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HARFORD COUNTY SHERIFF'S OFFICE OPERATIONS POLICY

Security of Prisoners in Hospitals and EMS Settings

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1. 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 public, and involved law enforcement personnel.

2. Policy

The Harford County Sheriff's Office (HCSO) will provide measures by which prisoners admitted to medical facilities or during emergency clinical evaluations can be guarded with minimal risk and inconvenience to all affected persons, while providing maximum safety to deputies, emergency medical services (EMS) personnel, hospital personnel, and the public.

3. Definitions

COVERED ENTITY: means a health plan, a health care clearinghouse, or a health care provider.

4. References

[45 CFR § 164.512 \(f\)](#)

5. Procedures

A. Weapons

1. In accordance with the law and HCSO policies, deputies of the HCSO are required to carry their issued firearms at all times in the performance of their duties. They will not surrender the firearm to anyone except a properly designated authority.
2. Properly identified members of law enforcement agencies are, therefore, permitted to bear firearms while guarding patients in hospital settings.
3. At all times, deputies must be mindful of safety and weapon retention practices to prevent a prisoner from obtaining their service weapon.
4. While in civilian attire, deputies are reminded to avoid any unnecessary display of their weapon.
5. Handgun lockers at hospitals may be utilized at the deputy's discretion to safely secure firearms if not in conflict with Agency policy regarding firearm retention.

6. When deputies are entering secure psychiatric units, they will use the provided weapons locker.

B. General

1. Whenever a deputy makes an arrest, or at any time has personal custody of a prisoner not confined in a cell, the deputy will guard the prisoner closely, using the utmost caution to prevent such prisoner from escaping or from injuring anyone in such an attempt.
2. If a prisoner escapes because of negligence or carelessness on the part of such deputy, it will be considered a violation of policy.
3. When a prisoner is sick or injured, the arresting deputy will arrange for appropriate medical treatment.
4. The deputy will request emergency medical services (EMS) to respond to the scene or will transport the suspect to a hospital.
5. The deputy will immediately notify a supervisor of the situation.
6. The supervisor will determine if notification to the prisoner's family is appropriate.
7. Absent extenuating circumstances, a deputy will ride in the ambulance (EMS operational program unit), preferably in the back, to maintain security of the prisoner while in transit.
8. In the event a deputy does not ride in the ambulance, after consultation with the EMS provider and the deputy's supervisor, the prisoner will be physically secured in the ambulance and the deputy will follow the unit to the hospital.
9. The supervisor will ensure leg irons and flex cuffs are provided to the arresting deputy to accompany the prisoner to the hospital and used in accordance with this policy.
10. The supervisor will telephone, have communications telephone, or have the deputy upon arrival contact, the hospital's security office and make notification of the transport of the prisoner.
11. If available, the hospital will be provided:
 - a. Prisoner's name;
 - b. Any special security concerns known to the deputy (i.e., prior assaults on police, prior escape attempts, known gang member, suicide precautions, prior sexual assaults, etc.);
 - c. Any health concerns known to the deputy; and
 - d. Specific contact information for their duty officer/supervisor to include phone number for the precinct.

C. Restraining Device use During Transport

1. During transport to a medical facility, the transporting deputy will ensure that the prisoner is restrained by one or more restraining devices, to include handcuffs, handcuffs and belly chain, leg irons, black box security restraint device, or flex cuffs.

2. Flex-cuffs will be used only when other devices are unavailable or when requested by medical personnel on a hospital transport by ambulance.
3. Restraining devices will not be used as a compliance device, but to secure a prisoner.
4. The deputy will determine the type(s) of restraining devices utilized with input from emergency medical personnel.
5. Consideration of the situation and the extent of injuries or sickness will be made prior to applying the restraining devices on the prisoner.

