

**POLICY AND PROCEDURE**

<b>Policy #</b> HRAM 2.15	<b>Forensic Staff HR Guidelines for Regulatory Compliance</b>	<b>Page 1 of 7</b>
<b>Manual:</b>		
<b>Sponsor:</b> Human Resource (HR)	<b>Origination Date:</b>	<b>Distribution:</b> Human Resource Administration Policies & Procedures Manual
<b>Approver:</b> _____ Dionne Wong, SVP/CHRO		
<b>Regulation/Standards:</b>		
<b>Revision Date (s)</b>	12/2014, 4/2017	
<b>Review Date (s)</b>		

**I. Purpose**

It is the policy of Broward Health to ensure that all newly hired employees participate in the Broward Health General Orientation Program. The Orientation Program provides a mechanism to acquaint new employees with the philosophy, values, organizational structure and goals, and general employment policies and procedures of Broward Health. It is the intent of the general orientation program to facilitate a successful employment relationship between Broward Health and all new employees by providing a forum in which to learn about Broward Health during the initial phase of employment.

**II. Guidelines:**

- A. Forensic Staff Defined:** Representatives of local police departments/law enforcement agencies who present to Broward Health through various entry points and who:
1. Receive reimbursement for providing police coverage at our facilities (**detail officers**)
  2. Escort patients or are assigned to patients as part of their law enforcement responsibilities (**escort officers**).
- B. Orientation:** Facility security officers are responsible for providing orientation to Forensic Staff in order provide a safe environment and comply with regulatory standards. (See attachments A, C & D.) Orientation documents are maintained by the Regional Facility Security Department.
1. The orientation information includes but is not limited to:
    - a) Broward Health Emergency Codes
    - b) Customer Services – expectations for interaction with patients and families;
    - c) Procedures for responding to unusual clinical events and incidents;
    - d) The organization’s channels of clinical, security and administrative communications;
    - e) The distinctions between administrative and clinical seclusion and restraint.
    - f) Department Specific/Unit orientation if applicable for extended duty officers (this may be provided by unit/department manager) See Attachment A and B

**POLICY AND PROCEDURE**

<b>Policy #:</b> HRAM 2.15	<b>Forensic Staff HR Guidelines for Regulatory Compliance</b>	<b>Page 2 of 7</b>
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2. In the event the Forensic officers entering the facility, the facility security officer will provide the Forensic officer a brief orientation inclusive of the Forensic Services Orientation Checklist. See attachment C

**III. INTERPRETATION AND ADMINISTRATION**

The regional Human Resource Directors are responsible for the interpretation and administration of this policy; however, final interpretation is the responsibility of the Chief Human Resource Officer.

(Refer to the Regional Administrative Policies and Procedures Manual (mauve), Policy #: RA-008-033, for the regional/department patient care policy titled “Forensic Staff and Care of Patient Policy”

**Authors:** Human Resource Team & Legal Council



POLICY AND PROCEDURE

Policy #: HRAM 2.15	Forensic Staff HR Guidelines for Regulatory Compliance	Page 3 of 7
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Attachment A

Broward Health

Forensic Services Orientation Checklist – Escort Officer

Name of Forensic Officer: \_\_\_\_\_

Name of Law Enforcement Agency: \_\_\_\_\_

Items Required	Received Yes/Date		Comments
<ul style="list-style-type: none"> <li>○ Acknowledgement for Receipt of the Forensic Services Orientation Material</li> </ul>			
<p><b>ONGOING</b></p> <p>All Law Enforcement Officers to check in with Security for Communication Channel Updates <b>and</b> with the Unit Charge Nurse for Unit Specific Orientation/Updates</p>			

Items received and validated by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_



POLICY AND PROCEDURE

Policy #: HRAM 2.15	Forensic Staff HR Guidelines for Regulatory Compliance	Page 4 of 7
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Attachment B

