

**Maryland's Model Guidelines
for the
Security of Prisoners
for EMS and Hospital Settings**

*Developed in Collaboration with Maryland Law Enforcement, Department of Corrections and
the Maryland Hospital Association*

Executive Summary

On January 22, 2008, Colonel Terrance B. Sheridan, Superintendent of the Department of State Police, tasked Captain Jeffrey R. Gahler and Lieutenant Douglas M. Zeller with leading a project to draft a statewide law enforcement model policy concerning the security of arrested persons in hospital settings. This project was in response to several high profile incidents involving escape attempts at Maryland Hospital facilities by individuals who were in law enforcement custody. Colonel Sheridan directed that the drafting of this policy was to be an effort inclusive of law enforcement (to include the Maryland Chiefs of Police and the Maryland Sheriff's Association), Maryland Division of Corrections (DOC), Maryland Institute for Emergency Medical Services Systems and representatives from the Maryland Hospital Association (MHA) and other medical care related entities.

Captain Gahler and Lieutenant Zeller began developing a draft policy while simultaneously conducting research on the topic and initiating efforts to form the workgroup. The initial draft policy was intended as a "starting point" document. To form the workgroup, it took roughly one month's time to arrive at the diverse inter-agency multi-discipline workgroup envisioned by Colonel Sheridan. It is important to note that each department and/or group sought by Colonel Sheridan recognized the importance of this undertaking and joined the effort.

On February 28, 2008 the first of numerous meetings of the assembled workgroup was convened at the Maryland Hospital Association's facility in Elkridge, Maryland. Over the course of the next six months, an on-going improvement process of review and revision to the draft policy was conducted. The time between meetings was used for workgroup members to review the research materials and offer suggestions, modifications and corrections to the model policy.

Following the workgroup's meeting on April 14, 2008, it was the collective opinion that the draft policy met the original objective and the policy was forwarded for an executive level review within those organizations who participated in the effort. Following this review and feedback, additional modifications were made to the model policy.

On July 7, 2008 the workgroup held its final meeting and it was the collective opinion of the workgroup that the draft policy now meets the original objective of being "a statewide law enforcement model policy." **This product is offered to all Maryland Law enforcement organizations as a guide for "best practices" when dealing with the security of arrested persons in EMS and hospital settings.**

NOTE: There is nothing in this policy that would preclude any law enforcement agency to routinely assign two officers to guard every prisoner patient in their custody who is admitted to a hospital. Also, there is nothing in this policy that would prohibit any hospital from exercising their own policy requirement mandating that two officers must be assigned to guard every prisoner patient who is admitted to their facility.

SUBJECT:

Security of Prisoners for EMS and Hospital Settings

PURPOSE:

To establish a standardized model law enforcement policy related to the security of in-custody persons in hospitals and other non-secure public areas while ensuring the safety of hospital personnel, the general public, and involved law enforcement officers.

POLICY

It is the policy of this department/agency to provide measures by which prisoners during emergency clinical evaluation or who have been admitted to a medical facility can be guarded with minimal risk and inconvenience to all affected persons, while providing maximum safety to officers, EMS personnel, hospital personnel, and the general public.

WEAPONS POLICY

- a. Members of law enforcement agencies, Federal, State and Municipalities are sworn peace officers in their respective jurisdictions and, under the rules and regulations of their respective departments, they are required to carry their firearms at all times and they cannot surrender them to anyone except a properly designated authority. Properly identified members of law enforcement agencies are, therefore, permitted to bear firearms while guarding patients in the hospital.
 - (1) At all times officers must be mindful of good officer safety gun retention practices and training to prevent the prisoner from obtaining their service weapon.
 - (2) While in civilian attire, officers are reminded to avoid any unnecessary display of their weapon.
- b. Handgun lockers at hospitals may be utilized at the officer's discretion to safely secure firearms if not in conflict with department/agency policy regarding firearm retention.
- c. When officers are entering secure psychiatric units, they will use the provided weapons locker.

PROCEDURES:

- a. Whenever an officer makes an arrest, or at any time has personal custody of a prisoner not confined in a cell, the officer will guard the prisoner closely, using the utmost precaution to prevent such prisoner from escaping or from injuring anyone in such an attempt. If a prisoner escapes because of negligence or carelessness on the part of such officer, it will be considered a violation of policy.

- b. When a prisoner is sick or injured, the arresting officer will arrange for appropriate medical treatment. The officer shall request EMS to respond to the scene or shall transport the suspect to a hospital. The officer shall immediately notify the duty officer/supervisor of the situation. The duty officer/supervisor will determine if notification to the prisoner's family is appropriate.
- c. Absent extenuating circumstances, an officer will ride in the ambulance (EMS operational program unit), preferably in the back, to maintain security of the prisoner while in transit. In the event an officer does not ride in the ambulance after consultation with the EMS provider and the officer's supervisor the prisoner will be physically secured in the ambulance and the officer will follow the unit to the hospital.
- d. The duty officer/supervisor will ensure leg irons and flex cuffs are provided to the arresting officer to accompany the prisoner to the hospital and used in accordance with this policy.
- e. The duty officer/supervisor will telephone or upon arrival the officer will contact the hospital's security office and make notification of the transport of the prisoner. If available, the hospital will be provided:
 - (1) Prisoner's name
 - (2) Any special security concerns known to the officer (i.e. prior assaults on police, prior escape attempts, known gang member, suicide precautions, prior sexual assaults, etc)
 - (3) Any health concerns known to the officer
 - (4) Specific contact information for their duty officer/supervisor to include phone number for the police station

