

**CARE AND TREATMENT OF FORENSIC PATIENTS AT UNIVERSITY HOSPITAL**

**June 4, 2018**

**DOCUMENT INFORMATION**

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Approved By:	Robert Marfayden, Director, Regulatory Affairs
Final Approval:	Eve Borzon, Chief Operating Officer Carl Kirton, Chief Nursing Officer Paul Matey, Esq., General Counsel Lawrence Ramunno, Chief Medical Officer
Attachments:	None

**REFERENCE:**

The Joint Commission, Standards LD and HR

**I. PURPOSE:**

- 1) To provide a safe environment for the care and treatment of forensic patients, defined as any individual in law enforcement custody.
- 2) To establish University Hospital (UH) rules and controls for forensic patients receiving any medical services as an inpatient or outpatient and provide a safe environment for our patients and staff.
- 3) For purposes of this policy, Rutgers Public Safety Department is herein referred to as Public Safety.

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**II. RESPONSIBILITY:**

The President and Chief Executive Officer of UH shall ensure compliance with this policy. All members of the Hospital Staff must comply with this policy.

**III. POLICY:**

**1) Forensic Patients:**

1.1) A forensic patient is a patient at UH in custody of any type of law enforcement officer(s). The patient will receive the same level of care and treatment as any other patient at UH.

1.2) The law enforcement agency that has custody of the forensic patient must provide secure law enforcement supervision in all areas of the facility where the forensic patient is receiving care.

1.3) Forensic patient privacy rights may be restricted to require among other protocols constant observation, and limitations on visitation as described in Section 6 of this policy.

1.4) Public Safety will provide information to all law enforcement officer(s) regarding orientation to their roles and responsibilities in the hospital related to infection prevention, fire safety, disaster, restricted privacy, mechanical restraints, and transport procedures.

**2) Law Enforcement Restraints for Non-Clinical Purposes:**

2.1) The forensic patient is to be kept in mechanical restraints provided by the supervising law enforcement agency at all times, except when medical treatment requires their removal. Mechanical restraints is defined as those restraints used by law enforcement personnel including, but not limited to handcuffs and ankle cuffs.

2.2) The clinical staff will follow appropriate clinical assessment protocols while the forensic patient is mechanically restrained.

2.3) The law enforcement officer(s) must maintain continuous direct line of sight of the forensic patient at all times. Forensic patients are never to be left unattended.

2.4) A request to temporarily remove mechanical restraints can be made by any member of the clinical team. Any request to remove mechanical restraints for an extended period of time must be for medical necessity and requested by the attending physician/provider to the law enforcement officer(s). The law enforcement officer(s) must maintain continuous direct line of

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sight of the forensic patient during this unrestrained time.

2.5) Hospital staff will notify the Nurse Manager and/or Administrator on Duty (AOD) if the forensic patient is not mechanically restrained. The Nurse Manager and/or AOD will immediately address the issue with the law enforcement officer(s) and will escalate the issue to the Rutgers University Police Department (RUPD) at extension 2-4491 and request to speak with the Supervisor on duty, if the law enforcement officer(s) does not cooperate in applying mechanical restraints.

2.6) Any other concerns regarding a forensic patient will be addressed through the staff caring for the forensic patient or the AOD.

### **3) Procedures for Forensic Patients:**

3.1) 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 for ancillary treatment or testing. The escorting officer(s) will remain with the forensic patient at all times, will have continuous direct line of sight, and will be responsible for the return of the patient to the originating care/treatment area.

3.2) At all times the law enforcement officer(s) will be required to escort the forensic patient to the restroom and ascertain the safety and security of the restroom. The forensic patient is to remain under continuous direct line of sight during this period including when mechanical restraint devices are utilized. The door to the restroom or shower room must remain open.

3.3) It is the responsibility of law enforcement officer(s) to guard the forensic patient at all times, including around hospital staff, other patients and visitors. Law enforcement officer(s) are not to interfere with medical care but must be aware of all persons entering the area and those that have contact with the patient.

