

POLICY TITLE: Care of Prisoners/Forensic (PSF)	
DEPARTMENT: Clinical Patient Care	ORIGINATION DATE: 07/01/1997
CATEGORY: (Manually insert sub category)	EFFECTIVE DATE: 10/06/2012

SCOPE: All clinical departments within Penrose-St. Francis Health Services

PURPOSE: To establish guidelines for securely managing the care of patients who are hospitalized while under arrest or in the custody of law enforcement or correctional facility personnel.

STATEMENT OF POLICY: During hospital stay, the following guidelines will be followed by Penrose St. Francis (PSF) personnel and law enforcement. Any difficulties or problems should be discussed with the identified “Point Person” for both PSF and law enforcement. If the problem is not resolved, Patient Safety/Risk Management may be contacted through the PSF operator at ext. 5000.

PROCEDURE: The patient in custody will have his/her length of stay determined based on medical necessity.

PSF Responsibility Law Enforcement Responsibility

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| <p>1. PSF “Point Person” will be identified in the patient’s medical record/ CIS. This person or his/her designee must be available 24 hrs/ 7 days per week. The “Point Person” must know the patient’s location, medical condition, security rules/regulations and specific security considerations for each patient.</p> | <p>1. Law Enforcement “Point Person” or his/her designee must be available 24 hrs/ 7 days per week. The “Point Person” must know the patient’s location, medical condition, security rules/regulations and specific security considerations for each patient.</p> |
| <p>2. PSF staff will follow/uphold security rules identified by law enforcement unless they are contraindicated for medical reasons. Should this occur, a compromise should be reached between the PSF and law enforcement “Point Persons”. Specifics should be documented in the CIS. Law enforcement rules/regs should be posted on the nursing units.</p> | <p>2. Law enforcement will identify the security rules specifically to be used for each patient. These rules must consider the security of all involved while allowing for appropriate medical care of the patient. Law enforcement rules/regs must be provided to PSF staff.</p> |

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3. PSF staff will work with law enforcement staff to place the patient in a room most conducive to providing necessary security measures.
4. Neither the PBX operator nor any other PSF associate will acknowledge the presence of a patient in custody to anyone except the PSF "Point Person" or the law enforcement "Point Person". All requests for information will be referred to the PSF "Point Person", who will verify a caller's identity before any information is provided.

No visitor will be permitted to enter the facility to see a patient in custody unless authorization has been given by a law enforcement official. All visitors for patients in custody must leave the building when visiting hours are over.
5. PSF staff will allow restraints, documenting where they're applied and why they are on. If the restraints are contraindicated or need changed in where or how applied, discussions must first occur with law enforcement.
PSF staff will not remove, loosen or reposition patient restraints applied by law enforcement staff. Exception would be in life-threatening emergencies when restraints interfere with life saving procedures.
6. PSF staff will wear ID badges at all times. PSF Security may verify Associates' identification during the period of time that
3. Law enforcement staff will work with PSF staff to place the patient in a room most conducive to providing necessary security measures.

At NO TIME will a patient in custody be left unattended by any law enforcement official.
4. Only the PSF or law enforcement "Point Persons" will identify who is to be given what information about the patient's presence in the hospital, i.e. family, friends, media, etc.
5. Restraints (with metal) may need to be removed if patient is at risk for a cardiac arrest and replaced with hospital restraints without metal.
6. Law enforcement staff will wear name badges at all times.

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there is a patient in custody in the hospital.

