



# SECURITY OF PRISONERS/VICTIMS FOR EMS AND HOSPITAL SETTINGS

**INDEX CODE: 2002**  
**EFFECTIVE DATE: 05-24-10**

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Contents:

- I. Policy
- II. Procedures for Sick/Injured Prisoners
- III. Restraint Devices During Transport
- IV. Security of Admitted Prisoner
- V. Restraint Devices During Treatment and Admissions
- VI. Security/Restraint During Medical Procedures
- VII. Prisoner Restroom Usage
- VIII. Prisoner Meals
- IX. Telephone Procedures
- X. Visitors/Visiting Procedures
- XI. Release of Prisoner From the Hospital
- XII. Victim Security
- XIII. Proponent Unit
- XIV. Cancellation

## **I. POLICY**

It is the policy of this department 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. It is also the policy of this department to provide security for victims of violent crimes, EMS personnel, hospital personnel, and the general public, when a reasonable concern of retaliation or further criminal activity is present during transport or at a medical facility.

## **II. PROCEDURES FOR SICK/INJURED PRISONERS**

When a prisoner is sick or injured, appropriate medical treatment will be provided. EMS will be dispatched to the scene or an officer will transport the suspect to a hospital. The officer will immediately notify a supervisor of the situation. The supervisor will determine if notification to the prisoner's family is appropriate.

Absent extenuating circumstances, an officer will ride in the EMS 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.

Contract PTOs may not transport injured or sick prisoners.

Upon arrival at the hospital, 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:

- Prisoner's name
- 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.)
- Any health concerns known to the officer

- Specific contact information for the appropriate district station

### **III. RESTRAINT DEVICES DURING TRANSPORT**

During transport to a medical facility, the transporting officer will ensure that the prisoner is restrained by one or more of the following restraining devices unless medically unfeasible: handcuffs, handcuffs and waist chain, leg irons, black box security restraint device or flex cuffs. Flex cuffs will be used only when other devices are unavailable or when requested by medical personnel on a hospital transport by ambulance.

The officer will determine the type(s) of restraining devices to be utilized with input from EMS personnel. Consideration of the situation and the extent of injuries or sickness will be made prior to applying the restraining devices on the prisoner.

### **IV. SECURITY OF ADMITTED PRISONER**

If a prisoner in police custody is admitted to a hospital, it is the responsibility of the arresting officer to immediately notify his/her supervisor to include room number assigned to the prisoner.

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 district or other working platoon commander will ensure that a risk assessment is completed and he/she will determine if two officers are needed to guard the prisoner. 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 any change in the patient's behavior and/or condition. When two officers are assigned, one officer will be the same sex as the arrested person if available. Any change 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.

Assigned officers will be in complete uniform and will be in possession of their Department-issued I.D. card. 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/her badge and identification card are displayed in plain view.

Upon arrival at the hospital, 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.

If a holding area is provided at the hospital, it will 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.

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.

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 prisoner's care. In these cases, officers will station themselves immediately outside the doorway while maintaining an unobstructed view of the prisoner. Officers will remain alert at all times during their tour of duty.

The officer(s) and prisoner will comply with hospital rules unless they interfere with good security practices. If hospital rules do interfere with appropriate institutional security, officers will contact his/her supervisor immediately. The supervisor will resolve the conflict, acting in accordance with established policies and procedures, and if necessary, in consultation with the hospital staff and security.

If the prisoner needs care in another hospital department, the officer(s) will accompany the hospital staff on all movements and assure hospital security personnel are notified of 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.

If an officer must use the restroom, another police officer or security will be informed. Officers will not leave their post until another officer or security arrives. An officer's absence from the area will be kept to a minimum. If only one officer is assigned as a guard, supervisors will provide relief as needed.

If the prisoner becomes violent or disruptive, the assigned officer(s) will assist and protect the hospital staff to the best of their ability. Proper use of force in accordance with department 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.

The officer being relieved from the security detail will ensure that all appropriate information regarding the prisoner is provided to the oncoming security officer(s). This will include, but is not limited to, information such as the charges against the prisoner, any known security threats, the status of any allowable visitors, and any known medical updates that would require changes to the detail.

#### **V. RESTRAINT DEVICES DURING TREATMENT AND ADMISSIONS**

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.

All prisoners, regardless of security status, will be secured to the bed unless prohibited in writing by the physician. At a minimum, one arm and one leg will be secured to the bed at all times unless restraints conflict with the provision of medical care.

#### **VI. SECURITY/RESTRAINT DURING MEDICAL PROCEDURES**

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 and will be applied prior to the removal of metal restraints.

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.

#### **VII. PRISONER RESTROOM USAGE**

Prisoner movement to a restroom (even one located in the same room) is inherently dangerous. Officers will use extreme caution during this movement and ensure adequate restraint devices are utilized. Officers should request the assistance of hospital security when needed.

#### **VIII. PRISONER MEALS**

Officers should request of hospital staff meals for the prisoner that can be eaten without utensils such as (sandwiches and soup) where medically possible.

Officers will inspect the prisoner's meal tray prior to each meal to ensure that paper products have been used and if necessary, one plastic spoon has been provided with which to eat. Upon completion of the meal, the officers will ensure the plastic spoon has been returned with the tray.

#### **IX. TELEPHONE PROCEDURES**

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:

- The telephone number of the hospital room will not be given to anyone except the officer's supervisor or designee.
- 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 officer's supervisor or designee.
- Outside calls must be approved by the officer's supervisor or designee. An officer will place approved calls for the prisoner.

**X. VISITORS/VISITING PROCEDURES**

Visitors will NOT be permitted to visit prisoners except in extraordinary circumstances. The ultimate decision will be made by the officer's supervisor or designee after consultation with hospital staff. The officer assigned to the security detail may, if unexpected legitimate concerns arise, stop or end any prisoner visit for the safety and security of all involved.

Nursing staff and hospital security must be advised of all approvals.

Visits must be consistent with hospital policies and procedures. (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 officer's supervisor or designee.

Visits will be limited to one adult visitor at a time.

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.

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 supervisor. Officers are reminded that hospital staff personnel will be identified with photo ID for that facility.

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 without the prior consent of the officer's supervisor.

**XI. RELEASE OF PRISONER FROM THE HOSPITAL**

When the prisoner is released from the hospital, hospital security will be contacted prior to the removal of restraints.

The officer's supervisor will be contacted prior to the transport of the prisoner to the appropriate booking or detention facility.

If a prisoner's custody status should change while inside the hospital, (i.e., released on bond, released on own recognizance, etc.) the officer(s) 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 officer(s) leaves the hospital.

**XII. VICTIM SECURITY**

Whenever someone is the victim of a violent crime, (i.e., shootings, stabbings, serious assaults, gang-related violence, etc.) consideration will be given to providing security during transportation and treatment at a medical facility. The on-duty supervisor will review the circumstances of the case and then, if needed, should consult with EMS/hospital personnel to determine what level of security is needed.

Officer(s) accompanying victims to a medical facility will follow the EMS unit in his/her patrol vehicle.

If it is determined that a continued security presence is needed by police officer(s), the district or other working platoon commander will determine the level of security and length of the detail.

**XIII. PROPONENT UNIT:** Patrol Services Bureau.

**XIV. CANCELLATION:** None.