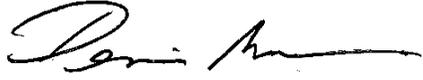




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SUBJECT: <p>Security Guidelines for Regional Forensic Psychiatric Centers</p>		BY:  <p style="text-align: center;">Dennis Marion, Deputy Secretary Office of Mental Health and Substance Abuse Services</p>

SCOPE:

Regional Forensic Psychiatric Centers
 State Mental Hospital, CEOs
 Regional Program Managers
 Public Defenders
 County Jail/Prison Wardens
 District Attorneys
 Superintendents, State Correctional Institutions
 Sheriffs
 President Judges
 County Behavioral Health Programs

PURPOSE:

To establish and update guidelines for physical plant and procedural security measures, to ensure that patient care, custody and control is maintained within the Regional Forensic Psychiatric Centers (RFPC).

BACKGROUND:

The Regional Forensic Psychiatric Centers were 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 of 1976 (MHPA), 50 P.S. § 7101 *et seq.*, requires that persons charged with, convicted or found Not Guilty by Reason of Insanity (NGRI), on serious criminal charges, who are committed for inpatient mental health evaluation or treatment under that Act, receive inpatient services in facilities which maintain the conditions of criminal detention for safety and security. Conditions of criminal detention include the exercise of "patient care, custody and control" for individuals committed to RFPCs in adherence to policies, procedures, staff training, physical plant and environmental security features developed to provide active treatment and recovery oriented care while maintaining custody and control of forensic patients. These security guidelines are intended to prevent felonious escape and the commission of other criminal acts by these individuals, and to assure the safety of patients,

COMMENTS AND QUESTIONS REGARDING THIS POLICY SHOULD BE DIRECTED TO:
 Bureau of Community and Hospital Operations, DHS-OMHSAS, P. O. Box 2675, Harrisburg,
 PA 17105 or phone 717-346-0359.

staff and the community. Patient care, custody and control responsibilities are not applicable to the treatment of patients within the civil section of the facility, nor to those charged with or convicted of crimes who the committing court elects to commit to a civil state psychiatric hospital, thereby waiving the requirement for criminal detention. Patient care, custody and control refer to providing dignified and respectful treatment for patients within a secure setting.

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 and recovery focused treatment.

Each RFPC Chief Executive Officer is responsible for the development and annual review of internal RFPC policies and procedures which implement each of the topics covered in these guidelines. Future security reviews conducted by the Office of Mental Health Substance Abuse Services with the assistance of other criminal justice agencies will use these guidelines for evaluating the effectiveness of forensic security related risk management practices at each RFPC (Attachment).

ATTACHMENTS:

Security Review Document

OBSOLETE BULLETINS:

This bulletin makes State Mental Hospital Bulletin # SMH-P-12-02 obsolete.

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- I. **PERIMETER SECURITY**: Each RFPC 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. RFPC patients remain within the envelope created by this secure perimeter at all times during hospital commitment. Patients are transported outside this perimeter by Forensic Security Employees (FSEs) to receive specialized medical care and/or to attend legal proceedings in the community or non-secure areas.

Perimeter security enables the RFPC to perform its patient care, 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.

Physical plant and technological features of perimeter security must be individually tailored to accommodate the physical space occupied by the RFPC; however, at a minimum these features shall include:

1. 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.
2. A Sally Port with electronically controlled doors, through which patients, staff, visitors and workers enter and exit.
3. A walk-through, metal detector located between the main entrance and the sally port exit leading into the secure perimeter through which all entering the facility must clear and sign in.
4. Ancillary perimeter doors shall be secure and electronically monitored by video surveillance and be electronically controlled whenever possible.
5. Exterior lighting around the perimeter of the building and courtyard is sufficient to allow ready visual detection of any unauthorized movement along the perimeter.
6. 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.
7. The courtyard and its access way are included in the secure perimeter. Courtyard walls which are not part of the RFPC's edifice are enclosed with security fencing or wall capped with razor wire or other breach protection equipment. Architectural features of any edifice walls enclosing the yard which could be climbed are modified, covered or removed to prevent scaling.
8. Unobstructed areas are established on both sides of the perimeter fence to permit detection of contraband and intruders.
9. Loading docks and dietary, laundry or other service entries are located outside the secure perimeter or are electronically controlled and monitored, including in person presence of FSE whenever the security of the perimeter is unclear or compromised.
10. Elevators shall be secure and electronically monitored.
11. Courtyards will be inspected and secured as an unobstructed area prior to any patient use.

