

Rush Copley Medical Center
Policy & Procedure

Title: Care of the Prisoner Patient

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Purpose

- To provide guidelines for the safe, secure and respectful care of the Prisoner patient while receiving services at any Rush Copley location.
- To provide guidelines for the safety of the healthcare workers attending to the Prisoner patient.

Applicability

For the purpose of this policy, Rush Copley Medical Center (“RCMC”) encompasses Copley Memorial Hospital, Rush Copley Medical Group NFP, and all subsidiaries.

Definitions

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

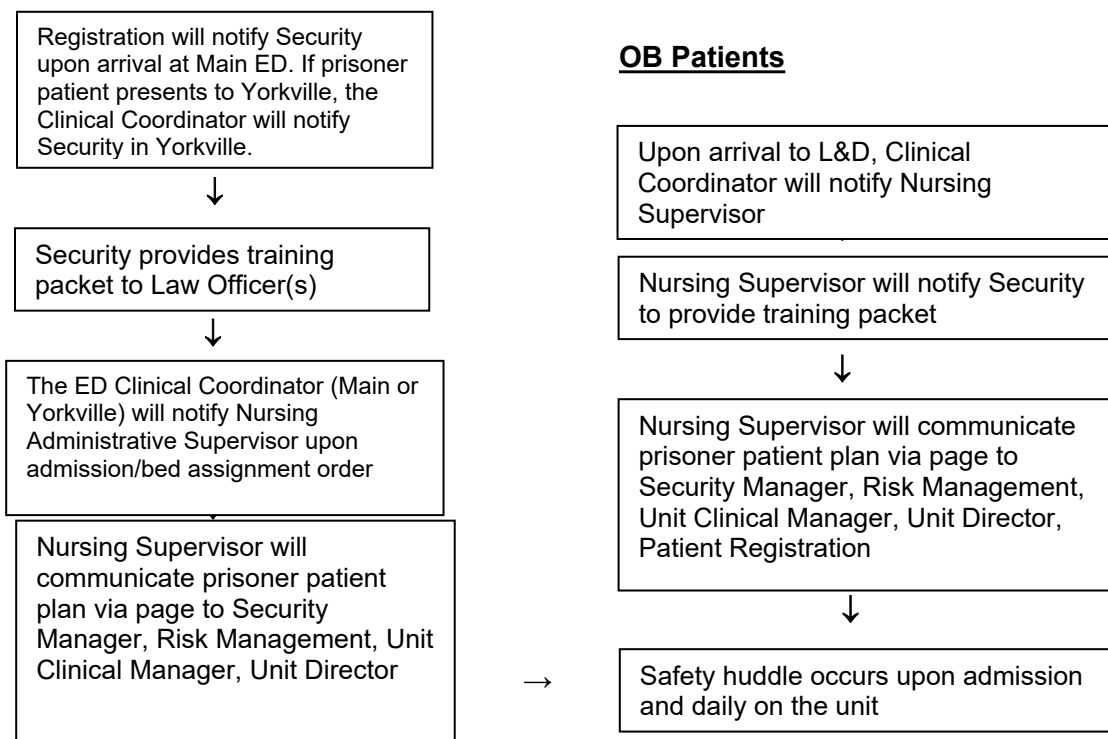
Security Officer: An employee of RCMC.

Prisoner: a person involuntarily confined in a correctional facility or being detained by law enforcement authorities.

Policy

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

NOTIFICATION FOR INPATIENT BED PLACEMENT



Expectations of Law Enforcement Officers

- A. Unless an emergency exists, any agency intending to bring a Prisoner to RCMC should make arrangements prior to the visit.
- B. The Outpatient Prisoner may be guarded by one or more Law Enforcement Officers, per their discretion. At all times during an Outpatient visit, handcuffs/shackles will remain on the Prisoner unless removal is necessary for a medical procedure. If handcuffs are to be removed, two Law Enforcement Officers shall be present at all time. If only one Law Enforcement Officer is present, hospital Security may be requested to assist monitoring the Prisoner. Only if agreeable by a hospital Security officer may the handcuffs be removed.
- C. During an Inpatient stay, one Law Enforcement Officer shall be present at all times. The Prisoner shall be secured to his/her bed frame by one wrist cuff and one opposite side ankle shackle. If either of these restraints are to be removed, then the presence of two Law Enforcement Officers, or one Law Enforcement Officer and one hospital Security officer shall be required.