OFFICER NAME: \_\_\_\_\_ UNIT/DEPT: \_\_\_\_\_

FORENSIC AGENCY: \_\_\_\_\_

Content Required to be briefed	Completed Yes/Date		Comments
• Department/Unit Person in Charge. Name and Contact Information			
• Channels of clinical, security and administrative communications			
• The distinctions between administrative and clinical seclusion and restraint			
• Name of Person responsible for patient care and Contact Information			
• Customer Services – expectations for interaction with patients and families			
• EOC Review of Emergency Codes & Procedures			
• Orientation to the Physical Environment			
• HIPAA Compliance			
• Emergency Exits			
• Emergency Lights			

Items Briefed by:

Name: \_\_\_\_\_

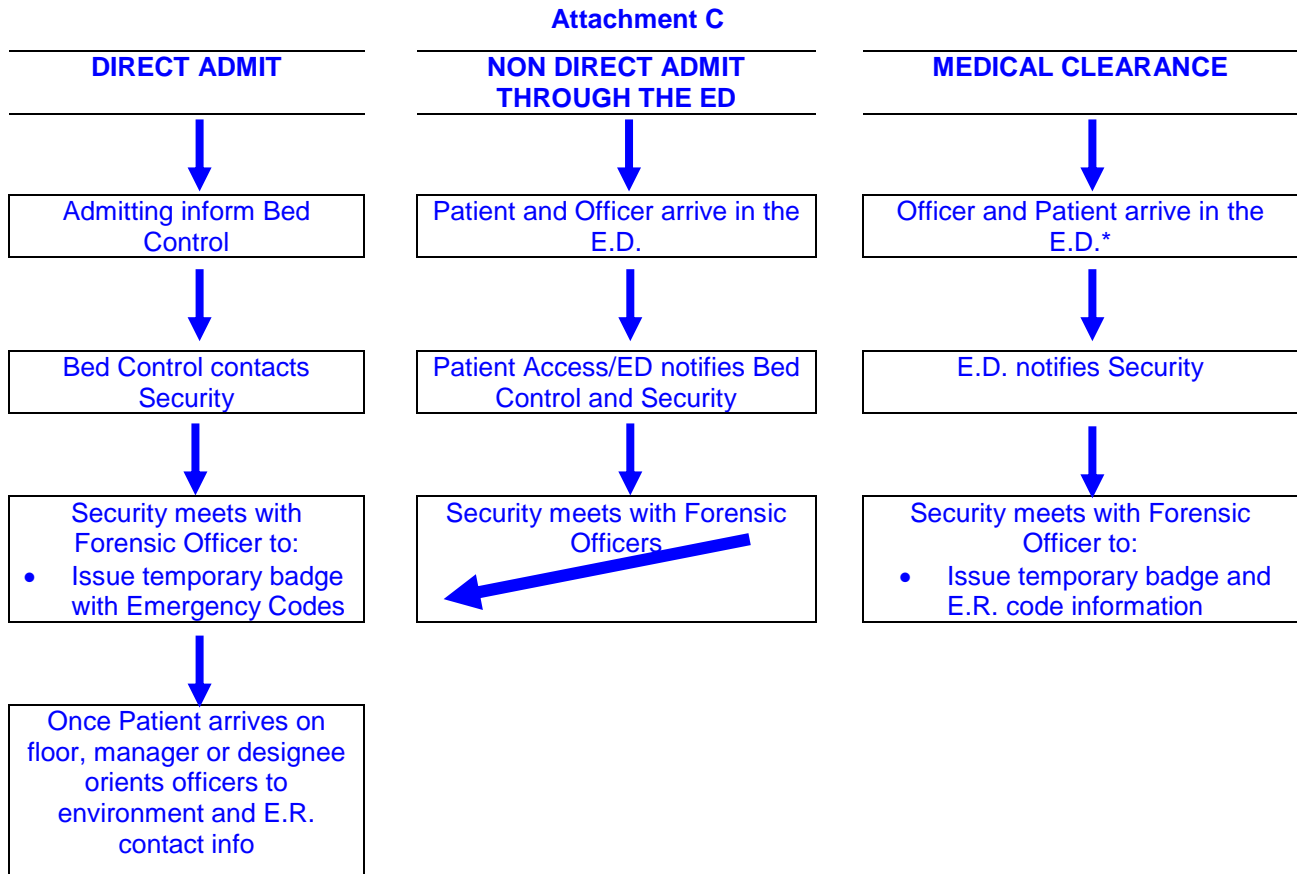
Title: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Policy #:</b> HRAM 2.15	<b>Forensic Staff HR Guidelines for Regulatory Compliance</b>	<b>Page 5 of 7</b>
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### Attachment C

