

Lessons Learned & Best Practices for Managing Forensic Patients in Healthcare Facilities



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Introduction

“At any given moment there are prisoners in a hospital- sometimes several. The only other public place that can claim these numbers is a courtroom. But, unlike a courtroom, most hospitals lack a uniformed/armed presence, metal detectors and holding cells. When transport officers bring prisoners into a hospital, they are effectually on their own,” (Lashley, 2009).

Although it is no secret that prisoners often receive care in hospital facilities, it is not commonly known by most of the general public. Thus, then when a situation arises involving a prisoner as a hospital patient, often other patients are then worried that their own safety may be at risk. The result of a class action law suit in 1976, *Estelle v. Gamble*, found that depriving prisoners of necessary medical treatment in correctional facilities was cruel and unusual punishment. This created a great deal of change to correctional facilities as they would all now be required to provide medical care to all incarcerated individuals in their facility or must provide access to necessary care through transport to a healthcare facility (Kucera, 2011). The United States then began to recognize that inmates in fact did have rights to proper medical treatment and it is the responsibility of each state to ensure that proper healthcare was readily available if they are to need it.

Prisoners’ receiving medical care outside of their correctional facility is a high risk situation for everyone involved in the process. For that reason, there are many different regulations, laws, and procedures that are necessary to follow when transferring a prisoner-patient to a medical facility. There are several different restraints that can be used to secure prisoner-patients throughout this process including handcuffs, belly chains, leg irons, and black box security devices. The transfer process of prisoners to medical facilities is considered one of the most risky situations that correctional officers and law enforcement officers can engage in (Mikow-Porto and Smith, 2011). Even with all of the protocol necessary to follow by correctional officers and security plus the

restraints, there are still an abundance of prisoner escapes from healthcare facilities each year.

In order to minimize risk when a prisoner-patient is in a healthcare facility, healthcare security and correctional officers need to work together. “The healthcare industry needs to recognize the risk presented by the presence of these prisoners as patients, and take appropriate steps to mitigate that risk to the largest degree possible,” (IAHSS, 2013). Hospital organizations need to make sure that their employees, patients, and any visitors are as safe as possible. To ensure the safety of the hospital and all of the people within it, there needs to be a plan in place for when prisoners are patients in their hospitals.

The media reported a range of cases where prisoners escaped from hospitals throughout 2015. The cases vary greatly. Some of the escapes are planned, some involved weapons, and some were executed with little planning at all. In all cases, it proves that hospital security measures in the case of a prisoner as a patient situation could be improved.

Characteristics of Jail and Prison Populations

With over 2 million people currently in United States’ prisons or jails, the United States has the world’s highest incarceration rate, (Sentencing Project). Jail incarceration rates did decrease from a peak of 259 per 100,000 in 2007 to 234 per 100,000 at midyear 2014 (Minton, Zeng 2015). However, even with this decrease, the large number of prisoners in the US remains a significant problem.

In 2011-12, it was estimated that 40% of incarcerated individuals currently had a chronic medical condition (Berzofsky, Maruschak, and Unangst 2015). According to a special report released by the Bureau of Justice Statistics in February of 2015 (Medical problems of Jail Inmates, 2011-12), both prisoners and jail inmates were more likely than the general population to report ever having a chronic condition or infectious disease.

Among these incarcerated individuals, chances are some form of a medical situation will come up that will require medical attention that cannot be performed within the

correctional facility they are held in. When it comes to medical treatments within a correctional facility, some institutions have chronic care clinics to provide services to patients with diabetes, heart conditions and other chronic conditions (Dept. of Corrections WA State). If it is medically necessary for an inmate to leave the facility for medical treatment they will be transported to a nearby hospital. As reported in a study conducted by the International Healthcare Security and Safety Foundation in 2011 (Mikow-Porto, Smith 2011), there is little scholarly research that has been done looking into the treatment of prisoners, good or bad, while in hospitals.

