PURPOSE: To establish and update guidelines for physical plant and procedural security measures, to ensure that custody and control is maintained over patients committed to the state mental hospital Forensic Centers.

BACKGROUND: The Forensic Centers have been established to ensure that the intent of the Mental Health Procedures Act is fulfilled, by providing inpatient psychiatric evaluation and treatment, as ordered by the courts, while ensuring that criminal detention is maintained. The Mental Health Procedures Act requires that persons charged with, convicted or found NGRI on serious criminal charges, who are committed to inpatient mental health evaluation or treatment under that Act, receive inpatient services in facilities which maintain the conditions of criminal detention imposed by the jails and prisons in which these individuals would otherwise be incarcerated. Conditions of criminal detention include the exercise of custody and control over Forensic Center patients. Policies, procedures, staff training, physical plant and environmental security features developed to provide custody and control over forensic patients are intended to prevent felonious escape and the commission of other criminal acts by these patients, and to assure the safety of patients, staff and the community. Custody and control responsibilities are not applicable to the treatment of civil patients, nor to those charged with or convicted of crimes whom the committing court elects to commit to a civil state mental hospital, thereby waiving the requirement for criminal detention.

Over the last 20 years, the sophistication of these forensic security related policies, procedures and equipment has evolved as a result of ongoing assistance from the Department of Corrections and other criminal justice agencies, the shared experiences of forensic systems in other states, and dramatic technological advances. The attached guidelines are intended to replace existing forensic security related bulletins and create a comprehensive and uniform description of security policies, practices and environmental features which reflect these advances.

Each Forensic Center Director is responsible for the development and annual review of internal Center policies and procedures which implement each of the topics covered in these guidelines. Future security reviews conducted by the Office of Mental Health with the assistance of the Department of Corrections and other criminal justice agencies will use these guidelines for evaluating the effectiveness of forensic security related risk management practices at each Center.
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I. PERIMETER SECURITY:

Each Forensic Center has physical plant, technological and procedural controls which create a "secure perimeter", designed to prevent the unauthorized movement of people and contraband in and out of the facility. Forensic Center patients remain within the envelope created by this secure perimeter at all times during hospital commitment. Patients are transported outside this perimeter by Center Forensic Security Employees only to receive specialized medical care in the community or non-secure clinic areas of the host hospital, or to participate in legal proceedings in the company of criminal justice authorities.

Perimeter security enables the Center to perform its custody and control functions by preventing escape, unauthorized contact between patients subject to criminal detention and the outside world, the passage of contraband into and out of the facility, and successful attempts to breach the perimeter by external parties.

A. Physical plant and technological features of perimeter security:

Such features must be individually tailored to accommodate the physical space occupied by the Center. However, at a minimum these features shall include:

*a security station or booth at the main entrance, protected on its external perimeter by bullet proof glass, with a pass through opening for dispensing visitor passes, etc.

*A sally port with electronically controlled doors, through which patients, staff, visitors and workmen enter and exit.

*.a walk through metal-detector located between the main entrance and the sally port exit leading into the secure perimeter.

* ancillary perimeter doors electronically monitored by closed circuit TV cameras and electronically controlled whenever possible.

* exterior lighting around the perimeter of the building and yard, sufficient to allow ready visual detection of any unauthorized movement along the perimeter.
* All exterior windows to which patients have access are covered by intact heavy duty detention screens. Windows opening directly from patient dorm and bathroom areas to areas outside the secure perimeter shall be monitored by sensor and alarm systems, as funding permits.

* The exercise yard and its access way are included in the secure perimeter. Yard walls which are not part of the Forensic Center's edifice are enclosed with security fencing or wall capped with razor wire or other breech protection equipment. Architectural features of any edifice walls enclosing the yard which could be climbed are modified, covered or removed to prevent scaling.

* Clean areas are established on both sides of yard fences to permit detection of contraband and intruders.

* Loading docks and dietary, laundry or other service entries are located outside the secure perimeter or are electronically controlled and monitored.

* Elevators which open both inside and outside of the secure perimeter shall be electronically controlled and monitored.