D. Security of Admitted Prisoner

1. At a minimum during Emergency Room assessment and treatment, a deputy will be assigned to guard the prisoner.
2. If a prisoner in custody is admitted to a hospital, it is the responsibility of the arresting deputy to immediately notify the **Duty Officer**, to include room number assigned to the prisoner.
3. The commander of the arresting deputy will then be contacted to assess if an Administrative Request For Disclosure Of Protected Health Information ([SO-101](#)) is applicable and should be completed and submitted to the charge nurse and hospital security in leu of assigning a deputy to guard the prisoner in custody around the clock until they are deemed releasable and discharged.
4. The Administrative Request For Disclosure Of Protected Health Information ([SO-101](#)) will not be considered for use where the person eligible has committed a crime of violence, poses an imminent risk to public safety, or has an active arrest warrant involving the same.
5. If the arresting deputies' commander authorizes the use of the Administrative Request For Disclosure Of Protected Health Information ([SO-101](#)), they will notify the Duty Officer who will complete the Administrative Request For Disclosure Of Protected Health Information ([SO-101](#)) and fax it to the hospital where the arresting officer will confirm its receipt by the charge nurse and security office.
6. If the commander does not authorize the use of the Administrative Request For Disclosure Of Protected Health Information ([SO-101](#)), the commander will be responsible to assign a prisoner detail consisting of, at minimum, one deputy to guard the prisoner in custody around the clock until they are deemed releasable and discharged.
7. Consideration will be given to the risk assessment of the patient to increase to two guarding deputies when the risk warrants.
 - a. The risk assessment should include, but is not limited to:
 - i. Charges related to murder;
 - ii. Attempted murder;
 - iii. Assault on a police officer;
 - iv. Violent sexual assault;

- v. Prior escapes; and
 - vi. Suicidal tendencies.
8. There will be an ongoing risk assessment process that considers the patient's ongoing behavior and condition.
 9. When two deputies are assigned, one deputy will be the same sex as the arrested person, if available.
 10. Any change in risk assessment affecting the risk level or number of deputies assigned to guard a prisoner will be immediately brought to the attention of the hospital security supervisor.
 11. On the first business day after initiating a Hospital Prisoner Detail, the duty officer will 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.
 - a. If the prisoner is detained pending criminal charges, then the appropriate District Court Commissioner's Office should be contacted to arrange for an off-site Initial Appearance Hearing.
 12. Assigned deputies will be in complete uniform, nametag, badge, etc. and will be in possession of their Agency-issued I.D. card.
 - a. In the event there is a need for a "plain-clothes" deputy to be temporarily assigned as a security deputy, the "plain-clothes" deputy will ensure his or her badge and identification card are displayed in plain view.
 13. Upon arrival at the hospital, deputies will ensure they have clear radio communications with the local installation or allied agency within the jurisdiction.
 - a. Deputies will immediately contact hospital security and, if available, hospital security will provide a hospital radio to ensure interoperability with the facility's security deputies. This applies to the emergency room, treatment, and admissions areas.
 14. 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.
 15. Deputies 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.
 16. Deputies 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 deputy is medically detrimental to the deputy or the patient's care. In these cases, deputies will station themselves immediately outside the doorway of the prisoner's room and will maintain a safe distance from the patient while maintaining an unobstructed view of the prisoner
 17. Deputies 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.

18. Deputies and prisoners will comply with hospital rules unless they interfere with good security practices. If hospital orders do interfere with appropriate institutional security, deputies will contact the Duty Officer immediately. The duty officer will resolve the conflict, acting in accordance with established policies and procedures, and if necessary, in consultation with the hospital staff and security.
19. If the prisoner needs additional care in another hospital department, deputies will accompany hospital staff on all movements and assure hospital security personnel are notified prior to any movement.
20. 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.
21. If either deputy must use the restroom, security will be informed. Deputies will not leave their post until security arrives. A deputy's absence from the area will be kept to a minimum. If only one deputy is assigned as a guard, the Agency will provide relief as needed. Hospital security will never be left as the sole guarding authority.
22. If the prisoner becomes violent or disruptive, the assigned deputy(s) will assist and protect the hospital staff to the best of their ability. Proper use of force in accordance with 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.
23. 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.

E. Security/Restraints During Routine Treatment and Admissions

1. 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.
2. All prisoners, regardless of security status, will be secured to the bed, wheelchair, etc., unless prohibited in writing by the physician. As 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.