RESTRAINING DEVICE USE DURING TRANSPORT

- a. During transport to a medical facility, the transporting officer shall ensure that the prisoner is restrained by one or more of the restraining devices, to include handcuffs, handcuffs and belly chain, leg irons, black box security restraint device or flex cuffs. Flex-cuffs shall be used only when other devices are unavailable or when requested by medical personnel on a hospital transport by ambulance. Restraining devices shall not be used as a compliance device, but to secure a prisoner.
- b. The officer shall determine the type(s) of restraining devices utilized with input from emergency medical personnel. Consideration of the situation and the extent of injuries or sickness will be made prior to applying the restraining devices on the prisoner.

SECURITY OF ADMITTED PRISONER

- a. If a prisoner in police custody is admitted to a hospital it is the responsibility of the arresting officer to immediately notify his supervisor to include room number assigned to the prisoner.
- b. At a minimum during Emergency Room assessment and treatment, an officer will be assigned to guard the prisoner. Once the prisoner has been hospitalized with assignment to an inpatient room, the commanding officer of the arresting officer will be responsible for assigning a minimum of one officer to serve as a guard. Consideration will be given to the risk assessment of the patient to increase to two guarding officers when the risk warrants. The risk assessment should include, but is not limited to: charges related to murder, attempted murder, assault on a police officer, violent sexual assault, prior escapes and suicidal tendencies. There should be an ongoing risk assessment process that considers the patient's ongoing behavior and condition. When two officers are assigned, one officer will be the same sex as the arrested person if available.
- c. Any change in risk assessment affecting the risk level or number of officers assigned to guard a prisoner will be immediately brought to the attention of the hospital security supervisor.
- d. On the first business day after initiating a Hospital Prisoner Detail the duty officer/supervisor should contact the State's Attorney's Office to determine whether the prisoner should be considered for bond reduction or release if being held on an active warrant. If the prisoner is detained on pending criminal charges, then the District Court Commissioner's Office should be contacted to arrange for an off-site Initial Appearance Hearing.
- e. Assigned officers shall be in complete uniform, nametag, badge, etc. and shall be in possession of their Department-issued I.D. card.
 - (1) In the event there is a need for a "plain-clothes" officer to be temporarily assigned as a security officer, the "plain-clothes" officer will ensure his or her badge and identification card are displayed in plain view.
- f. Upon arrival at the hospital, officers will ensure they have clear radio communications with the local installation. Officers will immediately contact hospital security and, if available, hospital security will provide a hospital radio to ensure interoperability with the facility's security officers. This applies to the emergency room, treatment and admissions.
- g. If a holding area is provided at the hospital, it shall be utilized to keep the prisoner until being moved for treatment or into a regular room. This will be by direction of the hospital staff.

- h. Officers will ensure the hospital room and the prisoner are thoroughly searched before and after all room changes or movements within the hospital facility and during shift changes.
- i. Officers assigned to the prisoner detail will stay in the prisoner's room at all times unless it has been determined by the physician that the presence of the officer is medically detrimental to the officer or the patient's care. In these cases, officers will station themselves immediately outside the doorway of the prisoner's room and shall maintain a safe distance from the patient while maintaining an unobstructed view of the prisoner.
- j. Officers will remain with the patient and remain alert during the tour of duty. Card playing, electronic games, personal TV, use of cellular phones for personal business and other electronic devices or other distractions are strictly prohibited.
- k. The officers and prisoner will comply with the hospital rules unless they interfere with good security practices. If hospital orders do interfere with appropriate institutional security, officers will contact the duty officer/supervisor immediately. The duty officer/supervisor will resolve the conflict, acting in accordance with established policies and procedures, and if necessary, in consultation with the hospital staff and security.
- l. If the prisoner needs additional care in another hospital department, officers will accompany the hospital staff on all movements and assure hospital security personnel are notified prior to any movement. During prisoner movements within the hospital, the prisoner will be transported on a stretcher gurney or in a wheelchair with leg irons and handcuffs. The restraints should never be concealed under sheets, towels etc unless directed by medical staff for a specific medical condition.
- m. If either officer must use the restroom, security will be informed. Officers will not leave their post until security arrives. An officer's absence from the area will be kept to a minimum. If only one officer is assigned as a guard, the department/agency must provide relief as needed. Security officers shall never be left as sole guarding authority.
- n. If the prisoner becomes violent or disruptive, the assigned officer(s) shall assist and protect the hospital staff to the best of their ability. Proper use of force in accordance with department/agency guidelines is authorized to protect the public, prevent escape and maintain order. The use of pepper spray is strongly discouraged due to the possibility of cross contamination of the medical facility and negative, complicating effects the spray may cause to other patients under the hospital's care.