11. KEY CONTROL:

Each Forensic Center Director shall establish key control policies and procedures consistent with the Center's physical plant layout, staffing patterns and internal forensic risk management committee recommendations to ensure that unauthorized persons do not deliberately or inadvertently come into possession of interior or exterior Center keys.

111. EMERGENCY RESPONSE SITUATIONS: HOSTAGE TAKING, RIOT, ESCAPE AND DISASTER PLANS:

Each Center Director shall develop and review, on no less than an annual basis, plans and procedures covering emergency situations, to include hostage situations, riots, disasters and escapes. The plans shall describe the agreements reached with local and state criminal justice and emergency service agencies and their authority, functions and reporting channels within the Center in the event of such emergency. The plans shall designate the location of emergency command centers both-inside and outside of the perimeter, clearly designate the chain of command, reporting responsibilities and duties of all staff in the event of such emergency on all shifts, and describe the coordination expected among Center staff, other hospital personnel, and the hospital's overall emergency plans.

Drills for each type of emergency situation shall be conducted at least twice annually, with documented debriefing and plan changes enacted to reflect drill results.
Hostage plans shall involve participation of state or local police and/or the Department of Corrections, and be consistent with best practice to secure the safe release of hostages while maintaining custody of the perpetrators. The Department of Corrections can provide assistance in the development and review of these plans.

Escape plans must facilitate the prompt search and recapture of escaped patients, and ensure immediate notification of the Center Director, the Superintendent, hospital security staff and state or local police.

The disaster plan shall include plans for full or partial evacuation within and outside of the perimeter, so that detention is maintained and patient safety and treatment may be continued.

Center Directors shall have the authority to coordinate the involvement of state and local police in the management of Forensic Center specific emergencies.

Superintendents shall immediately inform their supervisory chains of command in the event of an above named emergency involving notification and/or participation of outside agencies. Media inquiries should be coordinated with the DPW press office.

IV. PATIENT MOVEMENT:

Forensic Center patients may not leave the secure perimeter during hospitalization except for specialized medical care and legal proceedings, in the company of FSE or criminal justice personnel. Forensic Center patients may not leave the secure perimeter for grounds privileges, on-grounds or off-grounds activities whether- supervised or not, home visits, or work release activities. NGRI patients ready for trials of increasingly independent movement shall, with the approval of the court, be transferred to the appropriate civil ward.

V. PATIENT TRANSPORTATION FOR MEDICAL SERVICES OUTSIDE THE SECURE PERIMETER:

When Forensic Center patients must be transported outside the secure perimeter for medical services, during which transport and custody are the Forensic Center's responsibility, the following procedures are mandated:

1. Mechanical restraints, made of either metal or leather, shall be employed to maintain custody and control over forensic patients whenever a forensic center patient is transported and escorted outside the secure perimeter by hospital staff. A physician" order is not needed when restraints are used for custody purposes, nor does 55 PA code Chapter 13, governing use of restraints for clinical purposes, apply to the mandatory use of restraints employed for purposes of maintaining custody.
2. At a minimum, the patient shall be placed in two point restraint, i.e. two wrists attached to a waist belt with hands positioned at the person's front or sides or, alternately, ankle to ankle, during transport and ambulation outside of the perimeter.

3. During the performance of actual medical procedures, including general hospital admissions, a minimum of one point restraint shall be employed at all times when the patient is confined to a bed or other fixed position furnishings; i.e., wrist or ankle to bed. If the patient is placed in a gurney or wheelchair, two point restraint securing two limbs to the conveyance at two points, shall be employed.

4. The type of restraint and additional paints of restraint may be authorized for custody purposes at the discretion of the Center Director, according to the Forensic Center’s policy and procedural manual, based on the perceived escape risk posed by the patient and his criminal history and charges.

5. FSE staffing escort during patient escort shall be consistent with the provisions at the current bargaining unit agreement, and may be increased at the Center Director's discretion. At least one FSE will maintain line of sight observation at all times while the patient is in restraint for custody purposes during transport and medical procedures outside the secure perimeter. Additional staff shall be assigned at the discretion of the Center Director to assure that detention is maintained.