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| <p>7. PSF staff will keep medical instruments, syringes, etc., out of the patients reach to the extent possible.</p> <p>8. PSF Security and law enforcement staff are to be notified prior to a patient in custody being moved from one area of the hospital to another. Security will ensure that all other persons are kept at an appropriate distance. In the patient in custody is being transported via elevator, Security will ensure that no other persons are on the elevator during the transport. Law enforcement's role is to provide security, not to assist with transport.</p> <p>9. PSF will provide all patient meals on paper or Styrofoam service with plastic utensils. Visitors will not be allowed to bring food in to the patient. If a patient is admitted after cafeteria hours, PSF will provide one courtesy meal. PSF staff will not provide law enforcement staff with relief for breaks. Violations are to be reported to the PSF "Point Person" immediately</p> <p>10. All healthcare providers will maintain patient confidentiality and follow HIPAA regulations when disclosing personal health information (PHI) of patients in custody. Under HIPAA, a healthcare provider may disclose the PHI to law enforcement or a correctional facility if the provider receives representation that the PHI is necessary to</p> | <p>7. Law enforcement will provide standby supervision when medical equipment is in use, if patient must be unrestrained for procedures.</p> <p>8. If a patient in custody must be moved from one area of the hospital to another, law enforcement staff will work with PSF Security staff as described. Law enforcement is to stay with the patient at all times, unless they are anesthetized. Appropriate hospital attire/instructions will be provided as needed.</p> <p>9. Law enforcement will permit only PSF food for the patient's consumption. Law enforcement is to provide own coverage for breaks.

The patient may be restrained physically while law enforcement staff uses the patient's bathroom. PSF must be notified first if this procedure is being used. Law enforcement staff are to remain alert (i.e. not reading)</p> <p>10. Law enforcement staff will maintain patient confidentiality. They are not to attempt to obtain medical information from the PSF staff beyond what is necessary for patient/staff security.</p> |
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provide health care to the patient, for the safety of the patient or others, or for law enforcement at a correctional facility. Upon discharge, copies of discharge instructions and other records needed for continuity of patient care (i.e. medical diagnosis, treatment provided, physician name & discharge summary if available) should be provided for the receiving health care staff. This information is to be placed in a sealed envelope and handed to the law enforcement transport staff. The following information is not to be shared with the patient:

- a. names of discharge medications
- b. date/time of follow-up appointment
- c. recommendations for equipment to be used post discharge
- d. copies of medical records*

*Patients may have their clinical records made available to them or their legally authorized representative (in accordance with the Colorado state law) through the Health Information Management (HIM) Department, and at a reasonable expense.

11. PSF staff will instruct law enforcement staff in PSF disaster codes, OSHA and other health care guidelines.

PSF staff will provide Law Enforcement Staff Orientation Checklist to oncoming law enforcement staff.

11. Law enforcement staff will adhere to the PSF, OSHA, and other healthcare guidelines provided to them.

Upon arrival, law enforcement staff will complete, sign, and return Law Enforcement Staff Orientation Checklist to PSF staff.

CONSENT FOR TREATMENT:

Patients in custody retain their right to consent to medical treatment. The patient has the right to refuse treatment unless the physician determines the patient is “medically incompetent”. Law enforcement does not have the right to insist treatment be provided.

BILLING:

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Any patient brought to the emergency department must be evaluated and treated in accordance with EMTALA legislation. The custodial agency will be billed for any patient “in custody” at the time of evaluation and/or treatments (applies to emergency department and inpatient services). Patients not “in custody” will be responsible for their own bills and/or their private insurance may be billed.

DEFINITIONS: NA

REFERENCES AND SOURCES OF EVIDENCE

1. “Guidelines for Consent for Care and Release of Health Information” CHA Colorado Consent Manual: March, 2008Pp. 116, 161, 332. www.cha.com
2. “Inmate Security” Policy 11.05.13. St. Thomas More Hospital, Centura Health System

POLICY VIOLATION

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

REVIEW/APPROVAL SUMMARY

REVIEW/REVISION DATES: 12/08; Inclusive of Law Enforcement Personnel Orientation: 7/98, 11/02, 11/03, 4/06	
APPROVAL BODY(IES): Jeff Oram-Smith, Katherine McCord	APPROVAL DATE: 10/06/2012

CENTURA PENROSE-ST. FRANCIS HEALTH SERVICES

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LAW ENFORCEMENT STAFF ORIENTATION CHECKLIST

Patient: _____

Unit: _____

Shift: _____

I have been informed and instructed on:

Infection Control	
Fire Plan	
Telephone System	
Patient call light system	
Emergency telephone numbers	
Unit tour/routine activities	
Confidentiality commitment statement	
Pocket Guide to Key Information	
Code Red (RACE) (PASS)	
Emergency Codes; (Black, Orange, Blue, silver, Pink, Green, Gray_	

Printed name of law enforcement staff: _____ Agency: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

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