EFFECTIVE DATE: March 1, 2021	REFERENCE NUMBER: IP.PS.010
APPROVED BY: Ethics and Compliance Policy Committee	

<p>SCOPE: Company-affiliated hospitals, stand-alone emergency departments and ambulatory surgery centers in the United States.</p>
<p>PURPOSE: To provide a framework that ensures a safe and secure environment for forensic patients in the custody of law enforcement officials while appropriate measures are taken to safeguard other patients, visitors and colleagues.</p>
<p>DEFINITIONS:</p> <p>Clinical Restraints – devices restricting a patient’s mobility or access to their own body, for the purpose of receiving medical care, as outlined in the Restraint Usage Policy (COG.COG.001). All other policies referring to “restraints” should be assumed to mean clinical restraints unless specifically identified as “legal restraints.”</p> <p>Detain – to keep in official custody, often for questioning about a crime.</p> <p>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.</p> <p>Forensic Official – a government law enforcement official or Conservator of the Peace responsible for the custody, safety, security, and supervision of inmates in a prison or other correctional facility.</p> <p>Forensic Patient – patient in custody or on a legal hold by law enforcement/corrections official.</p> <p>Law Enforcement Official – a government employee appointed to enforce the law (e.g. police officer or sheriff).</p> <p>Legal Restraints – legal devices used to restrict physical movement with the intent to detain and/or protect patients, employees and/or visitors from criminally violent behavior (e.g., handcuffs and/or shackles).</p> <p>“Security” personnel – individuals employed or contracted by the facility to protect patients, people, assets, systems and facilities; excludes law enforcement officials.</p>
<p>POLICY:</p> <ol style="list-style-type: none"> 1. This policy does not restrict or provide guidance to forensic officials acting pursuant to their sworn duty. 2. It is the responsibility of colleagues to comply with this policy and/or to assess situations and act within reasonable guidelines or professional judgment. 3. Forensic patients will receive the same level of care and treatment as all other patients. 4. Forensic officials will provide supervision in areas of the facility where the forensic patient is receiving care.

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5. Security or designee, should provide an orientation using the Forensic Patient Management Fact Sheet to all forensic officials regarding their roles and responsibilities in the facility related to infection prevention, fire safety, disaster, restricted privacy, clinical and legal restraints.

- PROCEDURES:**
- A. Colleagues treating a forensic patient should validate that the Security department is aware of their arrival.
 - B. Security or designee, should provide each forensic official with a copy of the [Forensic Patient Management Fact Sheet](#) for orientation. The orientation includes:
 - 1. Legal (law enforcement) versus clinical restraints;
 - 2. Channels of clinical, security, and administrative communication;
 - 3. Infection control/isolation procedures;
 - 4. Emergency codes and procedures; and
 - 5. Unusual clinical events and incidents.
 - C. When Security or designee is notified the facility has a forensic patient, they should obtain and log the following information:
 - 1. Forensic patient's admit/arrival date and time;
 - 2. Forensic patient's account number and location within the facility;
 - 3. Reason for hold (e.g., arrested/custody, prisoner);
 - 4. Name of the forensic official's agency;
 - 5. Forensic official's contact name and phone number;
 - 6. Forensic patient's anticipated discharge date/time, if known; and
 - 7. Confirmation the forensic official received the Forensic Patient Management Fact Sheet.
 - D. Security or designee, should check-in with the forensic official at least once per shift.
 - E. The forensic official should remain close to the forensic patient at all times, except when it is unsafe (e.g., surgical suite, MRI suite).
 - F. Legal Restraints
 - 1. Unless it directly interferes with required medical treatment, forensic officials should use necessary legal restraints to provide protection for others and to prevent escape of the forensic patient.
 - 2. Colleague(s) assigned to the forensic patient should be made aware of the location of the legal restraint key in the event of an emergency and/or incapacity of the forensic official.

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3. If metal legal restraints are in use:

- a. Colleague(s) assigned to the forensic patient should post a sign at the head of their bed or in the room that states, "Metal Restraints in Use: Remove Prior to Defibrillation;" or
- b. Clinical colleagues should coordinate with the forensic official as some radiologic tests or procedures may not be performed due to jeopardy of the Forensic patient's safety.

4. If the forensic patient is scheduled for surgery:

- a. The forensic official should remain until the forensic patient becomes unconscious, at which time the legal restraints should be removed. At the completion of surgery in recovery, the forensic official should place the legal restraints back on; or
- b. Where patients would remain conscious, legal restraints should remain on unless deemed unsafe by clinical staff. Clinical staff and the forensic official should determine best action.

5. A request to temporarily remove legal restraints can be made by any member of the clinical team. Any request to remove legal restraints for an extended period of time should be for medical necessity and routed to the attending physician. Approval of the request is to be provided to the forensic official.

6. Forensic patients should be transported discreetly throughout the facility by wheelchair or stretcher with legal restraints covered.

7. A colleague or forensic official should notify Security regarding the forensic patient's movement and designated location so they could secure a path, hold the elevator, and remove obstacles. Colleagues should consider using employee travel paths, which are not commonly used by the general public.

G. At the forensic patient's request, clinicians could ask the forensic official to move out-of-hearing range of the conversation to preserve confidentiality. If the forensic official steps away, the forensic patient must be in legal restraints to ensure the safety of others.