6. As a rule, the patient will be permitted no visitors or phone calls during external hospital treatment unless the Center Director approves such visitors or calls in advance, because of special circumstances such as the critical or terminal condition of the patient. Unless the Center Director approves an exemption to this rule, family members will not be told beforehand when or where the patient is being taken off grounds for medical care. They should instead be informed that such care is anticipated and be appraised of the clinical condition and needs of the patient which necessitate such care. Family should also be updated frequently on the clinical progress of the patient's illness and response to medical treatment during such off-grounds care.

7. Points of restraint may be alternated by FSEs to improve patient comfort, as frequently as needed and as the circumstances permit without jeopardizing custody.

8. If modification, reduction or removal of the restraint is deemed essential by the external treating physician during specific medical or diagnostic treatment procedures in an external treatment facility, FSEs may comply only as necessary for the duration of the procedure. When such procedures are anticipated, the Center Director may elect to send additional staff with the patient to ensure that detention is maintained. Removal or reduction of restraint for any other purpose during external medical treatment shall require approval of the Center Director.
9. FSEs shall remain in regular contact with Center supervisory staff throughout escort duties, in a manner and frequency described in Center policies.

10. Each Forensic Center shall develop internal policies and procedures to implement these guidelines, including the type and Levels of restraint to be used for security purposes during transport, decision making procedures, how custody will be maintained during treatment procedures which preclude line-of-sight observation or necessitate the reduction of restraints, the frequency and manner of FSE escort reporting to the Center, and documentation of restraint use for custody purposes.

VI. INTERNAL PHYSICAL PLANT AND TECHNOLOGICAL SECURITY MEASURES

Within its unique physical space, each Center shall develop the capacity to separate, isolate and contain Living, activity, treatment and other patient use areas.

Patient activity, recreational and workshop space shall be inventoried, and the presence of inventoried items shall be checked at the beginning and end of each period of use. Implements, tools, appliances shall be secured in locked cabinets or on pegboards at designated locations.

Aerosol cans, razors and other personal care care items which have the potential for use as implements of escape, as weapons or as instruments of crime shall be inventoried and stored in secured areas, and checked after each period of use. (Electric shavers with disposable heads are recommended.)

FSEs shall accompany all patient movement within the perimeter to locations away from the Living area. Where multiple wards are located within the perimeter, the ability to contain these areas and eliminate unauthorized patient movement among them must be developed.

Lighting, plumbing, and other fixtures shall be constructed and attached to floors, ceilings and walls in a manner that lessens the risk of tampering. Tamper proof screws shall be installed to replace screws and nails that could be loosened by patients. Shower areas shall provide for patient privacy without use of shower curtain rods that could be used as weapons. Interior glass shall be shatterproof. Dropped tile ceilings shall not be used in dorm or bathroom/toilet areas. Mirrors shall be installed in living areas to provide visual observation of architectural blind spots. The environment shall be kept in good repair to prevent construction materials from being removed and fashioned into tools of escape or weapons. Disposable eating utensils shall be used, and shall be counted after each use. Bed linens shall be counted daily to ensure that extra sheets are not being secreted to use in escape attempts.

Workable transfirskers, i.e.; hand held metal detectors, shall be available on each living area, at the main entrance security station, and in visiting, admission and activity areas.
VII. ENVIRONMENTAL ROUNDS:

Environmental rounds of the living area shall be conducted at each change of shift, by FSEs representing each shift, and at one other random time during each shift. Results shall be documented and problems reported immediately to supervisory staff, including the Center Director or designee.

A method of obtaining expedited work orders to repair problems presenting potential security problems shall be implemented with the cooperation of the host hospital's chain of command. If potential security breeches are discovered, patients shall be removed from the area until repair is completed or the problem is corrected. Each Center shall develop internal policies and procedures for the conduct, documentation and reporting of environmental rounds, including designation of personnel responsible for corrective action.

At a minimum, environmental rounds shall include checks on the integrity of the following:

- exterior windows and screens
- interior and exterior doors
- fire alarms and other emergency equipment
- plumbing fixtures, bath and toilet areas
- shop, activity and dorm areas, day rooms, class rooms, porches
- and hallways in the living area

Environmental rounds of off-ward areas within the Center's perimeter, including but not limited to barber shop, clinics, workshops, activity and recreational rooms, the visiting room, chapel, and outdoor exercise yard, shall be conducted before patient use of these areas, according to Center policies and procedures.

