

STATEMENT:

Healthcare Facilities (HCFs) will develop policies and procedures that identify the responsibilities and scope of activities of security in performing patient intervention activities. Patient intervention activities include performing patient watches, holds, restraints and seclusions relative to the medical evaluation or treatment of patients.

INTENT:

- a. Management of patient care from the time of presentment for care, to the time of discharge, is the responsibility of clinical care staff.
- b. When security is involved in patient intervention activities, such intervention will be under the direction and supervision of clinical care staff. Security may take independent action when presented with circumstances involving a clear and present danger of bodily harm or danger to property.
- c. The long-term use of security as sitters or in patient watch situations should be avoided unless dedicated security-staffing resources have been allocated for this specific purpose. If other security resources are used, significant efforts should be made to maintain the overall posture of safety on the campus. Placing patients in restraint or seclusion should also include appropriate clinical staff monitoring. If security is used to support this monitoring, the appropriate training should be provided. In general, security should be used to supplement and not replace clinical staff members. The primary role of security should be to assist in patient acting out situations where help is needed to gain control of the patient.
- d. When security assists in the hands on restraint or seclusion of a patient within the facility, where physical force and/or restraint devices are required, the following will apply:
 - 1) There will be continuous presence, direction, monitoring, and supervision of security actions by qualified facility clinical care staff.
 - 2) Restraint devices will be those devices commonly utilized in the medical care environment that have been approved by the HCF. Handcuffs and similar law enforcement restraint devices will not be utilized unless such medical restraint devices are not immediately available and there is an immediate and clear danger that the patient may harm himself or others. It is recognized that law enforcement restraint devices may not be used in any case in specific jurisdictions. The use of weapons by security is considered as law enforcement use and not a healthcare intervention. The use of a weapon by security to protect people, or hospital property from harm would be handled as a criminal activity.
 - 3) Prisoner patients presented by prisoner staff should be restrained by the prisoner staff supplied devices, which may include handcuffs, shackles, manacles or like devices (written in accordance with IAHSS Healthcare Security Guideline 05.10, Prisoner Patient Security).

- e. Security will receive training as to their role with established protocols relative to patient watches, holds, and restraining patients. Collaborative training with clinical staff should include de-escalation and proper patient restraint techniques, mental health holds, Against Medical Advice (AMA) discharges as well as accreditation and regulatory agencies.
- f. Security's patient intervention activities should be documented to include requesting care giver, time of request, instructions given, patient name, time, nature, and duration of service rendered and the identity of all security involved in providing the support service.

REFERENCES:

- Stefan, Susan. Emergency Department Treatment of the Psychiatric Patient Policy Issues and Legal Requirements. American Psychology – Law Society Series. Ronald Roasch. Oxford, New York: Oxford University Press, 2006.
- State Operations Manual, Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Rev. 47, 06/05/2009. Centers for Medicare and Medicaid Services. Web. <<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R47SOMA.pdf>>

SEE ALSO:

- IAHSS Healthcare Security Industry Guideline 05.06, Security in the Emergency Care Setting
- IAHSS Healthcare Security Industry Guideline 05.07, Behavioral / Mental Health - General

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