F. Security/Restraints During Medical Procedures

1. 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.
2. Sight coverage will be maintained in the operating room or other specialty care areas. Hospital staff will instruct deputies where to station themselves in order to be in sight of the prisoner.

3. Upon return to the assigned room, deputies will utilize an approved utility device or tool to remove the flex cuffs.
4. Handcuffs will be placed on the prisoner before flex cuffs are removed for "routine treatment."

G. Prisoner Restroom Usage

1. Prisoner movement to a restroom (even one located in the same room) is inherently dangerous. During all prisoner admissions, deputies 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.
2. The portable commode chair will be placed next to the bed and the prisoner's arm will remain handcuffed to the bed during use. A deputy will unshackle the leg irons from the bed and re-shackle the leg irons to both legs.

H. Meals

1. Deputies 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.
2. Upon completion of the meal, deputies will ensure the plastic spoon has been returned with the tray.
3. Deputies should request of hospital staff meals for the prisoner that can be eaten without utensils such as (sandwiches and soup) where medically possible.

I. Telephone Procedures

1. 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:
 - a. The telephone number of the hospital room will not be given to anyone except the law enforcement duty officer or supervisor;
 - b. The deputy will answer all telephone calls to the hospital room's telephone;
 - c. The prisoner will not be allowed to receive any incoming calls unless authorized by the commander of the arresting deputy or designee; and
 - d. A deputy will place approved calls for the prisoner.
2. All requests for general information regarding the prisoner will be forwarded to the installation where the arrest is being processed.
3. 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.
4. Hospital staff should not confirm or deny any prisoner's presence or provide information to anyone other than an approved and physically present visitor. If practical, the inmate will be registered at the hospital via security for anonymity.

J. Visitors/Visiting Procedure

1. Visitors will not be permitted to visit prisoners except in extraordinary circumstances. The ultimate
2. decision will be made by the appropriate commander or designee after consultation with hospital staff.
3. Nursing staff and hospital security must be advised of all approvals.
4. 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.)
5. Visits will not exceed 30 minutes in length unless special circumstances exist, and an extension is granted by the commanding deputy of the arresting deputy.
6. Visits will be limited to one adult visitor at a time and will only be allowed when two deputies are present.
7. Visitors will have no physical contact with the prisoner.
8. 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.
9. Deputies will be responsible for the security of the prisoner and will ensure that no one other than hospital staff communicates with the prisoner without first obtaining permission from their commander.
10. Deputies are reminded that hospital staff personnel will be identified with photo ID for that facility.

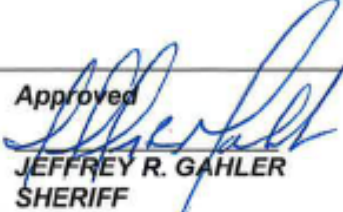
K. Release of Prisoner from The Hospital

1. When the prisoner is released from the hospital, hospital security will be contacted prior to the removal of restraints.
2. The HCSO supervisor will be contacted prior to the transport of the prisoner to the appropriate booking or detention center.
3. If a prisoner's custody status should change while inside the hospital, (i.e., released on bond, released on own recognizance, etc.) the deputies 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 deputies leave the hospital.

L. Request for Disclosure of Protected Health Information

1. A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions described in [45 CFR § 164.512 \(f\)](#) are met for the following law enforcement purposes:
 - a. Pursuant to process and as otherwise required by law;
 - b. Limited information for identification and location purposes;
 - c. Individual who is or is suspected to be a victim of a crime;

- d. Death of an individual if covered entity has a suspicion that the death may have resulted from criminal activity;
 - e. Criminal conduct that occurred on the premises of the covered entity; and
 - f. Reporting crime in emergencies.
2. Whenever the HCSO seeks information necessary, relevant, and material to an official law enforcement investigation, the deputy will complete an Administrative Request for Disclosure of Protected Health Information ([SO-101](#)). The form will be signed by a supervisor and forwarded to the covered entity.

Approved

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SHERIFF
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