A. Officers responsibility upon arrival:

1. When the forensic patient is taken to the hospital for emergency room visits, the ambulance entrance shall be used at all times. The transporting vehicle can park under the ambulance canopy to drop off the forensic patient. Once the patient has been registered, the vehicle must be moved to the emergency department patient parking spaces.

2. There will always be two officers accompanying (one armed and one unarmed) the forensic patient.

3. Leg irons and handcuffs are the custodial restraining devices used to restrain the forensic patient unless the attending physician should request other devices, which will not interfere with the forensic patient’s care and security. Flex cuffs should be used in critical care units, OR, or PACU and may be required in other specialty areas where defibrillators may be used. Other restraints may be used if necessary.

4. If the forensic patient is judged to be an “escape risk” or has a history of violence, the hospital security department must be notified upon arrival.

5. The escorting officers will need to receive information on forensic orientation and sign the roster sheet each time upon arrival at WVUH-East. This documentation shall be provided at the security office or at the Emergency Control Center in the main lobby.

6. If a holding area is provided at the hospital, it will be utilized to keep the forensic until being moved for treatment or into a regular room. This will be by direction of the hospital staff.

7. When the forensic patient is in a treatment room in the ED, the unarmed officer will be in the room with the patient. The armed officer will remain in a proximity that allows visual contact with the forensic patient at all times based on the officer’s discretion, whether that be inside or outside of the room and in accordance with the escorting agency’s policy and procedures.
B. **Hospital Admissions:**

1. If a forensic patient is admitted to the hospital, the hospital admitting floor shall notify hospital’s emergency control center.

2. Officers assigned to the admitted forensic patient may park in the hospital parking lot in the front of the hospital.

3. Upon relieving the officer having responsibility for the inmate, the officer will receive and log all pertinent information regarding the inmate’s care.

C. **Attending Officer’s Responsibility:**

1. Stay in the forensic patient’s room at all times unless it has been determined by the physician that the presence of the officer is medically detrimental (i.e. isolation) to the officer or the patient’s care. Officer shall ask if any precautions need to be taken. In this case, the officer will be stationed immediately outside the doorway of the forensic patient’s room and make frequent visual checks on the patient. Use protective gear provided by the hospital as required.

2. The room light in the forensic patient’s room will not be turned off during the hours of darkness. Hours of darkness will vary dependent upon the season of the year. At a minimum, the light above the bed, which shines upward, will remain on to facilitate observation and security surveillance.

3. Stay with the patient, remain alert, and watchful during the tour of duty. Card playing, electronic games, watching TV, reading a newspaper, or other distractions are strictly prohibited. The unarmed officer shall position him/herself so as to have the forensic patient in their direct line of sight.

   The armed officer shall be routinely stationed in a proximity that always maintains visual contact with the forensic patient at all times. Based on the armed officer’s discretion, this may be in or out of the room and in accordance with the escorting agency’s current policy and procedures.

4. Visiting other patients or hospital personnel while on duty is prohibited.

5. The officer and forensic patient will comply with the hospital rules unless they would tend to interfere with good security practices. If hospital orders do interfere with appropriate security, you are directed to contact the charge nurse.
6. Do not leave or remove the forensic patient from the nursing area unless directed to do so by the hospital staff.

7. If the forensic patient needs additional testing done in another hospital department, the officers will accompany the patient to the ancillary department. **If the forensic patient needs to be moved from one department to another, he will be transported with leg irons and handcuffs.**

8. If the forensic patient goes to the operating room (OR) and/or post anesthesia care unit (PACU), you must accompany the forensic patient to the particular area gowned in appropriate attire as directed by the OR staff. Both officers will remain in visual contact with the forensic patient at all times and accompany the forensic patient through the OR and PACU.

9. Pass on to the nursing staff all the forensic patient’s requests pertaining to nursing care, such as the need for pain medications, additional blankets, bathroom privileges, nourishment requests, water, positioning, etc. The officer will monitor use of the “Nurse Call” button for appropriate use.

10. The nurse and unarmed officer must accompany the forensic patient to the bathroom. The unarmed officer shall unshackle the leg irons from the bed and re-shackle the leg irons to both legs. The handcuffs shall then be uncuffed from the bed and re-cuffed to both wrists. The nurse shall be responsible for the physical movement of the forensic patient. Leg irons will be worn by forensic patient when they are being escorted to the bathroom.

In the event one of the two officers must use the bathroom, the remaining officer will assume responsibility for the forensic patient. Hospital security is to be informed that one officer is assuming control of the forensic patient. If the unarmed officer must use the bathroom, the armed officer shall position him/herself so as to maintain eye contact with the forensic patient.

11. If assistance is required, the officer will notify the nurse on duty via the nurse call button or telephone; or the hospital security department through the switchboard or radio.

12. If the forensic patient becomes violent or disruptive, the assigned officers shall assist and protect the hospital staff to the best of their ability.