With no national system for tracking and collecting information on any incidents relating to violence or escapes associating with the medical care of prisoners, that leaves it to the media to find this kind of information (Mikow-Porto, Smith 2011). The media can often report with biases or they sometimes leave out parts of a story. With that stated, that makes it difficult to know the accuracy of prisoner escapes from hospitals that have only been reported on by the media. What is reported by the media is all that the general public will then become aware of. Prisoner's escapes from healthcare facilities pose a high risk of adverse consequences to the facility's staff, patients, and the general public, all which has been indicated by the media's reports (Mikow-Porto, Smith 2011).

Prisoner Escapes from Healthcare Facilities

When prisoner-patients pursue an escape, it usually is a planned or somewhat planned event. "Very rarely do these guys [inmates] go to the hospital for treatment and all of a sudden decide they're going to escape. What happens is, traditionally, inmates go to the hospital for treatment...they come back to the facility and they start telling other inmates... there are ways of minimizing it, but there's never a way to prevent it," said Kevin Tamez, an Inmate Advocacy Consultant (Kutner 2015). It is important to keep that in mind when a prisoner returns to the correctional facility after medical treatment. With there being no set tracking system of prisoner escapes, it is hard to give a precise number of how many prisoners escaped from hospital facilities in 2015. However, the media has made it easier to discover information relating to escapes. Across the United States, there were numerous escapes made by prisoners in 2015.

According to CBS San Francisco, in March of 2015, a prisoner, Johnell Carter, was being treated at Valley Medical Center in San Jose, California when he managed to escape by fighting the deputy assigned to overseeing him. Carter had been in prison for a year at the time of his escape. He was put in prison for five counts of child molestation. Carter fought and injured the deputy and fled the hospital. He managed to evade 45 officers who were searching for him in the San Jose area. With help from his brother, this escaped prisoner made it to Mississippi (CBS San Francisco 1). In April of 2015, nearly a month later, the escapee was apprehended in Mississippi (CBS San Francisco 2).

As told by NBC Washington, in northern Virginia in March of 2015, an inmate, Wossen Assaye, escaped the custody of guards while in a hospital. This particular inmate was being treated in the hospital after attempting to hang himself with a bed sheet. There were two guards who were assigned to this inmate by the U.S. Marshals. At about 3:15AM on March 31 the inmate overpowered one of the guards and took her weapon and fled the hospital in his gown. The escapee went to a nearby neighborhood and got into a car. Later that morning, the owner of the car got in the car to drive to work, while on the commute the escapee started to kick out the back seat, and the driver (car owner) crashed the car. The car was then hijacked by the escapee. He then drove this car to a nearby house where he stole clothes and then walked the neighborhood to find another car to steal. With the help of a heavy police presence and a helicopter the escapee was apprehended. The prisoner was escaped for about 9 hours before being apprehended (NBC4 Washington 2015).

Another example is in August of 2015 when a female detainee, Tiffany Neumann, escaped from a Manhattan hospital as reported by Rick Rojas for the NY Times. She was being detained on counts of grand larceny and criminal possession of stolen property. She was taken to the hospital after claiming to be pregnant and feeling sick. While in the hospital, she was able to get out of her handcuffs and evade the officer assigned to her. Neumann's escape was not the first from this particular hospital in 2015; it was at least the fourth since that June. With the number of escapes growing larger than the public

would like to see, it caused critique. The police commissioner referred to these faults as “lapses in what should be basic policing.” Of the escapes between June and August, three of the escapees were apprehended within days, but one escapee, who was detained on murder charges, was missing for a month. Police officials who spoke to the media referred to the officer who was assigned to this escapee as careless and inattentive (Rojas 2015).

Similarly, in a Newark, New Jersey hospital in August an inmate, Michael Majette, detained for robbery and unlawful possession of a weapon, among other weapon offenses managed an escape. The inmate was in the hospital due to a said knee pain (Coleman 2015). The inmate managed to slip out of a hospital bathroom undetected. It was not until much later that day that he was apprehended (Coleman 2015). This was among other escapes made from this particular hospital in 2015. In March of '15 an inmate walked out of a guarded room and was missing for over a month. Three months later there was another undetected walk out by an inmate, however, this inmate was apprehended just an hour later. Those escapes caused the hospital and authorities to look into a change of security measures relating to prisoners in their hospital. Among those changes included inmates no longer being able to wear civilian clothes while in the hospital and hospital officials to attend chiefs of police meetings to become better informed on all situations regarding the safety of the hospitals (CS Staff 2015).

