

**Copley Memorial Hospital  
Policy & Procedure**

---

**Title:** Care of the Prisoner Patient

**Author:** Anne Barrett

**Date Initiated:** 10/1/17

**Next Review Date:** 12/1/18

---

To provide guidelines for the safe, secure and respectful care of the prisoner patient while receiving services at Copley Memorial Hospital, Yorkville Emergency Center and Outpatient Testing areas.

**Definitions**

Law Enforcement Officer: Sworn officers of local, state or federal agencies.

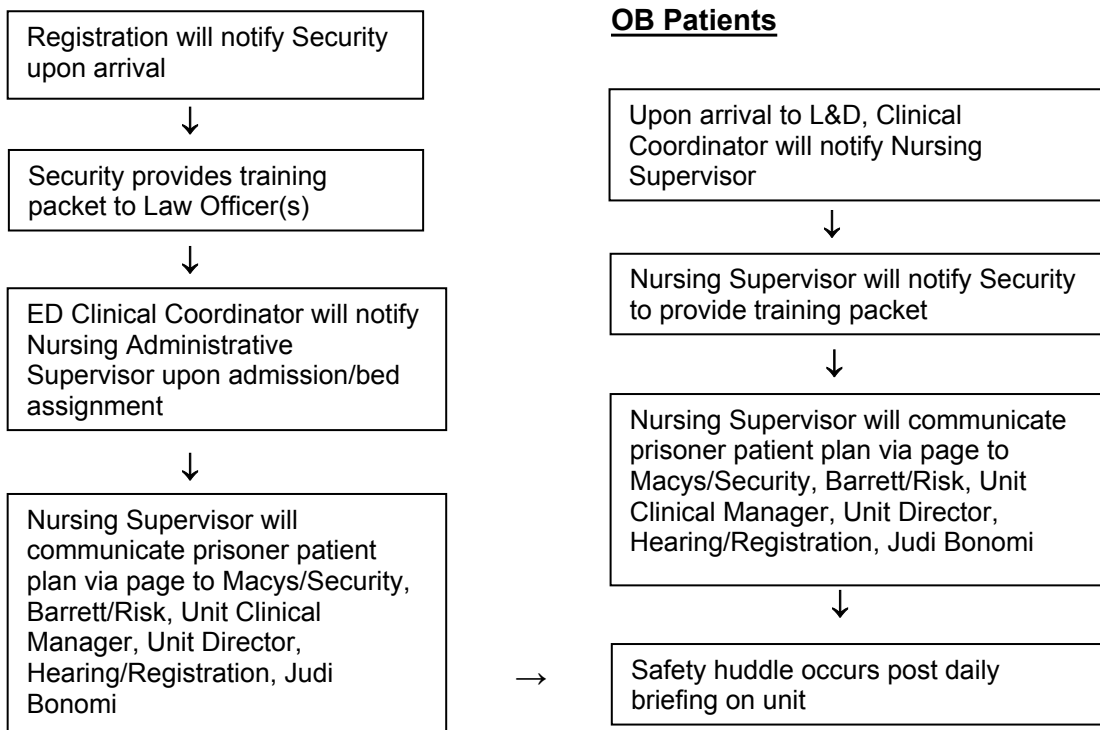
Prisoner: a person being involuntarily confined in a city, county, state, or federal correctional facility, or youth detention center or someone who is being detained by city, county, state, or federal law enforcement authorities.

**Policy**

Aspects of the care of prisoners may be impacted by non-hospital procedures, including handcuffs/shackles placed by Law Enforcement Officers.

Security will be notified if a prisoner patient is in any location using the following algorithm:

