POLICY

There will be a policy regarding safety and security precautions for prisoner patients receiving hospital services that will include responsibilities of hospital staff and expectations of correctional facility officers.

REGULATION

1. JCAHO HR 2.10.8 Orientation and education for forensic staff include how to interact with patients; procedures for responding to unusual clinical events and incidents; the hospital’s channels of clinical, security, and administrative communication; and distinctions between administrative and clinical seclusion and restraint.

2. JCAHO EC 2.10.1 The hospital develops and maintains a written management plan describing the processes it implements to effectively manage the security of patients, staff, and other people coming to the hospital’s facilities.

PROCEDURE

1. It is the responsibility of the correctional facility or law enforcement agency to provide continuous security for inmates in their custody while they receive services at SMMC.

2. The correctional officers will be provided with information related to SMMC practices regarding safety and protection. This includes but is not limited to:
   - Fire and Life Safety procedures as indicated
   - Activation procedures for other Emergency Responses to unusual events
   - Universal Precautions and other appropriate barrier protection as needed
   - Radiation Safety if prisoner patients receive Imaging procedures
   - The procedure for clinical (medical) seclusion and restraint if needed or the medical necessity to modify forensic restraint to carry out needed patient treatment.
   - Communication process for interacting with patients based on their medical condition
   - The hospital communication channels for clinical, security or administrative issues

3. The officer shall maintain surveillance of the prisoner at all times (if the patient is in surgery, visual contact will be available through the doors to the Operating Room). If it is necessary for the officer to maintain surveillance from within a
patient room while the patient is being examined or receiving treatments, the officer will preserve the physician-patient privilege of confidentiality.

4. Condition reports or release of other medical information on inmates is restricted by NIR (No Information Release) procedures and will not be released to any individual unless authorized by the correctional facility or law enforcement agency. SMMC staff will forward any requests of condition reports or other medical information to the appropriate correctional facility. When staff from correctional facilities call for condition reports the Administrative Hospital Supervisor or other designated hospital staff will not release the information until they place a return call to the agency to verify the identity of the caller. The prisoner patient does not have to give consent to release medical information to WSP officials per State and Federal regulations.

5. In general, for WSP prisoner patients, the officer that remains in closest contact with the patient is unarmed. The armed officers, are typically stationed directly outside the immediate room or area of the patient, but can be readily present to assist with transfers or immediately assist the unarmed officer.

6. The officer shall use necessary forensic restraints on the prisoner as per the correctional facility or law enforcement agencies protocols. Hospital staff will not interfere with the placement of the forensic restraints unless there is an urgent need to relocate or temporarily remove the restraint based on the needed medical treatment. In this case a request will be made of the officer to do so. It may be necessary for the officer to request permission to do so with their supervisor. When clinical (medical) restraints are also required in addition to the forensic restraint the nursing staff will provide the patient and the officer with information as to the reason for the clinical restraint. Nursing staff will be responsible for monitoring or removing clinical restraints per hospital policy.

7. The inpatient nursing staff will make every effort to notify the officer in a timely manner that the inmate patient will need to move within the hospital for routine tests, treatments, or interdepartmental transfers. WSP would like to have 12 hours notice where possible. It is the officer’s responsibility to notify their supervisor that additional officers will be needed during the time the prisoner requires a transfer. In cases of an emergent situation the hospital security officer will be notified to be present if needed while the correctional officers are arranging for additional staff.

8. Admitted Inmate patients are generally not permitted to walk to the bathroom. Other means will be available such as urinal, bedpan, and in some circumstances bedside commode depending on the placement of the forensic restraints. Forensic restraints will not be removed to allow bathroom privileges per correctional facility policies.
9. No visitors shall be allowed except those authorized by the correctional facility or law enforcement agency.

10. Inmates are not allowed to use the phone. The phone, however, will be available in the room for use by the Officers.

11. Inmates will not be permitted to receive any outside packages, flowers or other gifts unless authorized by correctional facility officials and delivered through their security procedures.

12. One meal per shift will be provided to the officers on duty at the hospital through the hospital Food Services. A charge for any food items for the Officers will be applied to the patient’s bill.

13. Hospital staff shall notify the officer on duty, when the date and time that the patient can be ready for discharge is known so that transportation arrangements can be made. A nursing report should be given to appropriate correctional facility medical personnel or clinical liaison as indicated for inpatients discharged or patients who have received OP procedures while at the hospital and are returning to the correctional facility hospital or infirmary. Pertinent medical records should be placed in a sealed envelope and transported by the officers.

14. If a prisoner patient requires an interhospital transfer out of town the transfer coordinator should be in contact with appropriate officials at the correctional facility to coordinate such a transfer. Based on security concerns, officer staffing, and prison contractual agreements they may have a preferred hospital with the available resources for the ongoing prisoner patient medical management.

15. In the event of an attempted escape or actual escape by the inmate and the Officer needs assistance, or is unable to respond, or is incapacitated, the hospital staff should call 911 and immediately notify in-house security, the Hospital Administrative Supervisor, as well as the correctional facility. Hospital staff should not put themselves in danger attempting to prevent the escape of a prisoner.

16. Should an inmate expire while at SMMC, the Officer on duty shall remain with the body until after the coroner has completed their examination. The Administrative Hospital Supervisor or other designated staff will then complete the arrangements for notifying the mortuary to pick up the body; State law requires an autopsy for all inmate deaths, so no medical lines or tubes should be removed unless authorized by the coroner. The coroner will arrange for the autopsy.

REFERENCES Department of Corrections Washington State Penitentiary Contract with SMMC for medical services.