I. PURPOSE: To provide security procedures specific to the Forensic Mental Health Facility (FMHF) of Montana State Hospital (MSH).

II. POLICY: The FMHF of MSH primarily serves individuals on forensic commitments, or persons transferred from state correctional facilities. A higher level of security will be maintained in this facility in order to provide appropriate safety for patients, employees, contractors, and the public, and to reduce the risk of unauthorized leave. This policy does not apply to other units of MSH where people on forensic commitments may be placed.

III. DEFINITIONS:

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

B. Forensic Patients – Patients at the MSHFMHF

C. FMHF – The Forensic Mental Health Facility located in Galen, Montana.

D. Contraband – Items patients are prohibited from owning, purchasing or having in their possession. This is an item that constitutes a safety or security concern, which can be denied or confiscated. These items pose a serious threat to the facility; are never approved for possession or admission to the facility; or present a health, fire or safety hazard. Contraband items include but are not limited to tobacco products, lighters or matches, weapons of any kind, illicit drugs or narcotics, other sharps such as needles, straight or safety pins, scissors, razors, metal nail files, combs or letter openers, plastic bags and steel toed boots or high heeled shoes. Any devices that have recording capabilities will not be made available to patients to ensure confidentiality during their stay at the FMHF. Any exceptions to contraband items must be approved by the Hospital Administrator or their designee. Please see Contraband and Searches policy #SF-02 for additional information and lists of contraband items.
E. **Clothed Body Search** – Commonly referred to as a “pat down”. A patient is searched while wearing undergarments and only one layer of clothing from head to lower body by strategically patting down the collar and neck area down the front and back trunk, around the waist, and down each leg.

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

**IV. RESPONSIBILITIES:**

A. **Licensed Independent Practitioner (LIP) assigned to the Unit** – Assists the Program Manager in day to day management of safety and security concerns by evaluating patient needs, writing orders, and directing treatment plan entries specific to individual patients.

B. **Program Manager** – Manages the program and personnel assigned to the unit in a way that provides safety and security, and meaningful active patient treatment.

C. **Registered Nurse** – Coordinates operation of the facility on every shift and provides supervision of nursing department personnel including Licensed Practical Nurses and Forensic Mental Health Technicians.

D. **Forensic Mental Health Technicians (FMHT’s)** – Ensure safety and security in the FMHF by:
   1. Monitoring safety and security of the FMHF.
   2. Encouraging compliance with safety policies.
   3. Implementing clothed body searches, room searches, pod searches, yard searches, and facility searches.
   4. Limiting the type and amount of items in a patient’s possession or room in accordance with FMHF policies and procedures.

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

**V. PROCEDURES:**

A. **Property Searches:**
   1. FMHT’s or nurses will search all property a patient brings to the hospital upon admission. They may withhold any item identified as a potential threat to the safety and security of the unit. They may also withhold property that is considered in excess of that allowed each patient. The Treatment Team will review the withheld items and decide whether to return them to the patient, hold them until the patient discharges, send them to someone in the community, donate, or dispose of them.
2. FMHT’s will monitor the type and amount of property in each patient’s possession or room during routine and random searches.

3. Random searches of patient’s rooms will occur on day and afternoon shift. All patients’ rooms will be searched at a minimum one time a month. The Program Manager will coordinate a schedule with the unit day shift nurse. FMHT’s will perform a clothed body search on each room occupant before beginning the room search and will document on one Room Search Sheet per patient in each room. The results of the room search will be reported to the nurse.

4. Whenever possible, room searches will be conducted with the room’s occupants present outside the room door. However, if a patient is uncooperative, they may be removed to another location for the duration of the search. A search may also be conducted without the patient present if staff has a reasonable cause to believe a dangerous item may be hidden in the room. A systematic inspection will be made of the room and its contents. Non-contraband items will be replaced in an orderly manner.

5. Common areas such as pods, individual rooms, or yard searches may occur at any time that staff believe there may be a safety or security issue.