All Forensic Center employees share the responsibility for maintaining a safe and secure environment in the Forensic Center, and are expected to report any suspected or observed loss of physical plant or procedural integrity promptly, as directed by Center policies and procedures.

VIII. PATIENT HEAD COUNT:

A patient head count involving visual identification of all patients on the census shall be conducted at shift change, before and after all off-ward group activities, and at other times according to Forensic Center policy. Results shall be documented in writing; discrepancies shall initiate conduct of an immediate search and institution of escape procedures.

Center policies shall describe the reporting and documentation mechanisms, responsible parties and time frames for head count and for action, necessitated by a post head count search.
IX. SECURITY INSPECTIONS:

Security inspections are thorough, unannounced searches conducted at random to eliminate any contraband which may be hidden within the perimeter. Such searches lose their value if they are conducted on a routine or predictable basis. In general, security inspections should be conducted at irregular intervals by varied shifts in every area of the Center at least once every 30 days, with the prior authorization of the Center Director or designee. Dependent on the location and patient access to off-ward areas within the perimeter, isolated areas of the center may be searched at times when they are not in use, i.e. midnight shift, not necessarily simultaneously with living area searches.

The inspection shall include a search of patient lockers, dressers, nightstands, cabinets, shelves, bathrooms, under bed areas, activity rooms, the gym, shops, visiting rooms, the yard, dining room, and all other areas to which patients have access. Patients shall be present in the areas in which their storage and personal items are being searched. A complete personal search of each patient shall be conducted in conjunction with the bed area search, and patients shall subsequently be sequestered in a clean area until the inspection is completed. If there is reasonable suspicion that a patient has contraband on his person during a security inspection, an external body search may be added to the personal search with the authorization of the Center Director or designee. Attention to architectural details in which contraband could be hidden, including vents, light fixtures, and bathroom fixtures shall be included in the inspection.

Contraband discovered in the inspection shall be disposed of according to this Bulletin and internal Center policy. Results of the inspection shall be documented and reported immediately to the Center Director or designee.

X. SHAKEDOWNS

(Emergency Security Inspections with Cause) A shakedown is a thorough-search of the environment and its occupants for contraband, when the reasonable suspicion that contraband is present exists. The Center Director or designee shall authorize all shakedowns and document the findings. Center policies and procedures shall describe the procedures to be used to order, conduct and document shakedowns.

XI. CONTRABAND:

Each Center's policies and procedures shall define those items and substances which patients are prohibited from obtaining, possessing or
Using while in the center, and shall stipulate procedures for its appropriate
disposal. In general, contraband is considered any substance which could be
used or fashioned for use as an implement of escape or crime, or which could be
used to harm self or others or to conceal such an item from detection.
Contraband also includes alcohol and non-prescribed legal and illegal drugs,
pharmaceuticals and chemicals.

Legal contraband includes all objects and substances which are
legally made or purchased but which the Center prohibits its patients to make,
obtain or possess while patients at the Center, as described in Center policy.

Illegal contraband includes those items or substance which
citizens of Pennsylvania are statutorily prohibited from making, using 7 obtaining
or possessing. Illegal contraband shall be turned over to the local barracks of the
state police. Illegal contraband includes but is not limited to:

Any firearm in the possession of a forensic patient or confiscated
from a visitor of a forensic patient, or which is delivered or mailed
to a forensic patient;

Instruments of crime or weapons, as defined in 18 PA CS Section
907 especially made or adapted for criminal use, or “anything
commonly used for criminal purposes and possessed by the actor
under circumstances not manifestly appropriate for lawful uses it
may have .... Anything capable of lethal use and possessed under
circumstances not manifestly appropriate for lawful uses which it
may have. The term includes a firearm which is not loaded or
lacks a clip or other component to render it immediately operable,
and components which can readily be assembled into a weapon”;