Any decision to deviate from the above protocol must be agreed to by departmental leadership prior to removal of handcuffs or shackles and must be based on patient clinical factors.

The Law Enforcement Officer must maintain direct line-of-sight with the Prisoner at all times. If present in the room, the Law Enforcement Officer shall position themselves at the entrance to the room (inside or outside) with the room door remaining **open**. The Law Enforcement Officer shall accompany all providers into the room when care is being administered.

- D. During the Inpatient stay, if any outside contact is requested by the Prisoner, then the care team shall refer all such requests to the Law Enforcement Officer.
- E. Law Enforcement Officers shall comply with all isolation protocols and procedures. Law Enforcement Officers shall enforce the following: No visitors, no phone calls, and no deliveries to the Prisoner. The Prisoner is not permitted to disclose his/her hospital visit to anyone, including family. (See, below, for End of Life considerations.) Law Enforcement Officers shall remain attentive to any inappropriate or unsafe actions by the Prisoner, including the language directed toward hospital staff. It is expected that the Prisoner will refrain from any casual conversation with staff members.
- F. Prisoners must be accompanied by two Law Enforcement Officers or one Law Enforcement Officer and one hospital Security officer to ancillary departments or procedural areas. If the Prisoner is taken to surgery, the Law Enforcement Officers and hospital Security officer will accompany the patient, don a "bunny suit," await direction from the anesthesia provider that the Prisoner is fully anesthetized, and then wait outside the room for the duration of the procedure. If local or MAC anesthetics are used, the Law Enforcement Officers and the hospital Security officer will remain with the Prisoner during the procedure. The Law Enforcement Officers and hospital Security officer will accompany the Prisoner to the Post Anesthesia Care Unit. For Prisoners located anywhere within the Peri-Operative areas, two hospital staff members, not including the two Law Enforcement Officers and hospital Security officer, shall be present for the duration of the stay.
- G. A hospital Security officer may be requested to offer short periods of relief to the Law Enforcement Officer, but only if approved by the hospital Security officer. The Prisoner shall remain in handcuffs and shackles during this time. This relief shall not be considered a transfer of custody.
- H. The nursing station phone number will be provided to the Law Enforcement Officer(s) and may be used for communications between the Law Enforcement Officers and their

agency. When there is only one Law Enforcement Officer and he/she needs to use the phone at the nursing stations, they shall make arrangements for a hospital Security officer to relieve them for the duration of the phone call.

- I. If a patient is taken into custody after their arrival, personal belongings shall be secured by the Law Enforcement Officer.

Staff Responsibilities and Precautions

Registration Staff:

The Nursing Supervisor will alert admissions staff to make the patient "**private**" in EPIC.

Security Staff will:

1. Initiate delivery of the law enforcement education module as soon as possible after the appearance of the Prisoner. Initial delivery of the education module will be documented via a receipt with the completed copy to be maintained by Security. The education module shall be available to all Law Enforcement Officers guarding the Prisoner. A copy of the education module shall be maintained outside the Prisoner's room along with the quick fact sheet (form number NUR-0125).
2. Maintain periodic contact with the Law Enforcement Officer, Clinical Coordinator, and Nursing Administrative Supervisor throughout the inpatient stay.
3. Collaborate with nursing staff and/or unit leadership regarding any issues with the Law Enforcement Officers. Unresolved concerns should be escalated to the Lead Security Officer, Nursing Supervisor, and/or Risk Manager.
4. Security officers will ensure the oncoming Law Enforcement Officers are briefed about the Prisoner and rounding expectations. Prisoner information will also be posted on the communication board within the security office.