13. Extend all courtesy to the hospital staff and other patients while being posted to these duties; be aware you are in the public eye and a representative of your agency.
14. If you become drowsy or sleepy due to illness, use of medications, or for any other reason; contact your supervisor and the nurse immediately. The supervisor will, if necessary, have the officer relieved from the post. Under no circumstances will sleeping be tolerated while on duty.

15. Do not leave your post unattended for any reason.

16. The telephone number of the hospital room shall not be given to anyone except your agency supervisor.

17. Medical information about the forensic patient is privileged and confidential information.

   If information which you have affects or is believed to potentially affect security operations, it shall be communicated to the appropriate shift supervisor and hospital security department.

   You are not to discuss with any person the condition of, treatment or the destination of the forensic patient.

D. **Meals**

   1. Officers will inspect the forensic patient’s meal tray prior to each meal to ensure that paper products have been used and that one plastic spoon has been provided with which to eat.

   2. Upon completion of the meal, the officers will ensure the plastic spoon has been returned with the tray.

   3. Officers should request meals for the forensic patient’s which can be eaten without utensils (such as sandwiches) when medically possible.

E. **Smoking**

   1. The officer and forensic patient must observe hospital policy regarding smoking. Smoking is only allowed in vehicles.

F. **Telephone**

   1. The officer on this post will answer all telephone calls to the forensic patient telephone. The forensic patient will not be allowed to receive any incoming calls unless authorized by the agency’s shift supervisor.

   2. The officer will not use the telephone to make personal calls.
3. Outside calls for the forensic patient will be made by the officer. Such calls must be approved by the agency’s shift commander and be designated by the agency or the hospital as an emergency.

4. The officer or forensic patient will not call or ask the hospital operator to call the physician or supervisor directly. The nurse in charge will call if necessary.

5. Hospital staff should not confirm or deny any forensic patient’s presence or provide any information to anyone.

G. Visitors/Visiting Procedure

1. Personal visits to a forensic patient will only be approved in the event of a life threatening condition as determined by attending medical staff of WVUH-East.

2. Any visit must be approved by the officer and in accordance with the following:

   Visitor must be an immediate family member in good standing as documented on the visiting list of the agency.

   Nursing staff must be advised of all visits.

   Visits must be consistent with hospital policy and procedures. (Check with unit nursing staff for current guidelines and time frames for your areas of assignment.) Visits will not exceed one half hour in length unless special circumstances exit.

   Visits shall be limited to one adult at a time.

H. Security/Restraints During Routine Treatment and Admissions

1. Firearms/tasers are to be carried by the officer assigned to this forensic patient as agreed upon by the agency and hospital administration.

2. Leg irons and handcuffs are the custodial restraining devices used to restrain the forensic patient unless the attending physician should request other devices, which will not interfere with the forensic patients care and security. Flex cuffs should be used in critical care units, OR, or PACU and may be required in other specialty areas where defibrillators may be used.
3. All forensic patients, regardless of security status, shall be secured to the bed unless prohibited in writing by the physician. At a minimum, one limb shall be secured to the bed at all times.

4. The officer assigned to be in the forensic patients room should be as close to the forensic patient as the clinical staff working with the forensic patient, but on the opposite side of the bed. The officer should be standing on the other side of the bed in such a position as to intervene immediately, if necessary.

I. Security/Restraints During Operating Room Procedures

1. Forensic patients in pre-op are to be restrained in a manner consistent with operating room procedures, using flex cuffs. Cuffs may be applied in a fashion that does not interfere with the operative procedure to be performed: one leg to the bed, both legs together, one arm to the bed, both arms together, or whatever works to immobilize or sufficiently restrict movement. Apply flex cuffs prior to the removal of metal restraints.

2. Officers are required to follow the forensic patient from pre-op to the operating room and then to PACU. The officers will restrain the forensic patient as directed by the OR staff.

3. At the direction of the surgical staff, leg irons and cuffs may need to be removed by the accompanying officers after the forensic patient is completely anesthetized; as they are a potential for burns or injury during the surgical procedure. The officers will place the leg irons and cuffs onto the patient prior to emergence from anesthesia and after the surgical drapes are removed. Anesthesia personnel will assure that emergence is not begun until leg irons and cuffs have been sufficiently applied for the safety of all surgical staff team members.

4. Visual contact will be maintained in the OR and PACU. The OR and PACU staff will instruct the officers as to where to station themselves in order to be in sight of the forensic patient. In the PACU, the officers will assure that the forensic patient is secured according to post-op orders and care needs dictated by the operative procedure.

5. Upon return to the critical care, med/surg, or other assigned room, an officer will utilize a hospital staff device or tool appropriate to remove the flex cuffs.

6. Re-establish restraints as indicated in section H before removal of flex cuffs.
J. **Release of Forensic from the hospital**

1. If the forensic patient is released from the hospital, the hospital staff from the floor releasing the patient will make sure this information is given to the technician in the Emergency Control Center in the front lobby.