Prohibited offensive weapons, as defined in 18 PA CS Section
908, including any bomb, grenade, machine gun, sawed off shot
gun, firearms specially made or adapted for concealment or silent
discharge, any blackjack, sandbag, metal knuckles, dagger, knife,
razor, or cutting instrument, the blade of which is exposed in an
automatic way by switch, push-button spring instrument or
otherwise, or any implement for infliction of serious bodily injury
which serves no common lawful purpose;

Illegal narcotics and drugs.
XII. DISPOSITION OF CONTRABAND:

A. LEGAL CONTRABAND:

A receipt shall be given to the patient from whom legal contraband has been taken, noting the date, the items, the owner, and the employee confiscating the object. The item shall be tagged and stored in a secure place, and returned to the owner upon his departure, if the owner is a visitor, or discharge, if the owner is a patient. In lieu of storage, the item may be turned over to a person (who is not a state mental hospital patient or an inmate of a state or county correctional facility), whom the patient designates.

B. ILLEGAL CONTRABAND:

Confiscation of illegal contraband shall be reported to the Center Director, the Hospital Superintendent and the local barracks of the State Police. The person from whom the contraband was taken shall be informed that the object will be turned over to criminal justice authorities.

A written record of confiscated legal and illegal contraband shall be maintained by the Center.

XIII. INCOMING MAIL AND PACKAGES

A. INCOMING PACKAGES:

Whether received by hand delivery or incoming mail, UPS, etc., packages destined for receipt by forensic patients shall be searched and delivered in the following manner.

1. Suspicious packages, those which the Center Director or designee has the reasonable suspicion may contain a bomb, incendiary device or other illegal contraband, shall be transfrisked and inspected before entering the secure perimeter. Local state police barracks should be contacted immediately for disposal assistance. The Superintendent or designee, and the Director of Hospital Security, shall also be contacted promptly.

2. All packages should be transfrisked, and logged in at the security station or other non-patient access area, and the date, time, recipient, sender and person lagging the package noted.
3. Items hand delivered by visitors shall be transfrisked, unwrapped, opened and visually inspected in front of the visitor, and handled as in 4. below, before being delivered to the patient. Visitors may be advised that articles being brought to the center for patient use in the living area, permissible under Center policy, should be placed in paper bags to facilitate search. If gift wrapping is desired, the package may be wrapped by the visitor after inspection and before delivery to the patient.

4. Packages which have been mailed or shipped to the patient shall be transfrisked and documented as described in 2. above. The employee taking the package to the patient shall log it out with time, date and signature, carry it directly to the receiving patient, open it, transfrisk and visually search the contents for contraband in the presence of the receiving patient, remove and dispose of the wrappings including any metal foils used in packaging, and unwrap, search and transfrisk any smaller packages contained in the larger package. Contraband shall be disposed of in accord with this Bulletin and Center procedures. The employee shall enumerate the contents of the package in writing, along with the date, name of the sender and recipient.

5. The patient shall sign a written receipt for the package when it is given to him or her.

B. INCOMING MAIL:

If there is reasonable suspicion that the envelope contains contraband, incoming mail should be transfrisked at the security station. If metal is detected, the envelope should be opened in the presence of witnesses, at the direction of the Center Director or designee, and the findings documented in writing.

All mail delivered to the patient shall be opened by the FSE in the presence of the patient. The envelope and its contents should be visually searched and transfrisked for contraband. Staff are not to read the patient's mail, unless authorized to do so by the Center Director because the reasonable suspicion exists that the text relates to plans of escape or other criminal activity.

Contraband must be removed and handled according to this bulletin and Center policy.

XIV. VISITING POLICIES:

Each Center shall establish, post and make available to visitors and patients the Center's policies and procedures relating to patient visitation. These policies shall contain the days and times when patient friends and family may visit, the procedural requirements for such visits, the center's policy on contact visits, and items which may and may not be brought into the visiting room for patient use during the visit. Visitors shall not mail, deliver or bring food, drink or tobacco products to the Center for patient use.
It shall be the patient's decision whether or not to see any prospective visitor.

The Center Director or designee may deny visiting privileges to any individual who fails to comply with the visiting rules, or engages in prohibited behavior during a visit. Former Forensic Center patients shall not be permitted to visit current patients except for official business with permission of the Center Director. Arrangements for visitation by the children and other close relatives of the patient under the age of 18 should be included in Center policies. Children are subject to the same search procedures as adults.