12. FSEs assigned to the sally port/control booth are responsible to maintain the secure Perimeter.

- II. **KEY CONTROL**: Each Chief Forensic Executive (CFE) shall establish key control policies and procedures consistent with the RFPC's physical plant layout, staffing patterns and internal forensic risk.

Management Committee recommendations are to ensure that unauthorized persons do not deliberately or inadvertently come into possession of interior or exterior RFPC keys.

- III. **EMERGENCY RESPONSE SITUATIONS: HOSTAGE TAKING, RIOT, ESCAPE AND DISASTER PLANS**: The Hospital Emergency Plan will be used as determined necessary and as appropriate for each specific emergency situation. Each CFE shall develop and review, on no less than an annual basis, plans and procedures addressing emergency situations. The hospital plans shall designate the location of emergency command 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, describing the coordination expected among RFPC staff, other hospital personnel, and the hospital's overall emergency plans. Drills will be conducted with documented debriefing and procedure revision enacted to reflect drill results. Tabletop exercises may be incorporated to review procedures. All of the below emergency situations require immediate notification of the CFE, CEO, Executive Director OMHSAS Community and Hospital Operations, state and local police and others as determined necessary by the situation. The CEO and RFPC Executives or designees shall have the authority to contact the state and local police related to the management of RFPC specific emergencies. Chief Executive Officers shall immediately assure notification of the Executive Director OMHSAS Community and Hospital Operations. Media inquiries must be coordinated with the DHS Communications Office.

1. Hostage plans shall involve participation of state or local police and be consistent with best practice to secure the safe release of hostages while maintaining custody of the perpetrators. Once the State Police are notified and arrive on scene, the State Police direct incident command.
2. Escape plans must facilitate the prompt search and return of escaped patients and ensure immediate notification of the hospital security staff and state and/or local police in addition to the notification
3. The disaster plan shall include plans for full or partial evacuation within and outside of the perimeter so that detention and patient safety is maintained and treatment may be continued.

- IV. **PATIENT MOVEMENT**: RFPC patients may not leave the secure perimeter during hospitalization except for specialized medical care and legal proceedings and in the company of a FSE or criminal justice personnel with additional treatment staff as appropriate. RFPC patients may not leave the secure perimeter for grounds privileges, on-grounds or off grounds activities whether supervised or not, home visits, community visits or work release activities. Any forensic patient ready for trials of increasingly independent movement shall, with the approval of the court, be transferred to the appropriate alternative

discharge option or civil placement. Any variation in the level of security would require court involvement, approval and court orders. Patients may not be cuffed, shackled or mechanically restrained for the purpose of movement within the secure perimeter. In the event of charges being dismissed and verification of dismissal by the court, the individual will be transported for discharge without restraint.

- V. **PATIENT TRANSPORTATION OUTSIDE THE SECURE PERIMETER:** Each RFPC 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 on how custody will be maintained during treatment procedures, which preclude line of sight observation or necessitate the reduction of restraints will be determined by the Chief Forensic Executive or Chief Executive Officer. Each RFPC will also develop internal forms to document restraint use for custody purposes.

When transporting patients outside of the secure perimeter of the RFPC the following procedures are required:

1. Whenever an RFPC patient is transported and escorted outside the secure perimeter by hospital staff, mechanical restraints, made of either metal or leather, shall be employed to maintain care, custody and control of forensic patients. For the purpose of total evacuation, flex cuffs may be employed rather than metal or leather. A physician's order is not needed when restraints are used for custody purposes, nor does 55 Pa. Code Chapter 13 apply.
2. At a minimum, the patient shall be placed in two point restraint, e.g. 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. Under the Healthy Birth for Incarcerated Women Act (61 Pa.C.S. § 5905), no restraints shall not be placed on a pregnant woman during any stage of labor, any pregnancy-related medical distress, any period of delivery, any period postpartum, or during transport to a medical facility as a result of any of the preceding conditions or transport to medical facility after the beginning of the second trimester in the absence of an "extraordinary medical or security circumstance."
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; e.g. wrist or ankle to bed. If the patient is placed on a gurney or wheelchair, a two point restraint securing two limbs to the conveyance at two points shall be employed.
4. The type of restraint and additional points of restraint may be authorized for custody purposes at the discretion of the CFE, according to the RFPC's policy and procedural manual based on documented escape risk posed by the patient and his/her criminal history and charges.
5. FSE escort assignments shall be consistent with the Commonwealth, Department of Human Services, OMHSAS, hospital and nursing department policies and procedures and the provisions of the current bargaining unit agreement, and may be increased at the CFE'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.

