

Owner: David Culberson , CEO Contra Costa Regional Medical Center and Health Centers. Approved

INMATE-PATIENT POLICY

PURPOSE STATEMENT: Delineation of the roles and responsibilities of law enforcement and CCRMC and Health Centers ensures that the appropriate safety and security measures are implemented when an Inmate-Patient is seen at or admitted to a Contra Costa Health Services facility.

POLICY STATEMENT:

Contra Costa Health provides compassionate, high-quality care to all patients, without distinction or exclusion based on incarceration status. Inmate-Patients are afforded the same rights as patients who are not in custody of a Law Enforcement Agency, except for rights curtailed for the safety and security of the Inmate-Patient, other patients, the staff, and the public.

An Inmate-Patient is a patient who is in Law Enforcement Agency (LEA) custody, including, local, state, tribal, and federal agencies. The LEA that brings an Inmate-Patient to CCRMC or Health Centers retains complete responsibility for the security, supervision, and custody of the Inmate-Patient for the duration of their medical visit or hospital stay.

The Health Services Security Unit (HSSU) is not responsible for the security, supervision or custody of the Inmate-Patient, including Inmate-Patients in the custody of the Contra Costa County Office of the Sheriff.

To ensure the safety and security of other patients, the Inmate-Patient, staff, and the public, CCRMC and Health Centers staff shall cooperate with non-medical directives given by the LEA. If, in a staff member's opinion, a law enforcement directive will cause or may cause or contribute to a negative medical outcome, or there are other concerns, such as a conflict with hospital policy, the staff member shall promptly escalate this concern to the direct supervisor.

DEFINITIONS:

“In custody” means in the custody of a Law Enforcement Agency.

“Inmate-Patient” means a patient who is in the custody of a Law Enforcement Agency.

“Law Enforcement Agency” or “LEA” means any local, state, tribal, or federal law enforcement agency.

“Responsible Officer” means the Law Enforcement Agency representative on site with direct responsibility for the custody and supervision of an Inmate-Patient.

“Officer” means a peace officer, which includes police officers, LEA agents, and Sheriff’s Deputies.

“Staff” means the staff of CCRMC and Health Centers.

GUIDELINES:

I. General Guidelines for Hospital

A. Law Enforcement Agencies shall be notified of the following CCRMC and Health Centers policies. Staff may provide a copy of this policy to the Responsible Officer. Staff will report incidents of significant non-adherence to their supervisor.

1. Designated Point of Contact: If an officer presents a warrant or court order, staff should contact their direct supervisor. The direct supervisor should contact the onsite administrator. Only onsite administrators have authority to validate court orders or warrants. Onsite administrators should notify and consult with the County Counsel’s Office before responding.
2. LEA Check-In. Officers are required to register and/or check-in with designed staff upon arrival to CCRMC or a Health Center.
3. LEA Verification. If an officer brings an Inmate-Patient to CCRMC or a Health Center for a medical visit or hospital admission, staff should take steps to verify the LEA with which the officer is affiliated and request that the officer show identification or credentials (name, agency, badge number, and supervisor’s name and telephone number).
4. Documentation: All interactions with LEA shall be documented. Concerns should be escalated immediately to the onsite administrator and County Counsel’s Office.
5. Recording/Body Cameras. Body worn camera use is at the Officer’s discretion, however, staff may request the Officer turn off or adjust the position of the camera to safeguard the privacy of other patients and to attempt to minimize active recording in patient care areas.
6. Restraints Applied by LEA.
 - a. Nursing staff will check all restraints for adequate circulation and proper fit (skin breaks/tightness) and may pad the restraints if necessary.
 - b. If a physician or nurse determines that restraints are interfering with life-saving treatment, an emergency procedure, or necessary medical monitoring (like an MRI or limb checks), the officer must remove or adjust the restraints upon the staff’s request.
 - c. The use of restraints on pregnant inmate-patients requires adherence to Penal Code § 3407 as below:
 - I) Prohibited Restraints (Section 3407(a)) - Leg restraints, waist chains, or handcuffing behind the body shall not be

used on known pregnant Inmate-Patients, or while in recovery after delivery. Pregnant Inmate-Patients must only be handcuffed with their hands in front of their bodies to prevent falls and allow them to protect their abdomen if they lose their balance.

- II) Labor, Delivery, and Recovery (Section 3407(b)) - A pregnant Inmate-Patient in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or both, unless deemed necessary for the safety and security of the Inmate-Patient, the staff, or the public using the least restrictive restraints possible.
- III) Medical Override Authority (Section 3407(c)) - Restraints shall be removed when the medical staff who is currently responsible for the medical care of a pregnant inmate during a medical emergency, labor, delivery, or recovery after delivery determines that the removal of restraints is medically necessary.

- 7. Inmate-Patient Searches. The Responsible Officer conducts all searches of the Inmate-Patient, their bed, and their immediate surroundings. Staff do not assist or participate in LEA searches and/or questioning.

B. Privacy and Confidentiality.

CCRMC and Health Centers staff shall follow all established policies and procedures with regard to the disclosure of health information and informed consent. Requests made by an Officer for the immediate release of an Inmate-Patient's health information should be promptly escalated. Staff should take reasonable steps to protect patient privacy, including limiting the officer's presence during care when possible. Staff should communicate with the Responsible Officer regarding measures to preserve patient privacy under the circumstances, which might include the officer exiting the room during active treatment, the officer moving out of earshot, using screens or curtains, and communicating with the Inmate-Patient using a hushed voice or in writing. If warranted, Staff may request contact information for the Responsible Officer's supervisor and discuss these issues with the supervisor.