Visitors shall be required to provide photo identification and to sign the visitor log before admission. Purses, parcels and other carry-in items shall be checked in lockers outside the perimeter which are provided for this purpose. Each visitor shall be required to pass through the metal detector, and if an alarm sounds, shall be asked to submit to a personal search, including emptying pockets and a visual inspection of the mouth, a transfrisker search and a pat down search, only to the extent necessary to identify the object causing the alarm. Any personal search which involves pat down procedures shall be conducted by a trained employee of the same sex as the visitor. If the visitor chooses not to be subject to a personal search, as is his or her right, the visitor shall not be permitted to visit on that occasion. Nor may the visit proceed if the personal search fails to detect the object triggering the metal detector's alarm. The patient should be informed of the reason that the visit was cancelled, and the name of the visitor and the reason for denial of visitation shall be both administratively documented and noted in the patient's clinical record.

Results of all searches, denial of visitation and discovery of contraband shall be documented clinically and administratively as appropriate, according to Center policies and procedures. Contraband shall be disposed of according to the guidelines of this Bulletin and Center policy.

Patient visits shall be confined to designated visiting areas, which are under constant staff supervision and visual observation. Patients may not use visitor restrooms.

Items which are permitted in the visiting room for patient use during visits, i.e., photos, letters, reading material, cards, documents, must be thoroughly searched, both visually and by transfrisker, before being taken into the visiting room. Packages being brought for patient use in the living area should be handled as described in section XI11 of this Bulletin.
XV. VISITS BY ATTORNEYS, PERSONAL CLERGY, WORKMAN, AND OTHER OFFICIAL NON-EMPLOYEE VISITORS

Workmen entering the unit for repair and construction shall be permitted to carry in only those tools necessary for the completion of the job. The tools carried into the unit shall be inventoried before and after admission to the secure perimeter. Non-employee tradesmen shall provide picture identification, sign the log, and show proof of company representation. Patients shall be removed from areas where construction and repair work is being conducted. A thorough environmental search shall be conducted after the job has been completed, and before patients are permitted to access the work area.

Attorneys and personal clergy may visit with their clients in an area providing auditory privacy, if requested, but permitting visual observation of the patient. Arrangements for attorney and clergy visits outside of normal visiting hours should be available. Clergy, attorneys and officers of the court are subject to the same search requirements as other patient visitors. Briefcases and religious articles may be brought into the visiting area if they are visually searched and transfrisked prior to entry.

Nothing in this Bulletin is intended to prohibit or discourage patient visitation, but to ensure that it is conducted in a manner which does not jeopardize the safety or security of the Center, its patients and employees.

XVI. TYPES OF SEARCHES

A. PERSONAL SEARCH: Applicable to Both Patients and Visitors

A personal search includes the use of electronic/mechanical hand held metal detectors, visual inspection of the person's open mouth, emptying of pockets, removal of belts, jewelry and shoes which may contain metal, inspections of the person's carried possessions and clothing. With the exception of metal bearing accessories, the person remains fully clothed during a personal search. A hands-on, pat-down of the clothed person may be included in the personal search. All staff authorized by the Center Director to conduct personal searches must be trained to perform the procedure; this training shall be documented: Personal searches of any visitor which entail hands-on pat down contact between the searcher and the subject of the search, in addition to metal detector and transfrisker scan of the visitor's person, shall be conducted by a member of the same sex, with a same sex witness. Personal searches of female patients involving pat-down procedures, shall be performed by female staff. However, female staff may perform pat-downs of male patients.

Policies and procedures describing personal searches, when they will be used and the training and authorization required to perform such searches shall be documented in the Center's policy and procedural manual.
Personal searches of visitors need only proceed to the degree of intrusiveness necessary to identify the object(s) which triggered the metal detector alarm, unless there is the reasonable suspicion that the visitor is carrying contraband and a pat-down is authorized by the Center Director or designee.