6. Additional staff shall be assigned at the discretion of the CFE to assure that detention is maintained.
7. As a rule, the patient will be permitted no visitors or phone calls during external hospital treatment. In extraordinary circumstances, the CFE and CEO will evaluate the situation and make a determination. 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 on the clinical progress of the patient's illness and response to medical treatment during such off-grounds care in accordance with HIPAA regulations and security measures.
8. Points of restraint may be alternated by the FSE to improve patient care and comfort as frequently as needed and as the circumstances permit without jeopardizing custody and control. Flex cuffs are to be used during MRI or other specialized tests with similar requirements.
9. 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. The FSE must immediately inform the Forensic Registered Nurse Supervisor (FRNS) of this information. When such procedures are anticipated, the CFE 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 CFE.
10. FSEs shall remain in regular contact with RFPC supervisory staff throughout escort duties. FSE's shall provide a written progress note to RFPC Supervisory or nursing staff following escort duties. Documentation must reflect hospital policy. Documentation regarding the specific details must be provided by the FSE prior to departure from the shift.

VI. INTERNAL PHYSICAL PLANT AND TECHNOLOGICAL SECURITY MEASURES:

1. Within its unique physical space, each RFPC shall develop the capacity to separate, secure, and contain living, activity, treatment and other patient use areas.
2. 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, and appliances shall be secured in locked cabinets or on pegboards at designated locations.
3. Personal care items, such as electric razors, 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.
4. 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.
5. 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 the use of shower curtain rods that could be used as weapons. Interior glass shall be shatterproof. As the physical plant structure evolves, the elimination of dropped tile ceilings shall be considered wherever possible. 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 hidden to use in escape attempts.

6. Workable trans friskers, i.e., hand held metal detectors, shall be available for each living area as well as in visiting, admission and activity areas, plus availability in other areas as needed.
7. Staff entering the secure perimeter is to adhere to the established contraband list to maintain the secure environment. At no time are staff to provide items that may jeopardize the safety or security of the perimeter. Staff may not sell, give, barter, loan, exchange or share items that give the appearance of impropriety or are forbidden boundary crossings.

It is the responsibility of the FSEs to constantly monitor the environment and patients to maintain the secure perimeter. Forensic staff are to immediately report to their supervisor and the CFE as well as document any security variances, concerns or incidents.

VII. ENVIRONMENTAL ROUNDS:

1. Environmental rounds of the living area shall be conducted at each change of shift by FSEs representing each shift, and at least one other random time during each shift. Any concern, discovery, or issue that is identified shall be documented and problems reported immediately to supervisory staff, including the CFE or designee.
2. A method of obtaining expedited work orders to repair problems presenting potential security problems shall be implemented with the cooperation of the state mental hospital's chain of command. If potential security breaches are discovered, patients shall be removed from the area until repair is completed or the problem is corrected. Each RFPC shall develop internal policies and procedures for the completion, documentation and reporting of environmental rounds, including designation of personnel responsible for corrective action.
3. At a minimum, environmental rounds shall include checks on the integrity of the following:
 - a. Exterior windows and screens
 - b. Interior and exterior doors
 - c. Fire alarms and other emergency equipment
 - d. Plumbing fixtures, bath, toilet areas and laundry areas
 - e. Shop, activity and dorm areas, day rooms, class rooms, porches and hallways in the living area.
4. Environmental rounds of off-ward areas within the RFPC's perimeter, including but not limited to barber shop, clinics, workshops, activity and recreational rooms, the visiting

room, chapel, and outdoor courtyard, shall be conducted before patient use of these areas, according to RFPC policies and procedures.

5. All RFPC employees share the responsibility for maintaining patient care, custody and control in the RFPC, and are expected to report any suspected or observed loss of physical plant or procedural integrity promptly, as directed by RFPC policies and procedures.