- C. Use of Medical Equipment. LEA do not use CCRMC and Health Centers' medical equipment with the exception of wheelchairs, crutches, walkers, and other mobility aids as approved by the Charge Nurse.
- D. Visits to Inmate-Patients. All visits to Inmate-Patients are subject to advance approval by the Responsible Officer. Staff will notify the Responsible Officer when a visitor arrives to check in for a visit. Staff may not direct visitors to the Inmate-Patient's location without the express permission of the Responsible Officer. Staff shall contact HSSU if an unauthorized visitor refuses to leave the premises, attempts entry despite the visit denial, or otherwise fails to abide by CCRMC rules. Staff are strictly prohibited from accepting cash, personal effects, gifts or another item from the visitor which are intended for the Inmate-Patient. Staff shall notify the Responsible Officer if a request to do so is made. Visitors to

Inmate-Patients are required to abide by all regular CCRMC visiting rules, such as displaying their visitor pass and observing CCRMC's visiting hours. Inmate-Patient Attorney Contacts. It is the policy of CCRMC and the Health Centers to allow an Inmate-Patient to have contact with an attorney, at the request of the Inmate-Patient. The form of contact, such as in person or by telephone, is to be coordinated with the Responsible Officer. If the Responsible Officer refuses to permit any form of contact with an attorney, Staff should request contact information for the officer's supervisor and discuss the issue with the supervisor.

E. Telephone Privileges.

1. Upon admission, the telephone will be removed from the Inmate-Patient's bedside and provided to the Responsible Officer if requested. Telephone privileges are at the discretion of the Responsible Officer.
2. Outgoing Inmate-Patient telephone calls, when allowed by the Responsible Officer, will be via collect only.
3. Notwithstanding any other provision of this policy, if the disclosure complies with privacy law and policy, staff are expressly permitted to communicate with any person, including the Inmate-Patient's family members or friends, regarding the Inmate-Patient's medical history, condition, care, and treatment. In no event should Staff communicate non-medical information to the person, such as release date, release time, room number, or other information, the release of which may pose safety or security concerns in the opinion of the Responsible Officer.

F. Mail Privileges.

1. Incoming mail addressed to an Inmate-Patient shall be given to the Responsible Officer.
2. Staff are prohibited from mailing any items on behalf of an Inmate-Patient. Staff shall report any requests made by the Inmate-Patient to the Responsible Officer.

G. Communication

1. "No unauthorized communication" shall be posted on the Inmate-Patient's door.

H. Meal Service/Dietary. Nursing Staff shall notify Nutrition Services of Inmate-Patient admissions for a safety tray.

I. Special Precautions and Considerations:

1. Use of Bathroom or Shower: The LEA or Responsible Officer will take special security precautions when Inmate-Patient needs to ambulate or use the bathroom or shower. Nursing staff will communicate with the Responsible Officer for receiving directions regarding walks and bathroom use.
2. Discharge Information. Staff are prohibited from disclosing the discharge date in the presence of the Inmate-Patient until immediately prior to discharge. Staff shall inform the Responsible Officer and receive permission prior to informing the Inmate-Patient.

J. Responding to Unusual Clinical Events or Emergencies:

1. Code Blue (Life threatening): If Code Blue is called for an Inmate-Patient, the Responsible Officer will remove all law enforcement applied restraints

and stand aside. If the Code Blue is for a patient in the same room, the Deputy/Officer will stand aside, while staying as close to the door as possible.

2. Code Red (fire): In the event of an evacuation, the Responsible Officer will remain with the Inmate-Patient until the Code Red ends.
3. Disaster: In the event of a natural or man-made disaster, the Responsible Officer shall remain with the Inmate-Patient and shall receive instructions from the HSSU Chief or their designee.

II. General Guidelines for Health Centers:

- A. When possible, Inmate-Patient should not wait to be seen in the general patient waiting areas. If another, more private area is available, staff will escort the Inmate-Patient and officer to the designated area. At the Martinez Health Center, four “sub-waiting rooms” are designated for this purpose: 1S, 2S, 3S, 3N.
- B. Staff will expedite Inmate-Patients to be seen as soon as possible after arrival to minimize their time in the health center.
- C. If a surgery is scheduled, the Inmate-Patient is requested to sign the relevant paperwork. For security reasons the Inmate-Patient is not informed of the surgery date. Relevant paperwork (including the procedure date) is placed in a sealed envelope and handed to the Responsible Officer.
- D. If a return appointment is required, the Patient-Inmate will not be informed of the appointment date and time for security reasons. Relevant paperwork is placed in a sealed envelope and handed to the Responsible Officer.

REFERENCES:

TJC Standard PC 02.01.01 The Hospital provides the patient with care, treatment, and service according to his or her individualized care plan.

Policy for Obtaining Consent to Photograph, Interview, Publish or Videotape (PolicyStat ID 16706893)

Policy for Partners in Care Visitation (PolicyStat ID 17417369)

Policy 129A- Responding to Immigration Enforcement Issues

Cal. Penal Code § 3407

APPROVALS:

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