6. No items may be stored on the floor.

7. A two-foot by two-foot area of storage space per patient is available off the pod.

8. An electric razor will be allowed if approved by the FMHF Treatment Team.

9. No plants may be in patient’s room.

10. The Treatment Team reserves the authority to restrict any property for safety or treatment reasons. Unauthorized property will be confiscated and donated or destroyed.

11. Patient property may be limited based on their security risk and privilege level.

12. The Inter-Perimeter Security Team may assist with security procedures if the Program Manager and Hospital Administrator deem it is necessary for the safety and security of the patients, staff, and facility.

B. Facility Searches:

1. FMHT’s will provide security inspections of the facility during daily rounds on each shift.

2. FMHT’s will provide daily security inspections of the inner perimeter fence before the yard will be used each day.

3. FMHT’s will inspect all vehicular traffic and supplies coming into the facility.

4. FMHT’s will search and inspect each room prior to occupancy by a forensic patient.

5. FMHT’s and all FMHF staff are responsible for the safety and security of the FMHF.

6. Metal containers, metal utensils, and glass containers are prohibited in the FMHF.

C. Clothed Body Searches:

1. A patient’s body will be patted down or searched head-to-toe upon admission for contraband. In addition, the patient will go through the metal detector, or at a minimum, a hand-held metal detector scanner upon admission, and any time the
patient leaves the FMHF building. A minimum of two staff members will be present during a clothed body search.

2. A patient’s body may be patted down or searched during random room or pod searches, when returning to the pod or the FMHF building, during restraint procedures, during placements in seclusion, or other times that contraband is suspected. A minimum of two staff members will be present during a clothed body search.

3. A systematic head-to-toe clothed body search is to be conducted as follows:
   a. Ask the patient to remove outer jackets and coats, belts, and hats. With gloved hands search coats, jackets, belts, and hats.
   b. Ask the patient to empty pants pockets and turn inside out.
   c. Ask the patient to stand with their back to you with legs apart and arms extended outward.
   d. Observe closely for inappropriate bulges or areas the patient is reluctant to reveal.
   e. Do not engage in conversation or engage in distracting activities while performing the clothed body search.
   f. With gloved hands inspect the hair and scalp.
   g. Run gloved hands under the shirt collar, across the shoulders and down the upper and lower part of each arm and wrists.
   h. Run gloved hands down the front chest from collar bone to waist. When searching women start under the breasts and run hands down to waist.
   i. Run gloved hands down the back from the shoulders to the waist.
   j. Run gloved hands around the inside of the waistband.
   k. Run gloved hands from the top of each leg down to each ankle.
   l. Check socks and shoes.

4. If contraband is found during a clothed body search staff will proceed with the search until the full body is searched. Stopping the search could result in contraband being left on the body. Report the contraband findings to the pod nurse and document contraband findings in the progress notes.

5. A patient may be required to remove clothing, an unclothed body search, as necessary if they are suspected of possessing contraband that poses a threat to the safety and security of the FMHF. Unclothed body searches will be completed in a private room by two staff members of the same gender as the patient.

6. A body cavity search may be completed if a patient is suspected of possessing contraband that poses a threat to the safety and security of the facility. Body cavity searches require a LIP’s order. Body cavity searches will be completed in a private room by a physician with a nurse present.

7. Patients will not be allowed to bring anything they did not take with them to an off pod activity back onto the pod.

8. Patients need to clear the hand-held metal detector scanner when returning to the pod.

9. Patients coming out of the gym or activity/cardio rooms must clear the hand-held metal detector scanner.

10. Patients may be patted down during a clothed body search at any time.
VI. REFERENCES: ARM 37.106.1908, 37.106.1614, and 37.106.1615

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

VIII. RESCISSIONS: None, new MSH FMFH policy.

IX. DISTRIBUTION: All MSH FMFH policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM §37.106.330.

XI. FOLLOW-UP RESPONSIBILITY: FMHF Program Manager.

XII. ATTACHMENTS: None

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John W. Glueckert      Date     Thomas Gray, M.D.   Date
Hospital Administrator  Medical Director