VIII. **PATIENT COUNT:** A patient 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 RFPC policy. Results shall be documented in writing. Discrepancies shall result in the initiation of an immediate search and as determined necessary, implementation of escape procedures.

RFPC policies shall describe the reporting and documentation mechanisms, responsible parties and timeframes for patient count and for action, necessitated by a post patient count search.

IX. **SECURITY INSPECTIONS:** Security inspections are thorough, unannounced searches conducted at random to identify and 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 RFPC at least once every 30 days, with the prior authorization of the CFE or designee. Dependent on the location and patient access to off-ward areas within the perimeter, isolated areas of the RFPC may be searched at times when they are not in use, i.e. midnight shift, not necessarily simultaneously with living area searches.

A dignified and respectful inspection will occur and will include a search of patient lockers, dressers, nightstands, cabinets, shelves, bathrooms, under bed areas, activity rooms, the gym, shops, visiting rooms, the courtyard, dining room, and all other areas to which patients have access. The individual will be requested to remove items from their drawers, lockers, etc. for inspection. Should the individual decline to remove the items themselves, staff will neatly remove and inspect the items in the presence of the individual and then neatly replace the belongings in the drawer, locker, etc. Patients shall be present in the areas in which their storage and personal items are being searched. A complete non-punitive 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 CFE or designee. An FRN and/or FRNS must be present for all searches. Attention to architectural details in which contraband could be hidden, including vents, light fixtures, and bathroom fixtures, etc., shall be included in the inspection.

Contraband discovered in the inspection shall be disposed of according to hospital policy. Results of the inspection shall be documented and reported immediately to the CFE or designee as well as to Performance Improvement Risk Management.

- X. **SECURITY INSPECTIONS WITH OR WITHOUT CAUSE:** A security inspection with cause is a thorough search of the environment and its occupants for contraband when a reasonable suspicion that contraband is present exists. The CFE or designee shall authorize all Security Inspections with Cause and review all documentation and determine disposition for any findings. A debriefing should be held at the conclusion and a documented record of any pertinent details. RFPC policies and procedures shall describe the procedures to be used to order, conduct and document emergency security inspections with cause.
- XI. **CONTRABAND:** Unified RFPC policy and procedures shall define those items and substances which are prohibited by anyone within the secure perimeter of the RFPC, and procedures for appropriate disposal of all contraband. In general, contraband is any item or 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, any item which may compromise the safety or security of the RFPC, items which may create an alliance with a patient that violates professional boundaries or to conceal such an item from detection. Contraband also includes alcohol and non-prescribed legal and illegal drugs, pharmaceuticals, chemicals and electronic devices.

Contraband includes all objects and substances which are legally made or purchased but which the RFPC prohibits patients to make, obtain, or possess while patients at the RFPC, as described in RFPC/hospital policy.

Contraband also includes those items or substances which citizens of Pennsylvania are statutorily prohibited from making, using 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:

1. 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.
2. Instruments of crime or weapons, as defined in 18 Pa.C.S. § 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".
3. Prohibited offensive weapons, as defined in 18 Pa.C.S. § 908, including "any bomb, grenade, machine gun, sawed off shotgun, 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;" and all weapons of any kind fashioned of any material are prohibited.
4. All non-prescribed narcotics, drugs and inhalants.

XII. DISPOSITION OF CONTRABAND:

1. **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 at 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), designated by the patient. Detailed documentation will be maintained within the patient medical record of the contact information for the designated individual who has received the legal contraband.
2. **CONTRABAND DEFINED BY LAW AS ILLEGAL:** Confiscation of contraband defined as illegal by law shall be reported to the CFE, the CEO, and/or the local barracks of the State Police. The person from whom the contraband was taken shall be informed that the object(s) will be turned over to criminal justice authorities as determined appropriate.
3. A written record of confiscated legal and illegal contraband shall be maintained by the RFPC.

XIII. PATIENT CONTACT:

1. **PACKAGES** are not permitted to be mailed or otherwise delivered to individuals in the RFPC. Any exception must be approved by the CFE and Treatment Team.
2. **INCOMING MAIL:**
 - a. The incoming mail will be transfrisked at the Sally Port/Control Booth. If metal is detected, the envelope will be opened in the presence of witnesses, at the direction of the CFE or designee, and the findings documented in writing.
 - b. All mail delivered to the individual shall be opened by the FSE in the presence of the patient. Staff are not to read the individual's mail, unless authorized to do so by the CFE because reasonable suspicion exists that the text relates to plans of escape or other criminal activity.
 - c. Contraband must be removed and handled according to this bulletin and hospital policy.
3. **PHONE CALLS:**
 - a. Phone contact with any victims are prohibited.
 - b. Restrictions on phone contact can only be made with physician order and must be reviewed and reordered for a period not to exceed 48 hours.
 - c. For cause in an emergent situation phones for patient use may be deactivated.

