



ISSUE DATE: April 4, 2012	EFFECTIVE DATE: May 1, 2012	NUMBER: SMH-P-12-02
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SUBJECT: Security Guidelines for Regional Forensic Psychiatric Centers	BY:  Philip E. Mader Director Community and Hospital Operations
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SCOPE:

Regional Forensic Psychiatric Centers
State Mental Hospital, CEO
Regional Program Managers

BUSINESS PARTNERS:

Public Defenders
County Jail/Prison Wardens
District Attorneys
Superintendents, State Correctional Institutions
Sheriffs

PURPOSE:

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

BACKGROUND:

The RFPC have been established to ensure that the intent of the Mental Health Procedures Act (MHPA) is fulfilled, by providing inpatient psychiatric evaluation and treatment, as ordered by the courts, while ensuring that criminal detention is maintained.

COMMENTS AND QUESTIONS REGARDING THIS POLICY SHOULD BE DIRECTED TO:
Director, Bureau of Community and Hospital Operations, DPW-OMHSAS, P.O. Box 2675, Harrisburg, PA
17105-2675 or phone 717-783-8335

The MHPA of 1976 requires that persons charged with, convicted or found Not Guilty by Reason of Insanity (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 for safety and security. Conditions of criminal detention include the exercise of "care, custody and control" for individuals committed to RFPC. Policies, procedures, staff training, physical plant and environmental security features developed to provide care, custody and control of forensic individuals are intended to prevent felonious escape and the commission of other criminal acts by these individuals, and to assure the safety of individuals, staff and the community. Care, custody and control responsibilities are not applicable to the treatment of individuals 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. Care, custody and control refer to providing dignified and respectful treatment within a secure setting.

Forensic security-related policies, procedures and equipment are ever evolving as a result of ongoing assistance from the Department of Corrections (DOC) and other criminal justice agencies, the shared experiences of forensic systems in other states, and 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 Regional Forensic Psychiatric Center Chief Executive 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 Substance Abuse Services with the assistance of the DOC and other criminal justice agencies will use these guidelines for evaluating the effectiveness of forensic security related risk management practices at each Center (Attachment 1).

OBSOLETE BULLETIN: This bulletin obsoletes the State Mental Hospital Bulletin 97-04; Security Guidelines for State Mental Hospital Forensic Centers.

The following are attachments to this policy:

ATTACHMENT 1: Security Review

ATTACHMENT 2: Acronyms and Definitions Related to the Regional Forensic Psychiatric Centers Bulletins

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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 to receive specialized medical care in the community or non-secure clinic areas of the host hospital.

Perimeter security enables the RFPC to perform its 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 workmen enter and exit.
3. A walk through, metal detector located between the main entrance and the sally port exit leading into the secure perimeter.
4. Ancillary perimeter doors shall be secure and electronically monitored by closed circuit TV cameras and electronically controlled whenever possible.
5. Exterior lighting around the perimeter of the building and courtyard, 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 Regional Forensic Psychiatric Center'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. Clean areas are established on both sides of yard fences 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.
10. Elevators shall be secure and electronically monitored.

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 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:

Each CFE shall develop and review, on no less than an annual basis, plans and procedures addressing 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 defining their authority, functions and reporting channels within the RFPC 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, describing the coordination expected among RFPC staff, other hospital personnel, and the hospital's overall emergency plans. Drills for each type of emergency situation will be conducted with documented debriefing and procedure revision changes enacted to reflect drill results.

1. Hostage plans shall involve participation of state or local police and/or the Department of Corrections (DOC), and be consistent with best practice to secure the safe release of hostages while maintaining custody of the perpetrators. The Department of Corrections may provide assistance in the development and review of these plans.
2. Escape plans must facilitate the prompt search and return of escaped patients and ensure immediate notification of the CFE, the Chief Executive Officer, hospital security staff and state and/or local police.
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.
4. Regional Forensic Psychiatric Center Executives shall have the authority to coordinate the involvement of state and local police in the management of RFPC specific emergencies.
5. Chief Executive Officers 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 Communications Office.