3.4) For staff safety, all staff should refrain from personal conversation with forensic patients, other than that which is clinically indicated.

a.) Staff members who may be familiar with or related to the forensic patient are not permitted to visit or interact with the forensic patient.

b.) Staff members must notify their supervisor immediately to be excused from assignment if they are familiar with or related to the forensic patient.

3.5) Students and volunteers will not be assigned to forensic patients.

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### **4) Transport of the Forensic Patient:**

- 4.1) Every effort will be made to avoid comingling of other patients and the general public during the forensic patient's transport within the facility.
- 4.2) During inpatient transport, the forensic patient must be mechanically restrained at all times and must always be accompanied by at a minimum of one (1) officer(s) and one (1) UH transporter.
- a.) For Outpatients, the forensic patient must be mechanically restrained at all times and must always be accompanied by at a minimum of (1) officer(s).
- 4.3) Law enforcement officer(s) will ensure the care/treatment area is thoroughly searched before and after use and upon any room change within the facility and during shift changes to maintain a secure environment.

### **5) Inpatient Discharge and Continuing Care Instructions for Forensic Patients:**

- 5.1) The primary treating physician will be responsible for notifying the nurse in charge of the forensic patient of the impending discharge date and time. The nurse will notify the AOD of the planned discharge. The AOD will then notify Public Safety. Law enforcement will coordinate the appropriate transportation upon discharge.
- 5.2) The law enforcement officer(s) will notify the primary nurse when a patient is released from custody if the patient is still hospitalized. The law enforcement officer(s) must provide written documentation confirming that the patient is no longer under law enforcement custody to the nursing staff treating the forensic patient and Public Safety prior to removing the mechanical restraints and before the officer(s) leave the facility.
- 5.3) Future appointment information will be given directly to law enforcement officer(s), not to the forensic patient; however, medical information may be given directly to the forensic patient.

### **6) Visitors:**

- 6.1) No personal visitors including employees are permitted during any time when a forensic patient is receiving care in our facility.
- 6.2) Limited phone calls are permitted only after authorization by the law enforcement officer(s) supervisor or designee.

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6.3) If a forensic patient is deemed clinically terminal by the medical provider, consideration will be given for limited visitation by next of kin. Approval or denial will be jointly made by Hospital Administration and the law enforcement officer(s) on duty.

### **7) Conduct of Law Enforcement Officer(s):**

7.1) UH staff will escalate concerns to their supervisor or the AOD who will address the situation with the officer and or contact the Public Safety Shift Supervisor on duty when a law enforcement officer(s) disregards Hospital policy and procedures by, among other conduct, inadequately supervising a forensic patient, or displays inappropriate professional behavior including but not limited to:

- a) Unnecessary display or use of firearms
- b) Misuse or use of excessive physical force in the Hospital
- c) Disregard/Violation of Hospital policy(s)
- d) Inadequate supervision of a patient under law enforcement custody
- e) Distracted behavior
- e) Displaying inappropriate professional behavior or lax observation of the forensic patient
- f) Use of mobile electronic devices or personal cell phones

7.2) The Director of Public Safety will report the conduct of officer(s) that is contrary to Hospital policy and procedures to the appropriate agency.

7.3) Personal items such as electronic devices, televisions, radios and chairs will not be permitted to be brought into the hospital by either a forensic patient or law enforcement officer(s). Medical equipment accommodations will be made for disabled forensic patients.

7.4) All officer(s) assigned to a forensic patient will be required to station themselves inside or directly outside the patient's room and or other care/treatment area and must maintain continuous direct line of sight of the forensic patient, with the door/curtain remaining open at all times, except in cases of airborne isolation or as instructed by clinical staff.

7.5) Any shift change or other duty reassignment of law enforcement personnel must be immediately reported to the UH staff and Public Safety.