XIV. VISITING POLICIES:

Visits by Family and Friends: Each RFPC shall establish, post and make available to visitors and patients the RFPC's policies and procedures relating to patient visitation. These policies shall contain the appointment times when patient, friends and family may visit, and the procedural requirements for such visits.

1. It shall be the patient's decision whether or not to see any prospective visitor.
2. Upon admission and periodically, the patient through the Social Worker will identify persons who are permitted to visit in advance of time of visit. The Social Worker will share with the permitted visitors the RFPC visiting policy, contraband listing and days/hours for visitation.
3. The CFE 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. Visitors under the age of 18 must be accompanied by a parent or guardian.
4. Any questions regarding specific visitors or visiting circumstances will be directed to the CFE/CEO before permitting the visit.
5. Visitors shall be required to provide government issued photo identification and to sign the visitor log before entry. Purses, parcels and other carry-in items shall be placed 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 trans frisker 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 will be informed of the reason that the visit was cancelled, and the name of the visitor. The reason for denial of visitation shall be both administratively documented and noted in the patient's clinical record.
6. Patient visits shall be confined to designated visiting areas, which are under constant staff supervision and visual observation. Patients may not use visitor restrooms.
7. Visitors shall not bring food, drink, money, tobacco products or any other items into the RFPC for the purpose of giving them to the patient. However, limited items may be purchased onsite for consumption by the patient during the visit. The items purchased will be passed from the visitor to the FSE and then from the FSE to the patient. No items will be permitted to be taken by the patient back to the unit following the conclusion of the visit. Items may not be shared between the patients.

Visits by Workers: Workers entering the unit for repair and construction shall be permitted to bring 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.

As necessary, 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.

Visits by Attorneys, Personal Clergy, and Hospital Staff and with other Official Non-Employee Visitors: Attorneys, personal clergy and other official visitors may visit with

their clients in an area providing auditory privacy, if requested, but permitting visual observation of the patient. All visits must be scheduled or prearranged. 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 trans frisked prior to entry and approved prior to entry.

Communication between the attorney and client is privileged and confidential.

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 all.

XV. SEARCHES OF INDIVIDUALS:

1. REASONABLE SUSPICION is based on evidence and reasoning that can be articulated, and is not merely intuition. Documentation giving rise to reasonable suspicion could include the patient chart, Incident Reports, and environmental rounds documentation.
2. 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.
3. MINIMUM MANDATORY SEARCHES. Searches shall be done:
 - a. On admission to the RFPC, all patients shall undergo an external body search before having unsupervised access to patient living areas,
 - b. Upon return from Medical/Legal or other external appointments,
 - c. When custody is transferred from RFPC staff,
 - d. A complete personal search, including visual inspection of the mouth, pat down, trans frisking, and removal and examination of the shoes shall be conducted before the patient returns to the living area, following any visit, or return from any off ward activity including gym, meals, courtyard exercise, and therapeutic activities involving tools and implements that could be fashioned into instruments of crime, including assault or escape.
 - e. Off-ward activities which do not involve the availability of such tools or implements that could be fashioned into instruments of crime, including assault or escape, should be followed, at a minimum, by transfrisking, and randomly conducted personal searches, and
 - f. Random searches shall be conducted at a minimum of once a month on each shift. Other searches may be established by local policy to meet the unique needs of the RFPC's physical layout and program.
4. PERSONAL SEARCH: Applicable to Patients, Staff and Visitors.

