Minnesota Hospital Association

Health Care and Law Enforcement Collaboration Road Map

MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Each road map is tiered into fundamental and advanced strategies:

- **Fundamental strategies** should be prioritized for implementation, and generally have a strong evidence base in published literature in addition to being supported by multiple professional bodies and regulatory agencies.
- **Advanced strategies** should be considered in addition to fundamental strategies when there is evidence the fundamental strategies are being implemented and adhered to consistently and there is evidence that rates are not decreasing and/or the pathogenesis (morbidity/mortality among patients) has changed.

Operational definitions are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Interdisciplinary safety team including law enforcement partners	**FUNDAMENTAL** *(check each box if "yes")* ☐ The health care organization has an interdisciplinary team involved in developing and overseeing a communication plan with law enforcement to maintain 24-hour operations. Some examples of a communication plan include: - Direct communication plan set up between hospital and law enforcement leaders to troubleshoot emergency situations - Public communication strategy established - Health care and law enforcement leaders and frontline staff meet regularly and routinely ☐ The health care organization has a prior notification of arrival process in place with law enforcement. The process specifies exchange of safety information. Prior notification before arrival may occur, but is not limited to the following situations: - Incarcerated person in need of health care services - Person in a "Not Free to Leave" status needs health care services - Person arriving under a peace officer or health officer authority	• HIPAA Privacy Rule Example of health care and law enforcement collaboration at the local level - Avera Marshall Regional Medical Center: • MOU • Readiness Calendar • Annual EOP summary • Emergency Operations Plan - Policy • Weapons Policy • Law Enforcement and Blood Draws *Resource provided by Avera Marshall Regional Medical Center.* • 144.291 Minnesota Health Records Act • Information Brief, Minnesota House of Representatives: Health Data Collected Without Individual Consent • Joint Commission Written Security Management Plan Requirements

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Interdisciplinary safety team including law enforcement partners, continued	*Safety information may include the following: history of violence; history of escape attempts; history of assaultive behavior; indication if assistance by the hospital and/or hospital security is needed; information on other individuals that may try to contact with individual (i.e. family members); and, if known, indication of "Free to Leave" or "Not Free to Leave" status.* ☐ The health care organization has developed and implemented a security plan. Development and implementation of the security plan should include the following: - A designated leader for the security plan - Dedicated time for the designated leader to develop, train staff, implement and review plan - Policies and procedures have been developed to address all aspects of hospital security - If security staff is contracted, hospital will validate that contracting agency has provided appropriate health care training ☐ The health care organization has a process in place to provide information sharing with law enforcement, which complies with HIPAA and Minnesota Health Records Act. ☐ The health care organization has a communication process in place with law enforcement to receive the results of a public safety risk assessment conducted on all individuals brought to the hospital by law enforcement. The public safety risk assessment will consider the following: - Mobility of the individual - Potential for the individual to become violent ☐ The health care organization collaborates with the law enforcement organization to ensure a police officer, deputy and/or correction officer is present during the hospital stay if a person is determined to be in "Not Free to Leave" status during the hospital stay due to violence or other public safety factors. The law enforcement organization ensures the officer is in uniform with a level 2 or greater law enforcement restraint (holster and lock) and is present with the individual at all times. Exceptions to a police officer's presence include: - A person being intubated - A person in surgery	• Level 2_400 Bed Hospital Security Plan example • Level 3_100 Bed Hospital Security Plan example

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Interdisciplinary safety team including law enforcement partners, continued	- A person who is immobile - A person in any other incapacity *Hospital security may be utilized to provide a presence during brief (restroom) breaks after properly being briefed per the health care organization's discretion. (NOTE: Hospital security officers cannot be used as detention guards)*	
	ADVANCED *(check each box if "yes")* ☐ The health care organization has developed and implemented a security program. A security program is more advanced than a security plan and may include a security department and employed and licensed security officers.	
Emergency Holds and Peace Officer/Health Officer Authority	**FUNDAMENTAL** *(check each box if "yes")* ☐ The health care organization understands the 253B.05 Emergency Hold and Peace Officer and Health Officer Authority statute and relevant definitions. Discussion has occurred with local law enforcement to clarify this process. *Peace or health officer authority begins:* *(1) upon determination by a peace or health officer that the conditions required in Subd. 2 are present. Such a determination shall be documented consistent with the peace or health officer's organizational policies, or* *(2) pursuant to a statement from an examiner that a person is subject to an emergency hold and requires transportation to a treatment facility, to the extent that the peace or health officer agrees to assist in such transportation.* *Peace or health officer authority ends when:* *(1) the peace or health officer who made the initial determination (or his or her designee) determines that the person no longer meets the conditions required by Subd. 2 and communicates such determination to the person and others involved in the care or treatment of the individual,*	• 253B.05 Emergency Admission • Emergency Hold Order • Emergency Medical Treatment and Labor Act (EMTALA) • Emergency Admission 253B.05, Subd. 2 • Emergency Admissions 253B.02 Definitions including: - Subd. 7 – Examiner - Subd. 8 – Head of the treatment facility - Subd. 9 – Health officer - Subd. 16 – Peace officer • Standing Court Order for Custodial Patient Sixth Judicial District • Example of Request for Notification from Law Enforcement *Resource provided by Essentia Health.*

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Emergency Holds and Peace Officer/Health Officer Authority, continued	*(2) another peace or health officer makes a determination that the conditions required by Subd. 2 are present. Such a determination shall be documented consistent with the peace or health officer's organizational policies, or* *(3) an examiner has examined the person and made a determination that the person does not have a condition meeting the standards of either an emergency hold or a peace or health officer authority and that determination is communicated to the peace or health officer, or* *(4) when an emergency hold pursuant Subd. 1 begins and the application of the emergency hold is communicated to the peace or health officer.* ☐ The health care organization has a process in place to ensure staff safely receive a person under a peace officer authority and a safe waiting space is provided by the hospital for the patient and staff. An example of a safe space includes safe rooms. ☐ If a person under an emergency admission leaves a treatment facility without consent or is discharged during a 72-hour hold, the health care organization has a process in place to notify the law enforcement organization that transported the person. The health care organization has a process in place to collect contact information of the law enforcement organization upon admission (i.e. registry).	
	ADVANCED *(check each box if "yes")* ☐ The health care organization designs spaces that provide safety and security of patients, families and providers while creating a compassionate and healing environment. Safety design may include de-escalation design and high security rooms.	• BWBR Human-Centered Safety™
Child Protective Services	**FUNDAMENTAL** *(check each box if "yes")* ☐ The health care organization has a process in place to notify child protective services and law enforcement if mandated reporting of maltreatment of a minor occurs. ☐ The health care organization has a process in place to ensure law enforcement communicates when a child is taken into custody and clinical patient care staff are trained on protocols for taking a child into custody and removing the child from family and/or a guardian.	• 626.556 Reporting of Maltreatment of Minors • 260C.175 Taking a Child into Custody

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Medical Evidence Recovery	**FUNDAMENTAL** *(check each box if "yes")* ☐ The health care organization has a process in place to respond to court orders if a response is required. Court orders should include the name of the facility and address. A copy of the court order should be shown to the health care organization.	• 626.16 Delivery of Copy of Warrant Next and Receipt
	ADVANCED *(check each box if "yes")* ☐ The health care organization collaborates with law enforcement to provide training to clinical patient care staff on cross-contamination prevention techniques for medical evidence recovery.	