MONTANA STATE HOSPITAL
POLICY AND PROCEDURE

FORENSIC PATIENT ESCAPE

Effective Date: November 24, 2015 **Policy: FP-05**

I. PURPOSE: To provide emergency procedures in response to an unauthorized leave or escape of a forensic patient at Montana State Hospital (MSH).

II. POLICY:

A. In order to protect patients, staff, and the community MSH will implement measures to prevent forensic patients from escape, provide notification to appropriate persons in the case of an escape, and implement procedures designed to apprehend the patient.

B. Response to a forensic patient escape at MSH will be immediate and focus on:

1. protecting others from harm;
2. preventing others from escaping;
3. safe and quick apprehension of the patient;
4. internal and departmental notifications;
A. external notifications as required by law, policy, or circumstances;
5. preserving evidence; and
6. documenting events, decisions, actions, and notifications related to the escape.

C. MSH will maintain security staff and security program resources to support the program designed to prevent escape, notify others in the case of escape, and help apprehend escapees.

III. DEFINITIONS:

A. Forensic Commitment – Court-ordered commitment to MSH pursuant to Title 46, Chapter 14, M.C.A, commonly referred to as Court Ordered Evaluation (COE), Unfit To Proceed (UTP), Pre-Sentence Evaluation (PSE), Guilty But Mentally Ill (GBMI) or Not Guilty By Reason of Mental Illness (NGMI).

B. Forensic Patient – A patient under a forensic commitment, a patient under civil involuntary commitment from a Department of Corrections program or facility, a patient under civil involuntary commitment from a county detention center, or a patient under civil involuntary commitment who has known criminal charges pending.

C. Escape – Unauthorized leave of a forensic patient from a hospital unit, the hospital campus, or a community visit.

IV. RESPONSIBILITIES:

A. Nursing staff – Monitor, supervise, search, and account for forensic patients to prevent escape. Monitor and search facilities in order to identify any compromises in the security program that might facilitate escape. Activate procedures in this policy in the case of an escape.

B. Security staff – Develop, implement, and enforce a security program designed to prevent escape. Monitor patients and hospital facilities in order to prevent escape. Assist in apprehension of an escapee. Preserve and manage evidence associated with an escape.

C. Escort and transport staff – Obtain authorization for off-campus activities, ensuring appropriate staff to patient ratios are enforced. Monitor, supervise, search, and account for forensic patients during escort or transport. Assist in apprehension of an escapee.

D. Administrative staff – Enforce the security program. Provide notifications to internal and external agencies. Access and cooperate with law enforcement in the case of an escape.

E. Forensic Review Board – Consult with treatment teams to identify patient risk for escape and develop risk management plans.

V. PROCEDURE:

A. Prevention of Escape

1. All staff will follow security procedures prescribed both in policy and as directed by supervisory and management personnel.

2. The hospital will maintain a security program, which will be enforced by Security Officers with full cooperation of support staff.

3. Unit Program Managers and treatment teams will inform forensic patients that escape is a criminal offense per §45-7-306 and §53-30-326, MCA.

4. Unit Program Managers and treatment teams will notify the Hospital Administrator of patients who may be a higher risk for escape, develop a plan to reduce the risk of escape, implement the plan, and monitor the patient's risk.

5. Treatment teams that treat, supervise, and manage forensic patients will consult with the Forensic Review Board about the patient's risk for escape and recommended risk-management plans.

6. Treatment teams that treat, supervise, and manage forensic patients involuntarily committed to MSH from a correctional facility will consult with the correctional management team about the patient's risk for escape and recommended risk-management plans.

7. Any staff will report all reports, rumors, suspicions, or evidence of a possible escape to the Unit Program Manager or Nurse Supervisor, who will immediately relay the information to the Hospital Administrator.

8. Heightened security measures will be put into place by the Hospital Administration, Security Officers, Unit Program Manager, Nurse Supervisors, or other nursing staff if it is believed that one or more patients on the unit are planning to escape. Heightened security measures may include, but are not limited to; increased frequency of personal or ward searches, reductions in the amount of personal property patients are permitted, restrictions on certain activities, closure of outdoor activity yards, increased staffing levels and increased surveillance.

B. <u>Response to Escapes</u>

1. Nursing staff will take immediate action to secure the unit and identify the likely means of escape. Escape constitutes an emergency situation. All normal activities will be suspended. Patients will be asked to go to their rooms. Nursing staff will take a count to accurately determine who is missing.