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 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, or work release activities. NGR1 patients ready for trials of

increasingly independent movement shall, with the approval of the court, be transferred to the appropriate civil placement. Any variation would require court order.

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

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

1. Mechanical restraints, made of either metal or leather, shall be employed to maintain care, custody and control of forensic clients whenever an RFPC patient is transported and escorted outside the secure perimeter by hospital staff. 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.
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. Act 45, amending title (Penal and Correctional Institutions of the Pennsylvania Consolidated Statutes). No restraints shall 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.
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, 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 staffing escort during patient escort shall be consistent with 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 unless the CFE approves such visitors or calls in advance, because of special circumstances such as the critical or terminal condition of the patient. Unless the CFE 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 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.
 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. 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 written contact with Center supervisory staff throughout escort duties, in a manner and frequency described in Center policies.
 11. 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 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 RFPC, and documentation of restraint use for custody purposes.

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 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 secreted to use in escape attempts.

6. Workable transfriskers, i.e., hand held metal detectors, shall be available for each living area as well as in visiting, admission and activity areas, plus other areas as needed.

VII. ENVIRONMENTAL ROUNDS:

1. Environmental rounds of the living area shall be conducted at each change of shift by FSE's 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 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 and toilet areas, and
 - 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 Center'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 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 initiate conduct of an immediate search and institution of escape procedures.

Center 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 center 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. 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. 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 this Bulletin and internal RFPC policy. Results of the inspection shall be documented and reported immediately to the CFE or designee.

X. EMERGENCY SECURITY INSPECTIONS WITH CAUSE:

An Emergency Security Inspections with Cause is a thorough search of the environment and its occupants for contraband, when the reasonable suspicion that contraband is present exists. The CFE or designee shall authorize all emergency security inspections with cause and document the findings. Center 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 patients are prohibited from obtaining, possessing or using while in the RFPC, and shall stipulate procedures for its appropriate disposal. In general, contraband is considered 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 or to conceal such an item from detection. Contraband also includes alcohol and non prescribed legal and illegal drugs, pharmaceuticals and chemicals.

1. Legal 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 policy.
2. Illegal contraband 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:
 - a. 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;
 - b. 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";
 - c. Prohibited offensive weapons, as defined in 18 PA CS Section 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, and
 - d. Illegal narcotics and drugs.

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. Maintain contact information for the designated individual who has received the legal contraband.

2. ILLEGAL CONTRABAND:

Confiscation of illegal contraband shall be reported to the CFE, the Hospital Chief Executive Officer (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 Center.

XIII. PATIENT CONTACT:

1. INCOMING PACKAGES:

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

- a. Suspicious packages, those which the CFE or designee has 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 Chief Executive Officer or designee, and the Director of Hospital Security shall also be contacted promptly.
- b. All packages should be transfrisked, and logged in at the security station or other non-patient access area, including the date, time, recipient, sender and person logging the, package.
- c. 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, transfrisked 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.
- d. The patient shall sign a written receipt for the package when it is given to him or her.

2. INCOMING MAIL:

- a. The incoming mail will be transfrisked at the security station. 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 FSE. 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 RFPC policy.

3. PHONE CALLS:

- a. Phone contacts with any victims are prohibited.
- b. Restrictions on phone contacts can only be made with physician order and will be reviewed every 24 hours.
- c. For cause in an emergent situation phones for patient use may be deactivated.

XIV. VISITING POLICIES:

Each Center 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. As determined acceptable by patient and family member brief contact may occur only at the beginning and end of a visit. Documented history of abuse of this privilege will result in a no contact order to be reviewed monthly by the treatment team.

1. It shall be the patient's decision whether or not to see any prospective visitor.
2. 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 age 16 through 18 must be accompanied by a parent or guardian, not patient. Former RFPC patients shall not be permitted to visit current patients except on official business with permission of the CFE. Arrangements for visitation by the children and other close relatives of the patient under the age of 18 should be included in RFPC policies. Children are subject to the same search procedures as adults.
3. 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 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. The reason for denial of visitation shall be both administratively documented and noted in the patient's clinical record.
4. Results of all searches, denial of visitation and discovery of contraband shall be documented clinically and administratively as appropriate, according to RFPC policies and procedures. Contraband shall be disposed of according to the guidelines of this Bulletin and RFPC policy.
5. Patient visits shall be confined to designated visiting areas, which are under constant staff supervision and visual observation. Patients may not use visitor restrooms.
6. Visitors shall not bring food, drink or tobacco products to the RFPC.

