

# Hospital Security News

SAI provides professional expertise to assist hospitals in developing an effective security and risk management program.

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*"Hospital Security News" is SAI's quarterly newsletter dedicated to helping hospitals identify and manage their security risks, recognize organizational strengths and weaknesses in physical protection and improve the personal security of patients, staff and individuals that use their facilities. This edition features an article on the invisible population: Forensic Patients.*

To receive a free copy of *Hospital Security News*, please write to: [newsletter@saione.com](mailto:newsletter@saione.com). If you would like to contribute your personal experiences, please write to Pam Carter, RN, BSN, MA, Editor, [Pam@saione.com](mailto:Pam@saione.com)

## Forensic Patients The Invisible Population

Many community hospitals, medical centers and teaching hospitals today admit a patient population that is rarely publicized, sometimes unacknowledged, and often not sufficiently monitored. These public facilities are usually ill equipped to provide secure areas to care for these patients.

As budgets are cut and prisons become more crowded, penal institutions are increasingly faced with providing constitutionally mandated health care to a population that is often among the highest at risk for serious untreated medical conditions. The lifestyle and habits of individuals who often end up in the correctional system generally does not include healthy habits and preventive care. Thus, by the time they enter the system their bodies are responding to years of drug and alcohol abuse, smoking, and lack of consistent treatment for many chronic as well as acute diseases. While many correctional systems have medical facilities to handle routine health care, they are strained to provide the more complicated and involved care these patients require. As a result many are transferred to public hospitals.

Unfortunately there is no "Primer" for either hospital security or medical staff to use in caring for these patients. This article provides some general guidelines that should be taken into consideration.

## **Have a hospital staff member who acts as the “Point Person” for correctional facilities.**

**T**his individual may or may not be the Security Director, but it should be consistent. It is not at all unusual for a hospital to have forensic patients from multiple correctional facilities at one time. That means that the patient could be a Federal inmate, an inmate in a state prison or one from the county jail. Each of these facilities will very likely have different rules and regulations for handling and guarding their inmates. The actual care of these patients probably won't differ for the medical and nursing staff, but the hospital liaison should know the differences and identify the channels of communication.

This individual should ensure that hospital administration and security have the contact information for the key correctional facility personnel. This includes the direct telephone numbers for the warden or jail director, the medical director of the correctional facility, the company that performs the utilization review function and a contact at the correctional facility that will receive the inmate upon return. Periodic meetings should occur between key hospital representatives and those of the correctional facility. This ensures that lines of communication are kept open and any changes in contacts, procedures, or processes are shared.

Make sure your hospital has a “Forensic Patient” or “Care of Patients in Custody of Law Enforcement Policy”, and that all correctional facilities using your hospital have a copy.

*Even more importantly, make sure your staff is familiar with the policy.*

Depending upon the crime and the level of security, a forensic patient may have one, two or as many as four correctional officers at any given time. . A female correctional officer should always accompany female inmates, even if other officers are male. . Most correctional officers providing security for forensic inpatients are receiving over-time pay, and providing security for their patients becomes very cost intensive in terms of productivity and budget for the correctional facility.

To combat these expenses, facilities often place pressure on physicians to discharge forensic patients back to the correctional facility as quickly as possible. Other times they will provide one correctional officer when two would be more appropriate. In addition, they will send certain inmates to the medical facility unaccompanied by any correctional officers. Indeed, I have seen them send a “community furloughed” inmate to pick up another one from a hospital at discharge. Hospitals should also determine their approach to the care of “trustee” or “community furloughed” forensic patients. Many correctional facilities do not want to provide correctional officer coverage for these patients. Thus the patient is sent to the hospital for care unaccompanied by officers and left to their “recognition”. It is not uncommon for these patients to begin acting out and harassing nursing staff. If this occurs, the hospital security director or supervisor should immediately contact the correctional facility and demand correctional officers be assigned immediately and remain with the forensic patient until he is transferred back to the correctional facility.

Make sure that it is well understood by the correctional facility and the hospital staff that hospital security personnel will not provide coverage or relief for correctional officers accompanying forensic patients. Under no circumstances should the hospital assume

responsibility for the security of forensic patients. Indeed, should a forensic patient attempt to escape, no hospital staff members should ever attempt to stop or apprehend the inmate. They should only try to ascertain the direction the inmate is taking and keep staff and visitors out of the way.

Budget cuts at the Federal Bureau of Prisons has led them to employ contract guard services to provide security coverage for certain classes of their inmates requiring acute care hospitalization at civilian facilities. Hospitals who serve this population should ask for the qualifications and for any firearm certifications for the security guards accompanying Federal forensic patients.