Industry Guidelines

The industry, including the Joint Commission, IAHS (International Association of Healthcare Safety and Security), and law enforcement all have guidelines for when prisoners are patients in hospitals. As a corrections officer, it is important to be aware of these guidelines. In addition, as a corrections officer that is assigned to a prisoner receiving medical care outside of the correctional facility, he or she needs to be aware of and protect the prisoner's rights. The Joint Commission has numerous guidelines for ensuring the protection of prisoners' rights and their safety while in a healthcare facility. Among those guidelines, is a compliance standard regarding the training of officers that will be guarding forensic patients. The purpose of this standard is to familiarize the officers

with the healthcare setting through an orientation and education for situations including fires, who to communicate with, restraint control limits. This kind of orientation and education can be done by means of informational packets and/or videos (York, MacAlister 2015).

Since most hospitals do not have prison wards and they are often underprepared for prisoner patients, the IAHS has also set up guidelines for hospitals that admit prisoners into their facility (York, MacAlister, 2015). The IAHS guidelines are imperative for hospital facilities to be aware of as well as the officers who may be assigned to a patient in a hospital. Ensuring that every party involved is aware of their part in the safety and security is imperative.

Local law enforcement and each hospital will have their own guidelines for how to handle a prisoner in their facility. These guidelines will be more location-specific to the area of concern. As previously mentioned, in some areas it is suggested that hospital security attend local police chief meetings in hopes of aligning the hospital security and local law enforcement security measures to ensure the safety of everyone. Being as every community is different, there is no one best way to handle this type of event.

The United States Marshals Service also has guidelines for the event of a prisoner receiving outside medical treatment that officers are expected to adhere to. "Typically the USMS does not utilize deputy marshals for such activity [guarding of a prisoner in a medical facility], but instead employs contract guards," ([United States Marshals] Service's Prisoner Medical Care). In 2002 there was \$7.4 million spent on providing security to prisoners receiving medical treatment outside of the facility they are detained to, which was 17% of the total amount of prisoner medical care expenditures (United States Marshals).

There are special regulations and laws in place for prisoners that are pregnant women. There were a number of concerns raised about pregnant prisoners by various health organizations including the American College of Obstetricians and Gynecologists. These

organizations were looking at the detrimental effects that restraints, including handcuffs, can have on these pregnant women (Use of Restraints on [Pregnant Women]). There is an increased risk of falls when an individual is wearing shackles, when a pregnant woman falls it could affect the pregnancy. The shackles could also prevent a woman from being able to break her fall and she could fall onto her abdomen (Pregnant Women). There are a few states, including California, Illinois, and New York, that had eliminated the use of restraints on pregnant women from their practices all together (Pregnant Women). Federal law says that there must be reasonable grounds for the restraints (Pregnant Women).

As previously mentioned in one of the examples of an escape, there are prisoners who attempt suicide. "Suicide is the single most common cause of death in correctional facilities," (World Health Organization 2007). With that known, it is important that correctional facilities are taking every precaution to prevent suicide attempts from happening in order to protect prisoner's health and safety. The Joint Commission released an alert in February of 2016 to make health organizations aware that they intend to assist both inpatient and outpatient care centers in suicide prevention and in identifying those who are at risk (Joint Commission 2016). Being aware of the fact that prisoners are at a higher risk of suicide at the present time, this type of assistance from the Joint Commission and health organizations could make for a minimized risk of suicide attempts for future prisoners.

Recommendations

Prior to the event of a prisoner as a patient in a medical facility, a meeting between local law enforcement, corrections officers and hospital security to review points of contact and contact information, entry points, preferred room in the ED, routes to testing areas, elevators to use, preferred intensive care room, medical surgical room and maternal child health room is important. Pre-identify rooms to be used by these patients similarly to how VIP patient's rooms should be pre-identified. This eliminates any confusion of where a prisoner patient should be when in the facility. Such things can be considered at a meeting between local law enforcement and correctional officers. Review policy on court orders,

releasing of information to family members, visitors, mail, weapons, use of radios, handcuffs, restraints, and training to be provided to law enforcement. It is essential that between local law enforcement and hospital security it is clearly defined what kind of training they require for their officers, whether it is in-house training or from an outside security association.