Leadership:

Students and agency RN's should not be assigned to care for the Prisoner patient. If the Prisoner is an inpatient, a huddle coordinated by the Nursing Administrative Supervisor will be held upon admission and each morning thereafter. The huddle should include the Prisoner's RN and PCT, Nursing Administrative Supervisor, Clinical Coordinator, Security, Care Manager and Risk Manager. Participants may vary as the Prisoner's status warrants. An Inpatient Daily Huddle Checklist may be used during this huddle and it can be located on the policy portal. (form number NURS-0126).

Clinical Staff:

1. Staff will avoid any unnecessary conversation with the Prisoner. Prisoners are expected to refrain from any personal conversation with staff members. Law Enforcement Officers will be attentive to this and intervene if necessary.
2. The care providers should ensure their own safety by having the Prisoner in the field of view of the Law Enforcement Officers at all times.
3. The Prisoner will sign appropriate consent forms as needed. The HIPAA form is not completed.
4. Prior to arrival of the Prisoner, staff will ready the room, including removal of the telephone, recliner, and any non-essential equipment with cords or wires. A manual TV remote may be provided at the discretion of the care team and Law Enforcement Officer.
5. Placement of the education module and quick fact sheet (NURS-0125) shall be maintained outside the Prisoner's room.

6. Prior to encountering the Prisoner, staff 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.
7. A provider order for the Prisoner's diet will be entered in the medical record and this will be the only food allowed for the Prisoner.
 - i. Safety Tray option will be checked after choosing the appropriate diet order. The Safety Tray option will notify Dietary Services that the Prisoner will receive Handheld food for the duration of the order.
 - ii. Unit staff should offer Prisoner the Handheld Food Menu (available on the policy portal) and will call room service for order placement.
 - iii. Unit staff should confirm the Prisoner is receiving the safety tray with handheld food upon delivery.
 - iv. If the Prisoner is in an outpatient area, provide the menu to the Prisoner and contact Dietary Services to place the Prisoner's order.
8. Staff should be attentive to the condition of the Prisoner, namely handcuffs/shackles. Rotation of handcuffs and shackles will be up to the discretion of Law Enforcement Officers. Any Prisoner condition perceived to be unsafe should be addressed in collaboration with Law Enforcement Officer and reported to unit leadership.
9. Care will be coordinated with Ancillary Services. A sign should be posted on the Prisoner's door "Please see RN prior to entering the room."
10. Report any concerns about the Law Enforcement Officers to leadership using the Chain of Command.
11. Ancillary staff members, including Lab, Imaging, Respiratory Therapy, Physical, Occupational, and Speech will take only needed supplies from their cart into the Prisoner's room.
12. The Prisoner's nurse will notify their Unit Manager when the Prisoner is being discharged. Nursing staff should provide call report/handoff to jail nurse prior to discharge. Security will be contacted to facilitate departure from the hospital. In turn, the Nursing Supervisor, Care Management, and Risk Manager should be notified when the Prisoner has been discharged.
13. Prisoners are allowed to sign out against medical advice. Please consult the Risk Manager and refer to policy, "*Refusal of Treatment Discharge against Medical Advice.*"

Care Management:

1. Care Manager (CM) will follow the Prisoner throughout the stay as needed. Discharge needs will be communicated to the Law Enforcement 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 Enforcement Officer prior to discharge from the hospital to ensure continuity of care and follow-up. The Law Enforcement Officer and hospital Security staff will coordinate plans for the Prisoner's transportation from the hospital.

COVID Exceptions:

1. If a Prisoner is COVID positive or is a Patient Under Investigation (PUI), the Prisoner's room door will be kept closed at all times. The Law Enforcement Officer shall sit outside the room with a computer which allows for continuous visualization of the Prisoner via a camera inside the room.

2. When entry into the Prisoner's room is necessary, the Law Enforcement Officer shall wear a mask at all times and follow the required donning and doffing procedures with the assistance from the clinical team.

