

Security Devices for Transporting Forensic Patients

Policy & Procedure SGHC020498

Page 1 of 2

Definitions

For the purposes of this policy and procedure, the following terms have the meanings indicated:

Forensic Patient: An individual committed to the Maryland Department of Health for evaluation, for treatment after return on hospital warrant, for treatment after a finding of Incompetent to Stand Trial or Not Criminally Responsible, or an individual received from a detainer center and for whom the Hospital has a detainer.

Security Device: Also known as an "administrative restraint" this may include wrist restraints (with a waist harness if applied) and/or leg cuffs when used to prevent a patient from escaping.

Purpose & Scope

The purpose of this policy and procedure is to govern the use of security devices (administrative restraints) for the safe transport of Spring Grove Hospital Center forensic patients to appointments (Reference SGHC061791).

Policy

A patient may be transported and placed in a security device (administrative restraints) only by a law enforcement officer (including special police or police officer or MDH police officers).

A decision to use a security device in transporting a forensic patient must be made based solely upon an individualized assessment of the patient's current legal status, and elopement/escape risk.

Procedure

- A. **Hospital Police:** The use of a security device by a law enforcement officer does not require a physician's order and does not require direct involvement by members of the department of nursing. If a patient will be transported without clinical staff, the Hospital Police must advise the unit charge nurse of their placement of a patient in a security device.
- B. **Patient Assessment:** As provided in this document, the placement of a patient in a security device by MDH Police, for the purpose of safely transporting the patient, can only be done after the treatment team conducts a careful and thorough risk assessment. Some patients due to their legal/court status, may not be taken off the unit or locked building without security devices. This includes patients who are pre-trial, and those patients who have a detainer or an active warrant (including hospital warrant).
- C. **Factors to be Considered in Determining Risk:** Assessment of risk is based upon behavioral and historical data. Factors to consider when assessing risk must include, but are not limited to, the following:
 1. Legal considerations: trial status, presence of a detainer, nature of charge, amount of bail and prior legal history. (**Note:** pretrial patients and patients on detainer are considered to be at higher risk. One must also take under consideration whether the forensic patient is actively serving time on a prior conviction).
 2. The patient's mental status, and severity and nature of psychiatric/behavioral symptoms.
 3. Past history of elopement or escape, or threats of elopement or escape.
 4. Past history of dangerous, aggressive behaviors directed towards self or others or property, or threats of such behaviors.
 5. Any pattern of socially unacceptable behaviors, such as indecent exposure or gestures.
 6. The patient's insight and judgement.
 7. The patient's ability to control impulses.
 8. Any recent pattern of behavior that has required such psychiatric services as quiet room; seclusion; restraints; special observation or precaution; recent use of PRN medications for inappropriate behavior.
 9. The patient's physical condition, including size, strength, and ability to rapidly ambulate.
- D. If there are any concerns or questions regarding a patient's legal status the SGHC Department of Forensic Services should be contacted for clarification prior to transporting the patient.
- E. **Preserving Patient Privacy and Dignity:** In the service of privacy, dignity and the therapeutic environment, a patient should be placed in a security device in as private a setting as is consistent with safety. Ideally, the setting

Security Devices for Transporting Forensic Patients

Policy & Procedure SGHC020498

Page 2 of 2


should be near the door from which the patient is expected to exit, and when possible, away from the view of other patients and visitors. The security device should not be applied until the patient is ready or nearly ready to be transported, and when possible, a patient placed in such a device should be allowed to wait in a private area, so long as they remain actively supervised while waiting.


- F. **Staffing and Observation off the Unit during Transportation and at the Off-Unit Destination:** Regardless of whether the patient is transported by MDH Police or Nursing Transportation, at least one staff member must remain close to, and in visual contact with, the patient at all times.
- G. **Initial Assessment of Application and Circulatory Sufficiency:** When mechanical security devices are applied, an assessment of the secured extremities is required to determine security of the involved extremities, and circulatory sufficiency of each.
- H. **Initial Progress Note:** A nursing progress note should be entered indicating the:
 - 1. Patient's intended destination (e.g., University of Maryland Medical System or Clifton T. Perkins Hospital Center)
 - 2. The reason for requiring secured transport or for what procedure (e.g., tooth extraction)
 - 3. The type of device(s) used
 - 4. The identity of the person (s) transporting the patient
- I. **Ongoing Assessment of Application and Circulatory Sufficiency:** Staff members who accompany patients to appointments will monitor the restricted extremities for circulation and security of the device.
- J. **Removal of Security Device:** Security devices must be promptly removed upon the patient's return to the unit by the MDH Police.
- k. In an emergent situation, if it is deemed necessary to remove the security device/administrative restraint, the officer/staff may do so if ordered by a Judge or authorized by the patient's attending psychiatrist or physician, or if otherwise consistent with police training/policy.

Reference

Transporting Forensic Patients to Court or Other Appointments

Approved

 2/22/24
 Monica Chawla, M.D., FAPA, Date
 Chief Medical Officer

 2/22/24
 Marie Rose Alam, M.D., FAPA, Date
 Chief Executive Officer

MRA/tg

Revised: 4/29/98, 2/8/01, 9/2/04, 2/1/08, 3/25/08, 3/28/08

Revised: 1/12/09, 3/7/11, 5/23/14, 1/30/24

Reviewed: 3/8/17