B. EXTERNAL BODY SEARCHES: Applicable to Patients Only

External body searches entail visual inspection of a disrobed individual's body and thorough inspection of the person's clothing, by a trained staff person of the same sex in the presence of a same-sex witness who is authorized by the Center Director to perform such searches. Such searches shall be conducted in privacy. External body searches must be ordered and authorized by the Center Director or designees.

C. INTERNAL BODY SEARCHES: Applicable to Patients Only

Internal body searches involve examination of body cavities, including the mouth, vagina and/or rectum by a medical professional, i.e. physician, physician's assistant or Registered Nurse, in the presence of a witness of the same sex as the person being searched. Internal body searches may be ordered only by the Center Director or designee when reasonable suspicion exists that contraband is hidden in a body cavity.

All internal body searches shall be documented administratively, and in the patient's clinical record, according to Center policies and procedures. This documentation shall include the purpose of the search, names of examiner and witness, the facts giving rise to reasonable suspicion, and the results of the search.

Internal body searches must be conducted in private in an appropriate examining room.

D. INVOLUNTARY MEDICAL EVALUATIONS:

Involuntary medical evaluations include exam patient and/or the performance of diagnostic and laboratory tests to determine whether a patient has ingested a contraband substance, when reasonable suspicion exists to believe that such ingestion has occurred.

Involuntary medical evaluations must be ordered by a physician, with the authorization of the Center Director or designee, and performed by appropriate medical professionals. These evaluations shall be documented in the clinical record, as well as administratively, and the entry shall fl include the purpose of the examination, the facts giving rise to reasonable suspicion that contraband has been ingested, the procedures the evaluation entailed and its outcome and any follow-up actions.
E. REASONABLE SUSPICION:

The conclusion being made may be correct less than %50 of the time; but it is based on evidence and reasoning that can be articulated, and is not merely intuition or hunch.

XVII. PATIENT SEARCH INDICATORS

Patient searches shall at all times be performed in a manner that respects the dignity of the patient and his or her personal privacy, by trained personnel whose demeanor is non-threatening, reassuring and professional. Staff training in search techniques shall include direction and discussion of appropriate professional demeanor and use of the minimum amount of personal intrusion during patient searches.

A. MINIMUM MANDATORY SEARCHES:

On admission to the forensic center and on return from medical, legal or unauthorized leave, all patients shall undergo an external body search before having unsupervised access to patient living areas.

Following any contact visit, or return from any off ward activity including shop, gym, yard exercise, and therapeutic activities involving tools and implements which could be fashioned into instruments of crime, including assault or escape, a complete personal search, including visual inspection of the mouth, pat down, transfrisking, and removal and examination of the shoes shall be conducted before the patient returns to the living area. Off-ward activities which do not involve the availability of such tools or implements should be followed, at a minimum, by transfrisking, and randomly conducted personal searches.

Other searches may & established by local policy to meet the unique needs of the Center's physical layout and program.

XVIII. CQI:

There shall be a Forensic Center CQI plan approved by the hospital's CQI Coordinator, which shall include appropriate studies of issues relating to forensic security and forensic risk management.

XIX. STAFF TRAINING:

All staff assigned to work in the Forensic Center, including staff assigned to relief nursing duties in that Center, shall receive annual training in all security policies and procedures. FSEs shall be involved in the development and presentation of such training. All FSE recruits shall complete the basic DPW FSE orientation program before assuming independent duties in patient areas.
Center Director and one forensic psychiatrist of their choice shall participate in at least 15 hours of forensic specific in-service or out-service training each year, to ensure their knowledge of legal, security and specialized treatment issues relating to the forensic population remains current.

**XX. FORENSIC RISK MANAGEMENT COMMITTEE:**

Each Center Director shall appoint a standing forensic risk management committee to identify, recommend review and evaluate the center’s security related policies, procedures and practices. This committee shall include FSE’s designated by the Center Director and members of other key disciplines. This committee shall not function as a substitute for local bargaining unit meetings.

**XXII. OBSOLETE BULLETINS:**

Mental Health Bulletin 99-87-06; Search of Visitors and Patients at State Mental Hospitals Forensic Unit and Farview State Hospital.

Mental Health Bulletin SMH-95-02; The Use of Mechanical Restraint for Custody Purposes by State Mental Hospital Forensic Centers.