**NOTIFICATION FOR INPATIENT BED PLACEMENT OF A PRISONER PATIENT**



## **Expectations of Law Enforcement Officers**

- A. Unless an emergency exists, any agency intending to bring a prisoner to RCMC should make arrangements for services prior to the visit.
- B. The Outpatient Prisoner may be guarded by either one or more Law Officers. This is determined by the outside agency based on how the prisoner is under guard in jail. When notification of an Outpatient Prisoner is made, staff will be advised on the number of guard(s). At all times during an Outpatient visit, handcuffs/shackles will remain on the prisoner patient unless removal is necessary for a medical procedure. If handcuffs/shackles are to be removed, the Law Officer will assess the demeanor of the prisoner patient and consult with Security to determine if a second Officer is needed.
- C. During an Inpatient stay, one Law Officer will be present provided handcuffs/shackles remain in place. If handcuffs/shackles need to be modified or removed, department leadership will be consulted and a plan of care will be coordinated. Prior to removal of handcuffs/shackles for care, two Law Officers or one Law Officer and a Security officer must be present. The decision to deviate must be agreed to by department leadership prior to removal of handcuffs/shackles and may be based on patient factors such as age or seriousness of charges.
- D. During both Outpatient and Inpatient visits, the Law Officer will remain in direct line-of-sight with the prisoner patient at all times and will be positioned between the prisoner patient and the exit. When a care provider enters the room, they will be accompanied by the Law Officer.
- E. Law Officers will comply with all Isolation procedures. Law Officers will enforce the following: No visitors, no phone calls and no deliveries. The prisoner patient is not permitted to disclose his/her hospital visit to outsiders, including family. See below for End of Life considerations. Law Officers will remain attentive to any inappropriate actions and/or language directed toward hospital staff. It is expected that the prisoner patient will refrain from any casual conversation with staff members.
- F. Prisoner patients must be accompanied by the Law Officer to ancillary departments, and procedural areas. If the prisoner patient is taken to surgery, the Law Officer will: accompany the patient, don a "bunny suit" as to remain uniformed, await direction from the anesthesia provider that the patient is fully anesthetized and wait outside the room for the duration of the procedure. If local or MAC anesthetic is used, the Law Officer will remain with the prisoner patient. The Law Officer will accompany the patient to the Post Anesthesia Care Unit.
- G. A hospital Security officer will offer short period relief to Law Officer so that he/she may attend to personal needs. The prisoner will remain restrained to the bed. This relief is not a transfer of custody.

## **Staff Responsibilities and Precautions**

### Security will:

1. Contact the Law Officer and provide them, by receipt, with information indicating their responsibilities with respect to the prisoner patient and other pertinent hospital policies
2. Maintain periodic contact with the Law Officer, Clinical Coordinator and Nursing Administrative Supervisor throughout the inpatient stay.
3. Report any deviation of behavior by the Law Officer to leadership.
4. Security Officers will insure that Officers coming on duty are briefed as to the prisoner patient's presence, confinement conditions, and rounding expectations. Prisoner information will also be posted on the ED officer white board.

### Leadership:

1. If prisoner is an inpatient, a huddle will be held upon admission and each morning that includes the patient's RN, Clinical Coordinator, Manager, Director, Care Manager, Security and Risk Management. Participants may vary as patient status warrants. A checklist will be used. It is a numbered form located on the policy portal: Inpatient Daily Huddle Checklist. It includes the following items: Patient status; Plan for the day – including discharge date, tests, treatments, need to be off the unit; Staffing / Safety

Observer; Ancillary Needs: Housekeeping, Spiritual Care; Any issues since last huddle; Opportunities; and time of next Huddle.

#### Clinical Staff:

1. Staff will avoid any unnecessary conversation with the prisoner patient. Prisoner patients are expected to refrain from any personal conversation with staff members. Law Officers will be attentive to this.
2. Prior to encountering the prisoner patient, employees will remove any items that could be used to harm them, i.e., stethoscopes around the neck, lanyards. It is acceptable for a staff member to put their name badge in a pocket while interacting with the prisoner patient
3. When entering a diet order into the order entry system, the appropriate box will be checked to ensure that the food service department provides a "Safety" meal tray which includes only disposable items. The tray will be delivered to the nurse's station and will then be delivered to the prisoner patient after ensuring it is the proper Safety tray. Upon collection of tray, make every attempt to collect all items that were delivered.
4. Staff should be attentive to the condition of the prisoner patient, specifically to handcuffs/shackles. Any prisoner patient condition perceived to be unsafe should be addressed in collaboration with Law Officer and reported to unit leadership.
5. Care will be coordinated with Ancillary services. A sign should be posted on the prisoner patient's door "Please see RN prior to entering the room".
6. Any deviation of behavior on the part of the Law Officer will be reported to leadership and Security.
7. Ancillary staff members, including i.e., Lab, Imaging, Respiratory Therapy, Physical, Occupational and Speech, will take only needed supplies from their cart into the prisoner patient's room.

#### Care Management:

1. Care Manager (CM) will follow the prisoner patient throughout the stay as needed. Discharge needs will be communicated to the Law Officer. Consider assignment of a consistent CM for the duration of stay for continuity.
2. Any need for post-acute services will be communicated to the Law Officer prior to discharge from the hospital to ensure continuity of care and follow-up. The Law Officer and Security will coordinate plans for the prisoner patient's transportation from the hospital.

