



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

FORENSIC (D UNIT) SECURITY PROCEDURES

Effective Date: September 24, 2014

Policy #: FP-04

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- I. PURPOSE:** To provide security procedures specific to the Forensic Unit (D Unit) of Montana State Hospital (MSH).
- II. POLICY:** The Forensic Unit of MSH primarily serves individuals charged with crimes, found guilty of crimes, found not guilty by reason of mental illness in criminal proceedings, or persons transferred from state correctional facilities. A higher level of security will be maintained on this unit in order to provide appropriate safety for patients, employees, and the public and to reduce the risk of unauthorized leave. This policy does not apply to other units of MSH where people on forensic commitments may be placed.

III. DEFINITIONS:

Forensic Commitments – Those occurring under Title 46, Section 14 of the Montana Code and refer to person on Court Orders for Evaluation (COE); Unfit to Proceed (UTP); Not Guilty by Reason of Mental Illness (NGMI); Guilty but Mentally Ill (GBMI); or revocation of a conditional release under this section of law. The term also refers to persons transferred from Montana Department of Corrections facilities who may be on civil commitments.

Forensic Patients – Patients at MSH on a forensic commitment.

Forensic Unit – D Wing of the Main Hospital Building.

Contraband – Any item possessed by a patient, found within the facility, or found on campus that is illegal by law, prohibited by policy, or unauthorized by staff at the hospital. Contraband is unauthorized property that has the potential to compromise treatment, the safety of others, or the security of the unit. Examples include, but are not limited to: weapons, sharp instruments, explosives, lighters, matches, rope, illegal drugs, alcohol, unauthorized medicine, keys, cell phones, tools, etc.

Body Cavity – For the purposes of body cavity searches, is considered the vaginal or anal cavity.

IV. RESPONSIBILITIES:

Licensed Independent Practitioner (LIP) assigned to the Unit – To coordinate the day to day management of the unit including safety issues and property allowances with the

Program Manager and Nursing Supervisor by evaluating patient needs and writing orders and making treatment plan entries specific to individual patients.

Program Manager – To manage the program and personnel assigned to the unit in a way that provides safety and security and meaningful active patient treatment.

Nursing Manager – To oversee the delivery of nursing care including the supervision of nursing staff and adherence to security procedures on any and all shifts.

Registered Nurse – To manage operation of the unit on every shift and to provide supervision of nursing department personnel including Licensed Practical Nurses and Psychiatric Technicians.

Psychiatric Technicians – To monitor and follow procedures intended to limit the type and amount of items in a patient's possession or room. To provide other security services (searches, room searches, ward searches, direct monitoring) as indicated or directed.

Security Officers - To monitor safety and security on the unit as needed or requested, encourage compliance with safety policies, and respond to patients who may demonstrate unsafe behaviors or violation of security policies.

Inter-Perimeter Security Team - A Department of Corrections specialized intervention team that may be called on to assist with the management of unsafe behaviors or security violations.

V. PROCEDURES:

A. Property Searches, Allowances, and Management:

1. Psychiatric technicians or nurses will search all property a patient brings to the hospital upon admission. They may withhold any item identified as a potential threat to the safety and security of the unit. They may also withhold property that is considered in excess of that allowed each patient. The Treatment Team will review the withheld items and decide whether to return them to the patient, hold them until the patient discharges, send them to someone in the community, donate, or dispose of them.
2. Psychiatric technicians will monitor the type and amount of property in each patient's **possession or** room during routine and random searches.
3. Random searches of patient's rooms will occur on day and afternoon shift. All patients' rooms will be searched at a minimum one time a month. The nurse manager will coordinate a schedule with the unit day shift nurse. Searches will be documented on the nurse's daily shift report.

4. Entire unit, individual room, or yard searches may occur at any time that staff believe there may be a safety or security issue.
 5. Patients on D wing are allowed personal clothing, property, and effects according to their privilege level status as outlined in the Forensic Program Manual.
 6. No items may be stored on the floor. If patients cannot keep items in their closets or nightstands, they are not allowed.
 7. One cubic foot of storage space per patient in the on-unit closet will be allowed for storage; in addition a small box for personal items behind the nursing station will be allowed to store toiletries.
 8. An electric razor will be allowed if approved by the Forensic Treatment Team.
 9. No computers or video game systems (stand alone or hand held) will be allowed on the unit other than the ones supplied by the hospital.
 10. No plants may be in patient's room.
 11. Sharps, razors, weapons, lighters, matches alcohol drugs, pornography etc., are examples of prohibited items.
 12. The Treatment Team reserves the authority to restrict any property for safety or treatment reasons. Unauthorized property will be confiscated and donated or destroyed.
 13. Patient property may be limited based on their level and associated privileges according to the Forensic Program Level System.
- B. Body Searches:
1. A patient's body will be searched upon admission for contraband. A minimum of two staff members will be present during a body search.
 2. A patient's body may be searched during random searches, returns to the unit, restraint procedures, placements in seclusion, or other times that contraband is suspected. A minimum of two staff members will be present during a clothed body search.
 3. A patient may be required to remove clothing as necessary to complete a search if they are suspected of possessing contraband that poses a threat to the safety and security of the unit. These body searches will be completed in a private room by two staff members of the same gender as the patient. A patient may be required to have a body cavity search as necessary to complete a search if they are