- a. A personal search includes the use of electronic/mechanical hand held metal detectors, visual inspection of the person's open mouth, emptying of pockets,
 - b. 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. As a last resort, the visit will be ended or will not be permitted to begin. All staff authorized by the CFE to conduct personal searches must be trained to perform the procedure. This training shall be documented. Personal searches of patients involving pat-down procedures shall be performed by same sex staff when possible.
 - c. 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 RFPC's policy and procedural manual.
5. **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 FSE of the same sex in the presence of a same sex witness/FRN who is authorized by the CFE to perform such searches. Such searches shall be conducted in privacy. External body searches must be ordered and authorized by the CFE or designees.
 6. **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 must be ordered and conducted by the physician with immediate notification of the CFE or designee when reasonable suspicion exist that contraband is hidden in a body cavity. All internal body searches shall be documented on the Incident Report (SI815) and in the patient's clinical record, according to RFPC 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.
 7. **INVOLUNTARY MEDICAL EVALUATIONS:** Not related to clinical or medical condition, involuntary medical evaluations include examination of the patient and/or the performance of diagnostic and laboratory tests to determine whether a patient has ingested a foreign object, 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 CFE or designee or with Court Order and performed by appropriate medical professionals. These evaluations shall be documented in the clinical record, as well as administratively, and the entry shall 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 required.

XVI. **PERFORMANCE IMPROVEMENT:** The RFPCs participate in the hospital's performance improvement program. Continuous performance improvement must be integrated into all aspects of the RFPC.

XVII. **STAFF TRAINING**: All staff assigned to work in the RFPC, including staff assigned to provide nursing duties in the RFPC, shall receive orientation and annual training in all security policies and procedures.

XVIII. **FORENSIC RISK MANAGEMENT AND SAFETY COMMITTEE**:

1. Each CEO shall assure that RFPC related Risk Management and Safety issues are identified and addressed either at the hospital or RFPC level to identify, recommend, review and evaluate the RFPC's security related policies, procedures and practices.
2. RFPC representatives shall include FSEs designated by the CFE and members of other disciplines. This work shall not function as a substitute for local bargaining unit meetings.
3. Statewide collaboration will occur related to Risk Management.

XIX. **SECURITY REVIEW**: Security reviews are completed by the Office of Mental Health and Substance Abuse Services with the assistance of other criminal justice agencies. Attachment 1 provides the areas to be reviewed during each security review which will occur at least every three years at each RFPC.

ATTACHMENT 1

Security Reviews RFPC Outcomes

External Perimeter: Adequate Light, Identification on Building, Fence, Windows Secure, Cameras, Areas around Building Free of Hiding Places, Communication, Unwanted Visitor Procedure, Someone Identified as Responsible to check outside Security Building, Building solely for Forensic Use, Entry to Building Controlled Monitored by Primary User

Entrance Inside Security Perimeter: All Entry Points Controlled, Only One Entry Designated for Access, Sally Port, All Unit Doors Secured, All Unit Doors Controlled by Unit, Elevator, Key Control

Patient Environment Hallway/Bedroom/Quiet Room: Furniture, Window Screens, Recreation Equipment, Search Procedure in Place, Procedure for Door, Patients Supervised, Free of Areas to Hide Contraband, Fire Equipment, Adequate Lighting, Free of Areas from Which to Hang, All Areas Easily Observed, Environmental Check Procedure, Heat/ Ventilation, Number of Patients in Hallway Monitored, Office Doors Locked

Bathrooms/Shower Rooms/Laundry Room: Furniture, Window Screens, Search Procedure in Place, Procedure for Door, Patient Supervised, Free of Areas to Hide Contraband, Fire Equipment, Environmental Check Procedure, Heat/ Ventilation, Supplies Controlled, Free From Points on Which to Hang, Monitoring Procedure, Adequate Lighting, Free of Articles Easily Removed, Not Able to be Barricaded, All Areas Easily Observed, Monitoring Procedure

Patient Environment Dayroom: Furniture, Window Screens, Recreation Equipment, Search Procedure in Place, Procedure for Door, Patient Supervised, Free of Areas to Hide Contraband, Fire Equipment, Adequate Lighting, Free of Areas from Which to Hang, All Areas Easily Observed, Environmental Check Procedure, Heat/ Ventilation

Patient Environment - Treatment Team, Exam and Medication Rooms: Furniture, Window Screens, Search Procedure in Place, Procedure for Door, Patient Supervised, Free of Areas to Hide Contraband, Fire Equipment, Adequate Lighting, Free of Areas from Which to Hang, All Areas Easily Observed, Medications and Treatments Secured, Environmental Check Procedure, Heat/ Ventilation