Inpatient Care Considerations

1. The Prisoner will not be allowed to go into the bathroom. A commode and urinal will be provided for their use.
2. Due to the use of handcuffs/shackles, nursing staff will ensure the following parameters are monitored and documented: circulation, hydration needs, elimination needs, level of distress/agitation, mental status. Skin integrity will be monitored as needed.
3. Keep room door open at all times except when it is necessary to protect Prisoner's privacy during care. The Law Enforcement Officer shall remain in the room with the clinical staff to ensure line-of-sight contact.
4. The Prisoner will be continuously assessed and monitored for safety related to risk of self-harm and/or harm to 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's status requires a safety/behavioral health observer, refer to policy, "Safety Observer Guidelines." A Plan of Care will be developed at the earliest opportunity after inpatient admission. A Sample Plan of Care can be located in this policy.
7. End of Life situations: If the Prisoner is unresponsive, on a ventilator, or otherwise incapable of movement or speech, the Law Enforcement Officer/agency and the care team will confer to provide for the Prisoner's needs. Modifications may include allowance of visitors, removal of handcuffs/shackles, or other accommodations as agreed to by the Law Enforcement Officer/agency and hospital staff.

Care of the Prisoner Patient in the Outpatient Setting

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

Prior to Arrival

1. The Law Enforcement Agency will contact the Emergency Center to notify staff of an estimated time of arrival and with contact information for the Law Enforcement Officer's immediate supervisor.
2. Registration staff will notify hospital Security officers of the Prisoner's estimated time of arrival. The Prisoner shall be searched prior to being transported to the Outpatient setting.

Upon Arrival and During the Visit

1. Agency will transport the Prisoner to the EMS entrance only. A hospital staff member will notify a hospital Security officer who will provide escort to the appropriate waiting area.
2. Security will notify the registration team. Full registration will be completed in the appropriate waiting room.
3. Prior to removal of handcuffs/shackles for care, two Law Enforcement Officers or one Law Enforcement Officer and a hospital Security officer must be present. The decision to deviate from the above must be agreed to by department leadership prior and should be based on clinical factors.

4. The Law Enforcement Officer shall be responsible for direct and continuous monitoring of the Prisoner while they are in the facility.
5. The Law Enforcement Officers must escort the Prisoner patient at all times.

RCMG Practices

A Prisoner should be scheduled with as much advance notice as reasonably possible. When the Prisoner is scheduled, attempt to identify the Law Enforcement Agency and obtain the name of a contact person and information about the Law Enforcement Officer(s) who will accompany the Prisoner.

On-Site Aurora Campus

Notify Security, in advance of the Prisoner's appointment to ensure the process outlined in this Policy is followed. When indicated, Security may have a presence in the office setting. Consultation with the Risk Manager should be made when assistance is needed or questions arise.

Off-Site Physician Offices

Consult with Security in advance of a Prisoner's appointment. Consultation with the Risk Manager should be made when assistance or questions arise.

MCAI Outpatient Testing

Prior to Arrival

- The Law Enforcement Agency will contact the MCAI scheduling department to notify staff of an estimated time of arrival and provide staff with the contact information for the Law Enforcement Officer and his/her immediate supervisor.
- Scheduler will notify Director/Imaging Manager of the Prisoner's estimated time of arrival.
- The Prisoner will be searched prior to being transported to MCAI.

Upon Arrival and During the Visit

- Agency will transport the Prisoner via the door west of the main entrance only. An MCAI staff member will provide escort to the appropriate exam room.
- Full registration will be completed in the exam room.
- If handcuffs are to be removed, two Law Enforcement Officers shall be present. If only one Law Enforcement Officer is present, hospital Security may be requested to assist. The decision to deviate from the above must be agreed to by departmental leadership prior to removal handcuffs/shackles and should be based on clinical factors.
- The Law Officer is responsible for direct line-of-sight and continuous monitoring of the Prisoner while they are in the facility.
- The Law Enforcement Officer must escort the Prisoner at all times.