suspected of possessing contraband that poses a threat to the safety and security of the unit. Body cavity searches require a physician's order. Body cavity searches will be completed in a private room by a physician with a nurse present.

4. Patients will not be allowed to bring anything they did not take with them to an off unit activity back onto the unit.
5. Patients need to clear both the walk-through and hand-held metal detectors when returning to the unit
6. Staff must be present at the metal detector to observe patients returning to the unit.
7. Patients coming out of the recreation/rehabilitation room must pass through and clear both the walk-through and hand-held metal detectors. Staff must be present at the metal detector to observe.
8. Patients may be pat searched at any time.

C. Ground Searches:

1. Staff will regularly search the ground within the outside recreation yard, between the fences, and outside the fences for contraband.
2. Staff will regularly check the integrity of the fence around the outside recreation area.

D. Security Doors:

1. Nursing Station:
 - a. Doors to the nursing station will be closed and locked at all times except for when authorized staff are entering or leaving.
 - b. Only one of the two doors (sally-port) shall be opened at a time while staff are entering the nurses station.
2. The door to the control room will be locked at all times except for when the control staff member is entering or leaving. The control room doors shall never be opened at the same time the doors to the nursing room are being used. The control room window shall remain closed at all times for security purposes.

E. Authorized and Unauthorized Areas:

1. Patients are only allowed in their own room or unit common areas of D unit, such as the day room and TV room. Patients are not to go into rooms assigned to other patients.

2. Patients are not authorized to be in the nursing station, within five (5) feet of the of the nursing station doors, or within ten (10) feet of the exit doors unless authorized to enter or exit the unit.

F. Visitation:

1. Patients may be authorized to have a contact visit in the designated visiting room or a non-contact visit through the visiting room window, depending on their level and the treatment team's assessment of their readiness to be safe during visits.
2. All visits will be monitored with the video system for safety, security, and appropriate behavior.
3. Prior to a visit, visitors will be informed about the rules of visitations at the hospital. Contraband will not be allowed during visitation.
4. Visitors other than attorneys, clergy, physicians or other mental health professional persons, will not be allowed to bring any items for patients into the visiting room. Coats and handbags must be stored in provided lockers or left in cars.
5. Attorneys, clergy, physicians, and mental health professional persons are permitted to bring authorized materials necessary for the purpose of the visit.
6. Patients who return from the visiting room will be pat searched and clear the metal detector or the hand held metal detector.
7. Visitors may put money into patients' accounts.
8. Visitors may leave phone cards, authorized property, and clothes for the patient with a staff member to be approved and searched.
9. Level one and level two patients will be allowed non-contact visits by camera through the visiting window. Level three through level eight may have contact visits in visitor's room. Level nine and level ten may have contact visits on campus.
10. Inappropriate behavior such as aggression, sexual contact unauthorized substance use, or any threatening or aggressive behavior will result in termination of visit.
11. The treatment team reserves the authority to deny a visit for safety or treatment reasons.

G. Purchases:

1. Patients may make purchases from vendors which must be sent directly by the vendor to the unit, received by staff, searched, and authorized before given to the patient.
2. If a package comes in from a family member and there are unauthorized items, they will be returned at the expense of the patient. If the patient does not have money to return the item, it will be considered “abandoned property” and will be donated or destroyed.

VI. REFERENCES: DOC Policy 3.1.17, Searches and Contraband Control

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Director of Clinical Services; Director of Nursing, Forensic Unit Treatment Team, and Safety Officer.

VIII. RESCISSIONS: #FP-04, *Forensic (D Unit) Security Procedures* dated December 24, 2008; #FP-04, *Forensic (D Unit) Security Procedures* dated January 2, 2008.

IX. DISTRIBUTION: All hospital policy manuals

X. REVIEW AND REISSUE DATE: September 2017

XI. FOLLOW-UP RESPONSIBILITY: Forensic Program Manager

XII. ATTACHMENTS: None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date
Medical Director