Among all of the things to consider prior to the medical care, there are many things to consider when the prisoner patient is in the facility aside from the obvious. For instance, before a prisoner receives their meal tray in the healthcare setting, an officer must inspect the tray to ensure that only paper products and a plastic spoon were provided to eat with. In most situations where a hospital room is occupied by a prisoner, the phone is disconnected. If for some reason the phone is not disconnected, the phone number is not to be given to anyone except for law enforcement. The officer assigned to the room is the only one who should answer the phone. These guidelines are from Maryland's Model Guidelines for the Security of Prisoners from EMS and Hospital Settings. This policy was put into action after several high profile incidences of escapes occurred in Maryland hospitals (Maryland Law Enforcement, Dept. of Corrections, and Maryland Hospital Association.).

Before arriving at a hospital with a prisoner, it is important to make the hospital aware that there will be a prisoner coming to their facility. Informing both the security department of the facility and the emergency department allows for them to prepare for the arrival of the prisoner. When calling ahead, it's important to find out where is safest to park, find out if there is a private room available or whether there is an isolation room that would be better for security of the prisoner (Lashley, 2009). In most hospitals, ambulance bays are the safest port of entry into the building (Lashley, 2009). It is in the best interest of everyone to request a security guard be waiting at the entry with a wheelchair and a blanket. The wheelchair's purpose is security; the prisoner can be secured to the chair and the blankets can conceal the restraints from the public so they don't become fearful (Lashley, 2009).

Since it can be unclear as to who is responsible for the prisoner when in the healthcare setting, is it the security of the facility's responsibility or is it the responsibility of the corrections officer? "Hospital security or police staff are responsible for the general safety and security of the hospital, staff, visitors and patients, but prisoners are primarily the responsibility of correctional officers until treatment is completed or transfer to the custody of hospital security staff, following established legal procedures, is made (Kucera, 2011)." Every facility has different procedures for when this situation arises, corrections officers familiarizing themselves with the procedures of nearby hospitals could make a big difference.

When the prisoner is being treated for their condition, a physician or nurse may request the removal of the restraints. If and when this happens, ask first if there is an alternative and then bring awareness to the risk that removal of the restraints would cause (Lashley, 2009). With that being said, there will be situations when they will be required to come off, such as an MRI or x-ray. If a corrections officer is working alone, ask for a security officer to help monitor the prisoner during the procedure, this helps ensure someone has eyes on the prisoner at all times (Lashley, 2009). Use of the bathroom is a situation in which prisoners will request privacy or restraint removal. If applicable based on the risk it poses, ask for nursing staff support to assist with the use of a urinal while the patient is still restrained to the gurney or wheelchair, keeping the patient out of the bathroom if possible. If that is not suitable, it's suggested that the prisoner be taken into a handicap-suited bathroom and restrained to the safety bar mounted next to the toilet (Lashley, 2009).

Their [corrections professionals] presence and the safety measures they use have been created to minimize the risk and inconvenience to hospital personnel, patients, hospital security staff, and the general public during emergency clinical evaluation, outpatient treatment, or admission to medical facilities. Since the number of prisoners who need medical treatment is escalating, it is critical for health care industry to understand

the conditions under which prisoner escapes occur and learn more about what can be done to prevent them (Mikow-Porto, Smith 2011).

Maintaining a safe and secure environment is the ultimate goal of both security officers and correctional officers. Being mindful of all of the risks that can occur and following protocol is essential for minimizing risk.

Conclusion

Security leaders must be aware of the risk that prisoner patients pose. They must be aware of the possibility of these patients carrying weapons, the possibility of law enforcement officers to not retain possession of their service weapons, assaultive behavior, and the possibility of hostage situations. All of this can be minimized by developing appropriate processes in consultation with law enforcement. Throughout the entire event of a prisoner being in a medical facility, from transport to treatment, communication is essential. Communication between the medical facility's security, clinical workers, and correctional officers will create a much smoother and secure process. It is important that all correctional officers assigned to guard prisoners while they are patients adhere to all the laws, regulations, and procedures that are in place to ensure the safety of all people in the medical facility.

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