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**IV. PROCEDURE**

**1) Securing Personal Belongings of the Forensic Patient:**

- 1.1) All forensic patients arriving in street attire are required to don a hospital gown for their entire hospitalization/treatment.
  - a.) Forensic patients arriving in law enforcement issued attire may remain in the law enforcement issued attire.
- 1.2) The law enforcement officer(s) with the assistance of hospital staff will bag the forensic patient's clothes, shoes, personal items, and valuables.
  - b.) For Outpatients: The law enforcement officer(s) will maintain custody of all the personal belongings.
  - c.) For Inpatients: The law enforcement officer(s) will lock the bag in the patient's room in the area provided.
- 1.3) A possession checklist for forensic patients will be completed in both in and outpatient settings and signed by the law enforcement officer(s) and nursing staff and reside in the medical record. A copy of this signed list will be given to the law enforcement officer(s).

**2) Arrival at University Hospital (150 Bergen Street):**

- 2.1) All ambulating forensic patients will enter at the Emergency Department Ambulance Entrance. The law enforcement officer(s) will sign in with the Public Safety officer on duty.
- 2.2) The forensic patient will be held in the designated patient area with their law enforcement officer(s) until appropriate transport has been arranged.
- 2.3) All escorting law enforcement officer(s) will remain with the forensic patient.
- 2.4) The Public Safety Officer(s) posted in the Emergency Department ambulance entrance will be responsible for distributing the forensic brochure (Attachment 1) to each law enforcement officer(s).
- 2.5) The Rutgers Public Safety Officer(s) will arrange for appropriate transport within the hospital as follows:
  - a. For Emergency Department Services; Contact the Emergency Department Charge Nurse (ext. 24265)
  - b. For all other services; contact the Transport Department (ext. 25803)

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**3) Ambulance Arrival at UH Emergency Room:**

3.1) Ambulance arrivals will be brought directly into the main emergency area or trauma area as determined by the EMS team.

**4) Arrival at Ambulatory Care Center (ACC) (140 Bergen Street):**

4.1) All forensic patients requiring treatment at ACC must enter through the ACC main entrance, which is located at the South end of the ACC building off of Bergen Street.

4.2) The law enforcement officer(s) will sign in with the Public Safety Officer(s) posted in the ACC entrance.

4.3) The Public Safety Officer(s) will be responsible for distributing the forensic brochure to each law enforcement officer(s).

4.4) The Public Safety Officer(s) will contact the appropriate clinic to ensure a staff member is available at the North clinic entrance to meet the forensic patient.

4.4) Upon completion of the ACC appointment, the forensic patient and escorting officer(s) will return to their vehicle via the North Elevator and proceed to south section of building and exit through the main entrance.

**5) Arrival at UH Clinic/Department:**

5.1) The clinic/department when possible, will provide a private waiting area for the forensic patient and the law enforcement officer(s).

5.2) Hospital transport will be contacted by the clinic/department to arrange for any transportation necessary with the law enforcement officer(s) accompanying the transport of the patient under their custody at all times.

**6) For Scheduled Visits:**

6.1) For all scheduled visits, the originating care areas must notify the below listed departments (as appropriate) if any movement of the forensic patient is required:

- a) Bed Management, extension 2-4050
- b) The Servicing Department/Clinic/Area



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- c) Admitting, extension 2-7386
- d) Patient Transport, extension 2-5803
- e) Public Safety, extension 2-4491

### **6) Departure From Any University Hospital Facility Location:**

6.1) Upon exiting any UH location the forensic patient must be mechanically restrained at all times and must be accompanied by at least one officer(s) and one UH transporter.

6.2) If at any time a forensic patient does not remain under continuous direct line of sight by a law enforcement officer, the law enforcement officer must immediately notify the nursing staff and Public Safety of the breach in security. The law enforcement officer(s) will conduct a search according to their internal policies.