- o. All prisoners will be supervised and secured with proper restraints. Flex cuffs will be used in place of leg irons in order for hospital staff to perform procedures where the use of metal restraints conflict with the provision of medical care.

SECURITY/RESTRAINTS DURING ROUTINE TREATMENT AND ADMISSIONS

- a. Leg irons and handcuffs are the custodial restraining devices used to restrain the prisoner unless the attending physician should request other devices which will not interfere with the patient's care. Flex cuffs are required in the critical care units, operating rooms and other specialty areas where the use of metal restraints conflict with the provision of medical care.
- b. All prisoners, regardless of security status, shall be secured to the bed unless prohibited in writing by the physician. As a minimum, one arm and one leg shall be secured to the bed at all times unless restraints conflict with the provision of medical care.

SECURITY/RESTRAINTS DURING MEDICAL PROCEDURES

- a. Prisoners in pre-op are to be restrained in a manner consistent with the operating room procedures using flex cuffs. Flex cuffs may be applied in a fashion that do not interfere with the operative procedure to be performed (one leg to the gurney, both legs together, one arm to the gurney, both arms together or whatever works to immobilize or sufficiently restrict movement) and will be applied prior to the removal of metal restraints.
- b. Sight coverage will be maintained in the operating room or other specialty care areas. Hospital staff will instruct officers where to station themselves in order to be in sight of the prisoner.
- c. Upon return to the assigned room, officers will utilize a hospital staff device or tool appropriate to remove the flex cuffs.
- d. Reestablish restraints as indicated above for "routine treatment" before removal of flex cuffs.

PRISONER RESTROOM USAGE

- a. Prisoner movement to a restroom (even one located in the same room) is inherently dangerous. During all prisoner admissions, officers will ensure a portable commode chair is delivered to the prisoner's room. The portable commode chair will be used by the prisoner for all personal relief.
- b. The portable commode chair will be placed next to the bed and the prisoner's arm shall remain handcuffed to the bed during use. An officer will unshackle the leg irons from the bed and re-shackle the leg irons to both legs.

MEALS

- a. Officers will inspect the prisoner'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.
- b. Upon completion of the meal, the officers will ensure the plastic spoon has been returned with the tray.
- c. Officers should request of hospital staff meals for the prisoner that can be eaten without utensils such as (sandwiches and soup) where medically possible.

TELEPHONE PROCEDURES

- a. Generally, hospitals will disconnect phone service to a room occupied by a prisoner. The following procedures will be adhered to in those instances where there is a need for the room phone to remain active:
 - (1) The telephone number of the hospital room shall not be given to anyone except the law enforcement duty officer/supervisor.
 - (2) The officer will answer all telephone calls to the hospital room's telephone. The prisoner will not be allowed to receive any incoming calls unless authorized by the commanding officer of the arresting officer or designee.
 - (3) Outside calls must be approved by the commanding officer of the arresting officer, or his designee, or be approved by the duty officer or hospital staff in an emergency. An officer will place approved calls for the prisoner.
- b. All requests for general information regarding the prisoner will be forwarded to the installation where the arrest is being processed. Information requests regarding the prisoner's condition will be forwarded, verbally or in writing (as appropriate) to the medical staff at the hospital when such disclosure is permitted. Hospital staff should not confirm or deny any prisoner's presence or provide information to anyone other than an approved and physically present visitor.

VISITORS/VISITING PROCEDURE

- a. Visitors will NOT be permitted to visit prisoners except in extraordinary circumstances. The ultimate decision will be made by the law enforcement agency's commander or designee after consultation with hospital staff.
 - (1) Nursing staff and hospital security must be advised of all approvals.

- (2) Visits must be consistent with hospital policy and procedure. (Check with the unit nursing staff for current guidelines and time frames for your areas of assignment.) Visits will not exceed 30 minutes in length unless special circumstances exist and an extension is granted by the commanding officer of the arresting officer.
 - (3) Visits shall be limited to one adult visitor at a time.
 - (4) Visitors must provide a photo ID and will submit to a wanted check and physical search of their person and belongings prior to entering the prisoner's room.
- b. Officers will be responsible for the security of the prisoner; they will see that no one other than hospital staff communicates with the prisoner without first obtaining permission from their commanding officer. Officers are reminded that hospital staff personnel will be identified with photo ID for that facility.

RELEASE OF PRISONER FROM THE HOSPITAL

- a. When the prisoner is released from the hospital, hospital security shall be contacted prior to the removal of restraints.
- b. The local duty officer/supervisor will be contacted prior to the transport of the prisoner to the appropriate booking or detention facility.
- c. If a prisoner's custody status should change while inside the hospital, (i.e. released on bond, released on own recognizance, etc.) the officers guarding the prisoner must first notify the nursing staff treating the prisoner and hospital security prior to removing the prisoner's restraints and before the officers leave the hospital.

Acknowledgments

This model policy concerning the Security of Prisoners for EMS and Hospital Settings was developed by a multi-disciplinary interagency workgroup comprised of representatives of Maryland law enforcement, Maryland corrections and representatives from the Maryland Hospital Association and other medical care related organizations.

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