XV. VISITS BY WORKMEN:

Workmen 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.

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.

XVI. VISITS BY ATTORNEYS, PERSONAL CLERGY, 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 transfrisked prior to entry and approved 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 RFPC, its patients and employees.

XVII. SEARCHES OF INDIVIDUALS:

1. REASONABLE SUSPICION is based on documented evidence and reasoning that can be articulated, and is not merely intuition.
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. Admission,
- b. Medical/Legal,
- c. When custody is transferred from RFPC staff,
- d. On admission to the RFPC 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,
- e. Following any 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,

- f. 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, and
- g. 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 Both Patients and Other Individuals.

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 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.

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 staff person of the same sex in the presence of a same sex witness 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 may be ordered only by the CFE or designee when reasonable suspicion exist 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 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 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 CFE 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 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.

XVIII. PERFORMANCE IMPROVEMENT:

The RFPC participates in the hospital's performance improvement program. Continuous performance improvement must be integrated into all aspects of the RFPC.

XIX. STAFF TRAINING:

All staff assigned to work in the RFPC, including staff assigned to relieve nursing duties in that Center, shall receive orientation and annual training in all security policies and procedures.

XX. FORENSIC RISK MANAGEMENT & SAFETY COMMITTEE:

1. Each CFE shall appoint a standing forensic risk management committee to identify, recommend, review and evaluate the RFPC's security related policies, procedures and practices.
2. This committee shall include FSEs designated by the CFE and members of other key disciplines. This committee shall not function as a substitute for local bargaining unit meetings.
3. Statewide collaboration will occur related to Risk Management.

XXI. SECURITY REVIEW:

Security reviews that are completed by the Office of Mental Health Substance Abuse Services with the assistance of the DOC and other criminal justice agencies will use the form Documenting Security Reviews RFPC Outcomes (Attachment 1).

DOCUMENTING SECURITY REVIEWS
RFPC OUTCOMES

External Perimeter:

Adequate Light:

Description of issue:

Recommendation:

Identification on Building:

Description of issue:

Recommendation:

Fence:

Description of issue:

Recommendation:

Windows Secure:

Description of issue:

Recommendation:

Cameras:

Description of issue:

Recommendation:

Areas around Building Free of Hiding Places:

Description of issue:

Recommendation:

Communication:

Description of issue:

Recommendation:

Unwanted Visitor Procedure:

Description of issue:

Recommendation:

Someone Identified as Responsible to check outside Security Building:

Description of issue:

Recommendation:

Building solely for Forensic Use:

Description of issue:

Recommendation:

Entry to Building Controlled Monitored by Primary User:

Description of issue:

Recommendation:

Entrance inside Security Perimeter

All Entry Points Controlled:

Description of issue:

Recommendation:

Only One Entry Designated for Access:

Description of issue:

Recommendation:

Sally Port:

Description of issue:

Recommendation:

All Unit Doors Secured:

Description of issue:

Recommendation:

All Unit Doors Controlled by Unit:

Description of issue:

Recommendation:

Elevator:

Description of issue:

Recommendation:

Key Control

Description of issue:

Recommendation:

Miscellaneous

Training:

Description of issue:

Recommendation:

Staff clearly identified:

Description of issue:

Recommendation:

Evacuation Procedure:

Description of issue:

Recommendation:

Handling of Linen:

Description of issue:

Recommendation:

Barber Visits:

Description of issue:

Recommendation:

Visits by Lab Personnel:

Description of issue:

Recommendation:

Visits by Canteen Personnel:

Description of issue:

Recommendation:

Communication inside Security Perimeter:

Description of issue:

Recommendation:

Patient Environment Hallway

Furniture:

Description of issue:

Recommendation:

Window Screens:

Description of issue:

Recommendation:

Recreation Equipment:

Description of issue:

Recommendation:

Search Procedure in Place:

Description of issue:

Recommendation:

Procedure for Door:

Description of issue:

Recommendation:

Patient Supervised:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation:

Number of Patients in Hallway Monitored:

Description of issue:

Recommendation:

Office Doors Locked:

Description of issue:

Recommendation:

Bathrooms

Free From Points on Which to Hang:

Description of issue:

Recommendation:

Monitoring Procedure:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Articles Easily Removed:

Description of issue:

Recommendation:

Not Able to be barricaded:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Shower Rooms

Free From Points on Which to Hang:

Description of issue:

Recommendation:

Monitoring Procedure:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Articles Easily Removed:

Description of issue:

Recommendation:

Not Able to be barricaded:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Patient Environment Dayroom

Furniture:

Description of issue:

Recommendation:

Window Screens:

Description of issue:

Recommendation:

Recreation Equipment:

Description of issue:

Recommendation:

Search Procedure in Place:

Description of issue:

Recommendation:

Procedure for Door:

Description of issue:

Recommendation:

Patient Supervised:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation:

Patient Environment Treatment Room

Furniture:

Description of issue:

Recommendation:

Window Screens:

Description of issue:

Recommendation:

Recreation Equipment:

Description of issue:

Recommendation:

Search Procedure in Place:

Description of issue:

Recommendation:

Procedure for Door:

Description of issue:

Recommendation:

Patient Supervised:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation:

Patient Environment Dining Room/Kitchen

Furniture:

Description of issue:

Recommendation:

Window Screens:

Description of issue:

Recommendation:

Recreation Equipment:

Description of issue:

Recommendation:

Search Procedure in Place:

Description of issue:

Recommendation:

Procedure for Door:

Description of issue:

Recommendation:

Patient Supervised:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation:

Utensils Inventoried:

Description of issue:

Recommendation:

Articles on Hutch Inventoried:

Description of issue:

Recommendation:

Patient Environment Laundry Room

Furniture:

Description of issue:

Recommendation:

Window Screens:

Description of issue:

Recommendation:

Recreation Equipment:

Description of issue:

Recommendation:

Search Procedure in Place:

Description of issue:

Recommendation:

Procedure for Door:

Description of issue:

Recommendation:

Patient Supervised:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation:

Supplies Controlled:

Description of issue:

Recommendation:

Patient Environment Recreation Room

Equipment:

Description of issue:

Recommendation:

Communication with Main Unit:

Description of issue:

Recommendation:

Free of Potential Weapons:

Description of issue:

Recommendation:

Staffing Sufficient for Number of Patients Attending Activity:

Description of issue:

Recommendation:

Security Checks:

Description of issue:

Recommendation:

Selection Process for Patients:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation:

Patient Environment Seclusion Room

Furniture:

Description of issue:

Recommendation:

Window Screens:

Description of issue:

Recommendation:

Recreation Equipment:

Description of issue:

Recommendation:

Search Procedure in Place:

Description of issue:

Recommendation:

Procedure for Door:

Description of issue:

Recommendation:

Patient Supervised:

Description of issue:

Recommendation:

Free of Areas to Hide Contraband

Description of issue:

Recommendation:

Fire Equipment:

Description of issue:

Recommendation:

Adequate Lighting:

Description of issue:

Recommendation:

Free of Areas from Which to Hang:

Description of issue:

Recommendation:

All Areas Easily Observed:

Description of issue:

Recommendation:

Environmental Check Procedure:

Description of issue:

Recommendation:

Heat/ Ventilation:

Description of issue:

Recommendation

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

Acronyms

BSU Base Service Unit

CSP Community Support Program

SCU Service Coordination Unit

CITCSP Comprehensive Individual Treatment and Community Support Plan

DOC Department of Corrections

GBMI Guilty But Mentally Ill

HIPAA Health Insurance Portability and Accountability Act

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 Centers

SRTP Sexual Responsibility and Treatment Program

SCI State Correctional Institution

SMH State Mental Hospital

Definitions

The Act: The Mental Health Procedures Act of 1976, and as amended in 1978, Act 143.

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.

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.

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.

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.