## FLOW CHART FOR FORENSIC OFFICER ENTRY TO BROWARD HEALTH FACILITIES



**\*NOTES:**

**Broward General Medical Center – Forensic Officers and patients present to the Blue Section of the Emergency Room**

**Imperial Point & Coral Springs Medical Centers – Forensic Officers and patients present in the general emergency room**

**North Broward Medical Center – Forensic Officers and patients present to the C side of the Emergency Room**

Policy #: HRAM 2.15	Forensic Staff HR Guidelines for Regulatory Compliance	Page 6 of 7
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Attachment D – Page 1



The following list of emergency codes are activated by dialing 22, within the acute care facilities.

Emergency Codes	
Code Red	Fire
Code Blue	Cardiac Arrest: Adult
Code Pink	Cardiac Arrest: Pediatric
Code Green	Mass Casualty
Code Black	Bomb Threat
Code Assist	Combative Person
Code Strong	Combative w/ Weapon
Code Stork	Infant abduction
Code Spill	Chemical Spill
Code Active Shooter	Shooter
Rapid Response	Medical Attention Needed



Acute Care Facilities at Broward Health

- Broward Health Medical Center
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health North



Orientation Guide

Orientation Guide for Law Enforcement and Forensic Officers in Acute Care Facilities



## Attachment D – Page 2



Welcome to Broward Health, as Joint Commission accredited facilities, we are required to orient and educate you about your responsibilities related to patient care, when you are in our hospitals.

**What do we expect from you?**

- Keep the inmate or in-custody arrestee under constant supervision (line of sight) while inside the room
- If the inmate or in-custody arrestee is in airborne isolation, you will remain in the ante room and/or area.
- Accompany the inmate or in-custody arrestee when transported to areas outside of their room.
- Your inmate or in-custody arrestee shall be administratively restrained (using handcuffs or leg shackles) unless medically contraindicated. In such cases, other arrangement may be made for security.
- You will be not be asked to participate in any patient care activities and you will notify nursing staff your inmate or in-custody arrestee requires attention.
- Visitation is prohibited except as approved by the Chief of Police/Prison Administrator or other authorized party including the Chief of Security. Parents or legal guardians may visit a detained juvenile.
- Please notify security if you need to leave the room.
- If a change in condition is detected in your inmate in-custody arrestee that requires immediate medical attention, please dial 22 for Rapid Response.

**How to Interact with Patients.**

- Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychological and spiritual values.
- If you have any questions concerning how to appropriately interact with the inmate or in-custody arrestee, consult the nurse assigned to the care of this patient.

**Channels of Communication**

- Upon arrival to our facilities you should ensure, hospital security is aware of your present location and room number.

**Clinical Communication**

- Any questions concerning the clinical aspects of the inmate's or in-custody arrestee's care should be directed to the nurse caring for the patient and in her/his absence the nurse in charge. The number to contact the nurse is written the white board in the room.

**Security Communication**

- Questions regarding security should be directed to the hospital's security department. The nursing staff can contact security for you.

**Administrative Communication**

Questions regarding administrative issues should be directed to the hospital's security department and/or nursing administrative supervisor on duty.

**Distinctions between Administrative and Clinical Seclusion & Restraint**

- **Clinical Restraint**
  - Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.
  - This includes the use of a drug/medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
  - The intent for using the device is what determines whether it is a restraint.
- **Administrative Restraint**
  - Handcuffs and leg shackles or other means of restraint applied by law enforcement or correctional officers.

**Clinical Seclusion:**

- The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.

**Responding to Unusual Clinical Events**

If the inmate or in-custody arrestee exhibits unusual clinical episodes (difficulty breathing, loss of consciousness, bleeding, etc.) you should immediately dial 22 for Rapid Response Team and provide a room number.

03.03.17