Patient Environment Dining Room/Kitchen: Furniture, Window Screens, Recreation Equipment, Search Procedure in Place, Procedure for Door, Patient Supervised, Free of Areas to Hide Contraband, Fire Equipment, Adequate Lighting, Free of Areas from Which to Hang, All Areas Easily Observed, Environmental Check Procedure, Heat/ Ventilation, Utensils Inventoried, Articles on Hutch Inventoried

Patient Environment-Recreation Room: Equipment, Inventories, Communication with Main Unit/ others, Free of Potential Weapons, Staffing Sufficient for Number of Patients Attending Activity, Security Checks, Selection Process for Patients, Free of Areas to Hide Contraband, Fire Equipment, Adequate Lighting, Free of Areas from Which to Hang, All Areas Easily Observed, Environmental Check Procedure, Heat/ Ventilation

Miscellaneous: Training, Staff clearly identified, Evacuation Procedure, Handling of Linen, Barber Visits, Visits by Lab Personnel, Visits by Canteen Personnel, Communication inside Security Perimeter

ATTACHMENT 2

**Acronyms and Definitions Related to the
Regional Forensic Psychiatric RFPC Bulletins**

Acronyms

BSU	Base Service Unit
CFE	Chief Forensic Executive
CSP	Community Support Plan
SCU	Service Coordination Unit
CITCSP	Comprehensive Individual Treatment and Community Support Plan
CITP	Comprehensive Individualized Treatment Plan
CMS	RFPCs for Medicare and Medicaid Services
DHS	Department of Human Services
DOC	Department of Corrections
DOH	Department of Health
FSE	Forensic Security Employee
FRN	Forensic Registered Nurse
FRNS	Forensic Registered Nurse Supervisor
GBMI	Guilty But Mentally Ill
HIPAA	Health Insurance Portability and Accountability Act
IC	Incident Command
IST	Incompetent to Stand Trial
MHPA	Mental Health Procedures Act
NGRI	Not Guilty By Reason of Insanity
OMHSAS	Office of Mental Health and Substance Abuse Services
RFPC	Regional Forensic Psychiatric Center
SRTP	Sexual Responsibility and Treatment Program
SCI	State Correctional Institution
SMH	State Mental Hospital

Definitions

The Act: The Mental Health Procedures Act (50 P.S. § 7101 et. seq.).

Active Treatment: Psychiatric treatment and rehabilitation interventions that ameliorate problems or symptoms and promote the acquisition of skills, supports and resources needed for community living. All interventions must be specifically designed to improve an individual's condition. For an activity to be considered a part of active treatment there must be a specific relationship between the activity and a goal or objective of an individualized treatment plan.

Clean Area: An area that has been inspected/ searched and cleared for safety and security.

Comprehensive Individual Treatment and Community Support Plan (CITCSP): A strength-based process where a person's support and treatment team meet with the person to assist in discovering self-identified goals; skills, and community opportunities for successful community integration.

Correctional Facility: Any detention facility, jail or prison directly operated by or contracted for by a municipal, county or state government.

Drill: A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a fire department conducts a decontamination drill).

Forensic patient: Any defendant who is committed under Article IV of the Mental Health Procedures Act, 50 PS § 7101 et seq. or other legal commitments to the state forensic service.

Guilty But Mentally Ill (GBMI): A defendant may be found GBMI at trial if it is determined beyond a reasonable doubt that the person is guilty of an offense, and was mentally ill at the time the offense was committed.

Incompetent to Stand Trial (IST): Substantial inability to understand the nature or object of the proceedings against him/her or to participate and assist in his/her defense.

Inpatient Forensic Psychiatric Program: An identifiable, organized program, operated under the governance of a state, county or municipal correctional facility, that provides 24 hour inpatient psychiatric services in physical space dedicated to the program's use, to criminally detained or incarcerated persons with serious mental illness who are admitted or committed to inpatient psychiatric care under the provision of the Mental Health Procedures Act.

Not Guilty By Reason of Insanity (NGRI): A legal status that means the individual has been adjudicated by a court or jury as not responsible because of mental infirmity, disease or defect.

Regional Forensic Psychiatric Centers: Provide active psychiatric treatment and/or psychiatric evaluation in a medium security facility to persons that are involved with the county-based judicial/corrections systems.

Tabletop Exercise (TTX): A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.

Treatment Team: An interdisciplinary team of at least three persons appointed by the program director, who are involved in the patient's treatment, including at least one physician and one health professional in mental health.