H. In the event the forensic patient refuses to cooperate with clinical staff, becomes combative or displays other unacceptable behavior, colleagues should immediately notify the forensic official and facility Security.

Colleague Responsibilities

A. Colleagues should:

- 1. Notify Security or designee, when a forensic patient is being treated or admitted to the facility;
- 2. Enter the forensic patient as "Elopement Risk" and "confidential" status;
- 3. Not seek the forensic patient's criminal history except in such cases where the information is used to develop treatment plans or protect others;

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4. Prior to the forensic patient entering the room and every shift thereafter, complete an environmental search of their room removing any items not needed to essentially provide a “safe” room (e.g., telephones, unused wires/tubes, sharps containers, unused supplies);
5. Not allow visitors, unless expressly approved by the responsible law enforcement official; in the nurse’s notes document the name of the official approving the visit, the approved visitor’s name, relationship and contact information. Only the forensic official has authority to grant visitation;
6. Notify the forensic official of any care issue which could potentially interfere with facility safety or forensic security;

Place the forensic patient to a private room in a safe location, if possible. Two forensic patients may be assigned to the same semi-private room. **Ensure the forensic official understands the facility’s EMTALA obligations (if any) to the forensic patient.**

Securing Personal Belongings of the Forensic Patient

- A. All forensic patients arriving in street attire should be asked to wear a facility gown for their entire hospitalization/treatment.
- B. Upon arrival, forensic patients may remain in attire issued by law enforcement.
- C. The Forensic Officer(s), with the assistance of facility colleagues should bag the forensic patient’s clothes, shoes, personal items and valuables.
- D. The Forensic Officer should maintain custody of the forensic patient’s personal belongings.

Forensic Official Responsibilities and Conduct

- A. The facility should request that the forensic official:
 1. Collaborate with clinical staff to develop a safety plan, as needed;
 2. Immediately notify clinical staff if the forensic patient’s appearance or condition changes;
 3. Escort the forensic patient to any department for testing or procedures, and remain in safe proximity to the forensic patient during the procedure;
 4. Accompany the forensic patient at all times if they need ambulation. Ambulation should occur in the forensic patient’s room; and
 5. Be responsible for maintaining legal restraints.
- B. Colleagues should escalate concerns to their supervisor who should address the situation with the Security Administrator if the forensic official displays inappropriate professional behavior including, but not limited to:
 1. Unnecessary display or use of firearm;
 2. Misuse or use of excessive physical force in the facility;

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3. Gross disregard and/or violation of facility policies;
 4. Inadequate supervision of a forensic patient in custody;
 5. Distracted behavior; and/or
 6. Displaying inappropriate professional behavior or lax observation of the forensic patient.
- C. The Security Administrator should discuss concerns with the forensic official and request they modify their behavior. The Security Administrator should report conduct of the forensic official acting contrary to facility policy and procedure to the appropriate agency.
- D. A forensic patient or forensic official should not be permitted to bring personal items such as electronic devices, televisions, radios and chairs into the facility; medical equipment accommodations should be made for disabled forensic patients.

Forensic Evidence and Chain of Custody Guidelines⁷

- A. General guidelines to consider when collecting forensic evidence are provided below; however, facility policy should be followed if it is more specific or restrictive.
- B. When an individual is being treated and there is a question regarding the need for forensic evidence, document it appropriately and follow the collection procedures, including the applicable packaging and preservation processes.
1. Colleagues may assist law enforcement officials in obtaining required evidence.
 2. Colleagues may assist law enforcement officials with preserving clothing, jewelry, or weapons using the chain of custody.
 3. Items collected or retrieved, which are believed to be of evidentiary value to a law enforcement investigation, this procedure should be followed:
 - a. Colleagues should place items inside the Evidence Envelope or other secure container, complete with information on the outside for identification purposes. Seal the container or envelope, and notify the appropriate law enforcement agency; and
 - b. Colleagues should protect items received and signed for until the appropriate law enforcement agency accepts custody of the items. Facility to comply with the Chain of Custody Policy, IP.PS.004.
- C. Colleagues are responsible for ensuring compliance with the facility's EMTALA policies when an individual presents to the emergency department (ED) with a law enforcement officer. Within capability and capacity, the facility must provide a Medical Screening Exam and stabilizing treatment if:
- a. the law enforcement officer requests medical clearance to take the individual to jail; or
 - b. if a prudent layperson observer could conclude the individual has an emergency medical condition; or

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- c. if the forensic patient requests examination or treatment for potential emergency medical condition.

REFERENCES:

1. CMS §482.13(e)
2. Physical Security Program Policy, [IP.PS.001](#)
3. Theft and Workplace Violence Policy, [IP.PS.002](#)
4. Chain of Custody Policy, [IP.PS.004](#)
5. Use of Force Policy, [IP.PS.009](#)
6. Patient Restraint/Seclusion Policy, [COG.COG.001](#)
7. EMTALA – Medical Screening Examination and Stabilization Policy
8. [Uses and Disclosures for which an Authorization or Opportunity to Agree or Object is Not Required](#)
9. [Forensic Patient Management Fact Sheet](#)