

## **Care of Prisoners**

### **Purpose:**

To ensure that appropriate safeguards are implemented whenever a prisoner has been sent to for medical treatment or evaluation.

### **Policy Statement:**

A forensic patient is a patient who is in the custody of any law enforcement agency. These agencies may include, but not limited to: local, state or federal law enforcement, sheriff's department, MA Department of Youth Services or the Department of Corrections.

External law enforcement officers are responsible for the care and custody of their prisoners at all times. The assigned law enforcement officer(s) must accompany the forensic patient at all times, including during transport to any care/treatment area or the nursing unit. The officer(s) will remain with the forensic patient at all times and will maintain a continuous direct line of sight of the prisoner. Public Safety Officers coordinate all interactions with these officers while on property and will document the location of prisoners.

Public Safety Officers will provide information to all external law enforcement officers regarding hospital procedures and emergency notification related to the prisoner's hospitalization while in the procedural and perioperative areas.

The policies of an external law enforcement agency will supersede any policy and procedures with respect to prisoners. The medical treatment of the prisoner must be carefully balanced with accepted Public Safety procedures.

Questions or concerns related to policy compliance or care of the prisoner patient should be immediately referred to the Public Safety Department or the external law enforcement agency's commanding officer.

### **Application:**

All prisoners

### **Exceptions:**

None

### **Procedure:**

#### **All Hospital Areas**

Staff from a correctional institution or other external law enforcement agency shall contact Public Safety upon arrival at to receive the External Law Enforcement Agency protocol "red card", which details hospital safety procedures.

When a clinical department is notified that a prisoner will be coming to the floor, nursing staff must remove the phone from the patient's room before the arrival of the prisoner.

The Public Safety Department shall coordinate with all law enforcement agencies that are routinely on property to ensure that policies and procedures are followed. The Public Safety Desk Officer will dispatch a Public Safety Supervisor to assist medical staff and the external law enforcement officers with any dispute over the conditions of the prisoner's custody or the officer's responsibilities while on property.

The Public Safety Desk Officer shall dispatch Public Safety officers to escort or assist representatives of external law enforcement agencies in the performance of their duties, whenever necessary.

If the prisoner is transported to another area, the external law enforcement officer shall contact Public Safety to provide notification and may request a Public Safety Officer escort during the transport.

### **Patient Identification**

*All Emergency Department and inpatient prisoners, as well as prisoners in procedural and perioperative areas, will automatically be placed on the Patient Identification Protection list identified in the registration system, and identified by an icon or medical record numbers on the status boards and on the Master Daily Schedule.*

### **Restraints**

The forensic patient is to be kept in mechanical restraints provided by the supervising external law enforcement agency at all times, except when medical treatment requires their removal.

In such cases where clinical staff recommend modification of the prisoner's restraint devices or other (external institution) security regulations, due to medical concerns, the clinician will consult with the Officers assigned to the prisoner. The external law enforcement officers shall first contact their shift commander for instructions.

Hospital staff will notify the Nurse Manager or Charge Nurse if the forensic patient is not mechanically restrained. The Nurse Manager or Charge Nurse will immediately address the issue with the law enforcement officer(s) and escalate the issue to Public Safety and request to speak with the Supervisor on duty, if the law enforcement officer(s) does not reapply mechanical restraints.

If disagreements or conflicts arise, the clinical staff may contact Public Safety for assistance. Public Safety Management will assist in mediating between the medical staff and the prisoner's institution. The goal is to ensure the best clinical care while ensuring the appropriate level of safety and security for the prisoner and hospital.

### **Weapons/Firearms**

External law enforcement officers assigned to prisoners are permitted to carry fire arms. *Exception: Firearms should not be allowed in the Psychiatric Emergency Department. They may be stored with public safety or custody of prisoner should be maintained in the Main Emergency Department.*

### **Visitors**

Forensic patients are not permitted to have any visitors, unless approved by the Supervising

Agency responsible for custody of the Prisoner. If visitors are permitted the Supervising Agency will work with Public Safety to establish a list of approved visitors. Access to the forensic patient will be handled.

### **Press Release**

staff will not release any prisoner patient information. All communications related to a prisoner patient will go through the Communications Department.

### **Procedural and Perioperative Areas**

- **Prisoner flow** – prisoners will stop at the admissions office to be admitted prior to arrival in the pre-op/procedural area. When possible, prisoners will be admitted to an isolation room.
  - **Case scheduling and arrival time** – ideally, prisoners undergoing an invasive procedure should be scheduled as the first case of the day.
  - **External Law Enforcement Registration Log** – external law enforcement officers will sign in upon arrival with the prisoner using the External Law Enforcement Registration Log at the appropriate pre-procedure desk. In the event that an external law enforcement officer becomes unable to perform their assigned duties call Public Safety at immediately.
  - **Physical presence** – a minimum of one law enforcement officer will remain with a prisoner patient at all times. For procedures which involve general anesthesia, the external law enforcement officer/s will remain with the prisoner until the prisoner has been completely anesthetized. The law enforcement officer is required to remain in the immediate vicinity where they can view the patient at all times (e.g. in outer OR corridor with room shades up). For procedures not involving general anesthesia, the external law enforcement officer/s will remain in the OR/procedure room with the prisoner throughout the procedure. A minimum of one external law enforcement officer will remain in the care area at all times while the prisoner is undergoing treatment regardless of the state of the prisoner.
  - **Attire in perioperative location** – the external law enforcement officer entering the procedure room with the prisoner will be given a one-piece jumpsuit to wear over all street clothes as well as a surgical cap, shoe covers, mask and protective eye wear. If radiology studies are utilized and the external law enforcement officer is present in the room, the external law enforcement officer will be provided with an appropriate lead shield (screen or apron) during x-ray use.
- **Medical examinations** – a minimum of one external law enforcement officer will be present during medical examinations while the prisoner patient is awake.
- **Documentation** – nurses caring for a prisoner will document care in the EHR; at a minimum this documentation will include (1) the name of the external law enforcement officer remaining with the patient and (2) notations of the times when shackles are removed and reapplied by the officer. At any time a nurse may document on the bottom of the PACU Flow Sheet under the Care of a Prisoner section (skin integrity, body alignment, and Circulation/Sensation/Motion).
- **Correctional facility and Public Safety policies** – Public Safety shares its policies with external correctional facilities annually. Questions regarding external law enforcement requirements may be directed to Public Safety.

- ✓ **Dowling Holding Cell** – if for any reason it is determined that the prisoner patient needs to go to the holding cell located in Dowling, Public Safety should be contacted to escort prisoner and external law enforcement officer.

### **Emergency Department**

- ✓ Upon arrival at the Emergency Department, the prisoner is triaged to the appropriate area. If the prisoner and guard cannot be escorted to that area right away, they will be directed to the security office to wait in the holding area.
- ✓ It is advisable to accomplish as much as possible during a single visit. Any necessary blood work or x-rays should be done during the visit. Multiple visits are costly for the prison and stressful for the prisoner.
- ✓ Send a copy of the ED record (including consults) with the external law enforcement officer. Copies of consultation forms provided should be completed and returned to the facility with the external law enforcement officer.
- ✓ Follow-up appointments should be listed on the consultation and given to the law enforcement officer, not to the prisoner.
- ✓ Prescriptions are not sent with the patient. Medications are not provided by the outpatient pharmacy.
- ✓ Additionally, for Suffolk House of Corrections patients, contact SCHOC Medical Director, (877) 391-9998 option8, or Infirmary 617 635-1000 ext 2273 for primary care input for follow-up issues. Any problems facilitating care should be directed to SCHOC Medical Director.