2. Nursing staff will immediately notify and request assistance from hospital Security Staff, the Hospital Administrator, and the Anaconda-Deer Lodge County Law Enforcement Office at 563-5241 or 911. Nursing staff will provide as much information as is known and offer to provide descriptions, court orders, or other information as soon as possible.

3. Nursing and Security Staff will secure the area by keeping patients away from the area where the escape occurred. If it is unknown how the patient(s) escaped, check all doors, windows, and fences. Check all patient rooms and bathrooms including ceilings. Try to determine how the escape occurred and secure the area. Do not permit anyone to touch anything that might be used as evidence unless it presents a danger or security risk.

4. The Nursing Supervisor, or designee, will perform notifications required in MSH policy ER-13, Missing Patients-Unauthorized Leave policy.

5. The Nursing Supervisor, or designee, will follow §44-2-601, M.C.A. by notifying:

   a. the sheriff or other law enforcement officials in the county in which the offense occurred;

b. the sheriff or other law enforcement officials in the county or counties, if known, in which a victim or the victims of the offense reside at the time of the escape or release;
c. the sheriff or other law enforcement officials in the county, if known, in which the person intends to reside upon leaving confinement;
d. the sheriff or other law enforcement officials in the county in which the jail, prison, hospital, mental health facility, or other institution from which the person escaped or was released is located;
e. a victim of the offense who has requested notification in the event of an escape or a release of the person; and
f. a court that has requested that it be notified in the event of an escape or a release of the person.

6. The Nursing Supervisor, or designee, will notify Department of Corrections officials of the escape according to the Memorandum of Understanding Between Montana Department of Corrections and Montana Department of Public Health and Human Services (2007).

7. The Nursing Supervisor, or designee, will document notifications on unauthorized leave forms.

8. The Nursing Supervisor, or designee, will notify people who might be at risk on the hospital grounds and in the community. As soon as possible provide notification to the DPHHS Public Information Officer at 406-444-0936 as specified under MSH policy ER-13, Missing Patients – Unauthorized Leave policy. Notify people working in other buildings on the MSH campus, residents of employee housing, and people living or working near the MSH campus. Provide information that includes names, description, and county of commitment. Ensure information provided is accurate. Advise people to notify the Anaconda-Deer Lodge County Law Enforcement, other law enforcement agencies, or the Hospital switchboard in the event of a sighting of the escaped patient(s).

9. The Nursing Supervisor, or designee, will consult with the Hospital Administrator and Law Enforcement in order to develop a plan to search for the escapee. Potential risk for harm to people involved in the search will be considered given known information about the escapee and their mental state.

10. The Nursing Supervisor, or designee, will implement the recommended search plan. Efforts will be coordinated with Anaconda-Deer Lodge County Law Enforcement Officers. Additional staff may be called to assist. Assistance from Montana State Prison or other sources may be requested by the Hospital Administrator. <u>A photograph of the escapee may be released to law enforcement authorities</u> to aid in search procedures. When providing law enforcement agencies with a photograph, the Hospital will point out that <u>subsequent release of the photograph is prohibited</u> without authorization from District Court (53-21-144 M.C.A.)

C. Return of Escapee to the Unit or Hospital

1. If Hospital Administration and Law Enforcement Officials deem necessary, an escapee will be apprehended by law enforcement and placed in county detention pending the development of a safety and security plan.

2. If an escapee is apprehended and returned to the unit, they will be assessed by the treating professionals and procedures for ensuring safety and security must be developed and implemented.

3. Persons notified of the escape will be notified that the escaped patient(s) has been returned to custody.

D. Post-Incident Review

1. A comprehensive post-incident review of the escape and response will be conducted per MSH policy QI-05, Serious Adverse Events/Significant Event Review. The focus will be on identifying factors that may have contributed to the escape and the effectiveness of the response.

2. Significant Event Review findings will be reported to the AMDD Administrator and DPHHS Director.

VI. REFERENCES: Montana Code Annotated (M.C.A.) Section §44-2-601 Notification of escape or release from confinement; §45-7-306 and §53-30-326, MCA; MSH Policy ER-03, Missing Patients Unauthorized Leave

VII. COLLABORATED WITH: Medical Director; DPHHS Office of Legal Affairs Attorney; D Unit Program Manager; Director of Nursing; Director of Clinical Services; QI Director; Hospital Administrator

VIII. RESCISSIONS: FP-05, *Escape – D Unit* dated September 21, 2015; FP-05, *Escape – D Unit* dated September 24, 2009

IX. DISTRIBUTION: All hospital 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: Director of Clinical Services

XII. ATTACHMENTS: None

Signatures:

John W. Glueckert
Hospital Administrator

Thomas Gray, M.D.
Medical Director