#### **Inpatient Care Considerations**

1. The prisoner patient will not be allowed to go in the bathroom. A commode and urinal will be provided for their use.
2. Due to the use of handcuffs/shackles, nursing staff will insure the following parameters are monitored and documented: circulation, hydration needs, elimination needs, level of distress/agitation, mental status. Skin integrity will be monitored and documented every 2 hours.
3. Keep room door open at all times except when it is necessary to protect patient privacy during care. In this instance, the Law Officer will enter the room with the clinical staff person to insure line-of-sight contact.
4. The prisoner patient will be continuously assessed and monitored for safety related to risk of self harm and/or harm of others. Examples include the use of call light, oxygen tubing, equipment or IV tubing.
5. Only life safety or emergency work orders will be attended to by Facilities staff unless requested by clinical staff.
6. If the prisoner patient's status requires a safety/behavioral health observer, refer to policy: Safety Observer Guidelines.
7. A Plan of Care will be developed at the earliest opportunity after inpatient admission.
8. End of Life: If the prisoner patient is unresponsive, on a ventilator or otherwise incapable of movement or speech, the Law Officer and agency and the care team will confer to provide for the patient's needs. Modifications may include allowance of visitors, removal of handcuffs/shackles or other accommodations.

## **Outpatient Care Considerations**

Laboratory testing will be completed in a pre-designated area other than lab.

## **Special Considerations for Yorkville Outpatient Testing**

### Prior to Arrival

1. The agency will contact the Emergency Center to notify staff of an estimated time of arrival and with contact information for the Law Officer's immediate supervisor.
2. Staff will notify security of the prisoner patient's estimated time of arrival. The prisoner patient will be searched prior to being transported.

### Upon Arrival and During the Visit

1. Agency will transport the prisoner via the EMS entrance only. A Rush Copley staff member will notify Security, who will provide escort to the Radiology sub-waiting room.
2. Security will notify the registration team. Full registration will be completed in the sub-waiting room.
3. Prior to removal of handcuffs/shackles for care, two Law Officers or one Law Officer and a Security officer must be present. The decision to deviate must be agreed to by department leadership prior to removal of handcuffs/shackles and may be based on patient factors such as age or seriousness of charges.
4. The Law Officer is responsible for direct and continuous monitoring of the prisoner patient while they are in the facility.
5. The Law Officer must escort the prisoner patient at all times.

## **Special Considerations for Pregnant and Postpartum Prisoner Patients**

- A. Pregnant patients may have regular visits to Labor & Delivery and/or Maternal Fetal Medicine for prenatal testing.
- B. State statutes provide for pregnant and postpartum patients who are in "County" custody. If the prisoner patient is in a local agency's custody, consult Risk Management.
- C. Definitions
  1. Labor: the period of time before a birth and includes any medical condition in which a woman is sent or brought to the hospital for the purpose of delivering her baby.
  2. Post-partum: period of time immediately following the delivery, including the entire time a woman is in the hospital.
- D. The use of handcuffs/shackles or other devices will be applied at the discretion of the Law Officer in attendance. They may apply these devices if it is determined that the woman poses a substantial flight risk or some other extraordinary circumstance.
- E. The Law Officer will immediately remove the device at the request of the care team.
- F. The prisoner patient should ambulate only in the room, not the hallway.
- G. Bathroom use is allowed provided the door remains open and the Law Officer is in attendance.
- H. Allow for privacy during exams and procedures. The Law Officer should leave the room and remain immediately outside.
- I. Once a postpartum prisoner patient is discharged, she may return to the hospital if her infant is in the Newborn Intensive Care Unit (NICU). A Law Officer must remain with the mother for the duration of the visit. Handcuffs/shackles will remain on the prisoner.
- J. Outpatient visits require two Law Officers to accompany a patient unless a single officer is agreed to by department leadership prior to the appointment. At all times during an Outpatient visit, Handcuffs/shackles will remain on the prisoner patient unless removal is necessitated by medical procedure.
- K. The Law Officer will remain in direct line-of-sight with the prisoner patient at all times and will be positioned between the prisoner patient and the exit.

**Sample Plan of Care  
For Inpatient Prisoner**

1. A Daily Huddle will be held to provide communication about all aspects of the patient's care plan.
2. Officer in attendance will remain in direct line of sight of the patient. He/she will position themselves between the patient and the exit.
  - a. Officer must call security to provide for a break.
  - b. Officer must accompany staff into the room when care is provided.
  - c. Contact Clinical Coordinator if officer is not attentive, i.e., using an electronic device, sleeping.
3. Patient must use urinal or commode. Use of bathroom is not allowed.
4. Safety Tray will be completely disposable with Styrofoam dishes and a fork, knife and spoon. If possible, ensure that all utensils are disposed of when the tray is collected.
5. If transport to another department is needed, the officer must accompany patient to ancillary department.
6. Patient should be handcuffed to the bed.
7. No visitors, phone calls or deliveries are allowed.
8. Belongings are logged and secured by Security.
9. Do not hesitate to use Chain of Command (Clinical Coordinator, Manager, Director, Security, Risk Management) for any concerns.