JCAHO Standards require that correctional officers guarding forensic patients receive orientation to the hospital. This “C” standard requires data collection as a means of proving this is occurring.

Hospital Security Departments should require that all correctional officers stop at a central location (Security Office) to receive printed information orienting the officers to the meanings of the various codes (Code Blue, Code Red, Code Gray, etc.) the RACE and PASS procedures, HIPAA and any isolation requirements prior to assuming their post. Documentation of the orientation, the name of the correctional officer and facility should be kept on file. In addition, the Security Department staff should make periodic audits of correctional officers to assure that all who are guarding forensic patients have received the orientation information and are documented

## **General guidelines**

**H**ospital security staff should maintain a daily list of all forensic patients in their facility. However, no forensic patient should be listed in the hospital’s patient information listing or posted by the patient’s room door, and should never be acknowledged to any callers to the security department, nursing unit or switchboard. Telephone calls from the correctional facility to the hospital about specific forensic patients can be handled by using an agreed upon “Password” to ensure that any information is given to appropriate authorities. Prison requests for specific medical information should be made to the attending physician, the nursing supervisor or the case management department, and should be agreed upon in advance.

Hospital staff do not need to know the crime(s) of the forensic patient. It serves no purpose and has the potential to affect the care rendered by even the most conscientious caregiver. An excellent indication of the seriousness of the crime is the number of correctional officers accompanying the patient.

Forensic patients are usually not allowed telephone calls or visitors unless approved by the prison warden. The correctional officers will be aware of who has this approval. The warden will communicate with the families of inmates and provide contact information for the physician.

It is often very helpful to hospital staff for the administration to devise some type of indicator or code that will appear on hospital census to indicate that a particular patient is a forensic patient.

One of the most effective that I have seen is a specific middle "name" that all forensic patients "share".

Hospital staff must also understand that JCAHO and CMS do not require the same monitoring and documentation of the physical restraints employed with forensic patients that are required for the behavioral or medical restraints that are closely monitored for other patients. Forensic restraints should only be removed for medical treatment, and be replaced as quickly as possible. Some correctional policies require that one correctional officer must have a weapon drawn while a second officer removes or replaces restraints on certain inmates.

Nursing and other hospital staff who care for forensic patients should receive specific information about caring for these patients during their orientation and periodically thereafter. Examples: Forensic patients should never be given specific dates or times of discharge, or when they will leave their assigned unit for tests or procedures. They should have food served on disposable plates and utensils and should never have extra supplies or items left in their rooms. Forensic patients should only be given combs, toothbrushes or safety razors with the approval of their correctional officers. All staff members are cautioned against giving any personal information to forensic patients or having contact with them once they have been discharged. Most importantly, staff must remember that correctional officers must always have the inmate in their line of vision. They cannot assist the staff with patient care, for they cannot be distracted from their primary duty.

## **Forensic patient rights**

**F**orensic patients have most of the same basic patient rights as other patients. They have the right to refuse tests, care, procedures and medications. They have the right to patient education, to sign their own informed consents and to execute Do Not Resuscitate documents. While correctional officers must keep these patients within their line of sight at all times, forensic patients have the right of privacy when discussing medical diagnoses with their physicians. The physician can request that the officer step away from the patient or out of immediate earshot as long as the officer can have an unobstructed view of the patient.

While this article does not cover all of the issues or concerns that may arise in the care of the forensic patient, it is important to remember that these patients can be cared for in an acute care hospital setting with the proper preparation.

### **On-line resources**

Forensic Nurse

<http://www.forensicnursemag.com>

**Assaultive Behavior in State Psychiatric Hospitals**

**Differences Between Forensic and Nonforensic Patients**

<http://jiv.sagepub.com/cgi/content/abstract/19/8/857> (Free Abstract)

## About the Author

Pamella G. Carter, RN, BSN, MA, ACM has been a registered nurse for 35 years. Her career has included nursing education, home health, occupational health, acute care and case management. She has extensive experience working with forensic patients at the local, state and Federal level. Pam has been a presenter at national conferences on multiple topics. Her expertise includes extensive experience with both CMS and JCAHO regulatory requirements for acute care settings. She has been assisting hospitals in the UK for the past several years as a special advisor to the National Health Service. Currently Pam is the President and Director of Clinical and Regulatory Affairs for Security Assessments International and works with healthcare institutions to ensure they provide patients, visitors and staff with the security they deserve.

## **Future Newsletter Topics**

State of Healthcare Security: Past, Present & Future  
State-of-the-art protection for Emergency Departments  
Violence in the workplace  
Hospital Lockdown – a coming requirement for hospitals.  
Hospital Liability “When to hire a Security Expert”  
Components of a “Self-Assessment”  
Getting Ready to Implement HEICS

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