Special Considerations for Pregnant and Postpartum Prisoners

- A. Pregnant Prisoners may have regular visits to Labor & Delivery and/or Maternal Fetal Medicine for prenatal testing.
- B. State statutes provide guidelines for pregnant and postpartum Prisoners who are in “County” custody. If the Prisoner is in a local agency’s custody, consult the Risk Manager if needed.
- C. Definitions
 - i. 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.
 - ii. 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 Enforcement Officer. They may apply these devices if it is determined that the Prisoner poses a substantial flight risk or some other extraordinary circumstance.
- E. The Law Enforcement Officer will immediately remove the device at the request of the care team.
- F. The Prisoner should ambulate only in the room, not the hallway.
- G. Bathroom use is allowed provided the door remains open and the Law Enforcement Officer is in attendance.
- H. Allow for privacy during exams and procedures. The Law Enforcement Officers should leave the room, but remain immediately available outside the room.
- I. Upon discharge from a medical facility, postpartum Prisoners shall be restrained only with handcuffs in front of the body.
- J. Once a postpartum Prisoner is discharged, she may return to the hospital if her infant is in the Newborn Intensive Care Unit (NICU). A Law Enforcement Officer must remain with the Prisoner for the duration of the visit. Handcuffs/shackles will remain on the Prisoner.
- K. Outpatient visits require two Law Enforcement Officers to accompany a Prisoner unless a single Law Enforcement Officer is agreed to by department leadership prior to the appointment. At all times during an Outpatient visit, handcuffs will remain on the Prisoner unless removal is necessitated by medical procedure.
- L. The Law Enforcement Officer will remain in direct line-of-sight with the Prisoner at all times and will be positioned between the Prisoner patient and the exit.

Health Insurance Portability and Accountability Act (HIPAA) and Privacy

- A. HIPAA allows disclosure of Protected Health Information (PHI) of Prisoners (incarcerated and in custody).
- B. The Notice of Privacy Practices does not need to be provided to the Prisoner.
- C. Refer to policy, “Disclosures of PHI Pertaining to Patients Who Are Inmates.”

Sample Plan of Care For Inpatient Prisoner

Call 3333 for immediate assistance from Security

1. On admission, a huddle will be held to provide communication about all aspects of the Prisoner's care plan.
2. A daily huddle will commence every day thereafter until discharge to provide communication regarding the Prisoner's care plan.
3. The Law Enforcement Officer in attendance will remain in direct line of sight of the Prisoner.
 - a. The Law Enforcement Officer must maintain a direct line of sight with the Prisoner at all times. Law Enforcement Officers should position themselves at the entry point to the room (inside or outside) with the room door remaining **open**. The Law Enforcement Officer shall accompany hospital care providers into the room when care is being administered.
 - b. The Law Enforcement Officer must call hospital Security officers to request a short break.
 - c. Contact Clinical Coordinator if the Law Enforcement Officer is not positioned per this policy, is inattentive, or is sleeping.
4. Prisoners must use urinal and/or commode. Use of bathroom is not allowed.
5. Prisoner meal trays will be delivered on disposable trays with Styrofoam dishes. No utensils will be present. Prisoners may select food items from the Handheld Menu only.
6. If transport to another department is needed, two Law Enforcement Officers or one Law Enforcement Officer and one hospital Security officer must accompany the Prisoner to the ancillary department.
7. Prisoners should be handcuffed/shackled to the bed with the exception of pregnant Prisoners. Refer to "Special Considerations for Pregnant and Postpartum Prisoner Patients."
8. No Prisoner visitors, phone calls or deliveries are allowed.
9. Outside communication with family by the Prisoner will be managed by the Law Enforcement Officer.
10. If a patient is taken into custody after entering the hospital, personal belongings will be maintained by the Law Enforcement Officer.

Do not hesitate to use Chain of Command (Clinical Coordinator, Nursing Supervisor, Manager, Director, Security, Risk Management) for any concerns. If there are any questions about Law Enforcement questioning or interviewing staff, please notify the Risk Manager or Legal Affairs.