

HARBOR-UCLA MEDICAL CENTER

SUBJECT: LAW ENFORCEMENT USE OF FORCE ON HARBOR-UCLA CAMPUS

POLICY NO. 138

PURPOSE:

To state that the Los Angeles County Sheriff's Deputies and Sheriff Security Officers (SSO) represent the County of Los Angeles in the administration of their duties.

POLICY:

At Harbor-UCLA Medical Center, the Sheriff's Department (LASD) is responsible for safeguarding patients, staff (workforce members, students, contractors, and volunteers), visitors and property.

PROCEDURE:

1. The Sheriff's Department is to be contacted at (424) 306-4450 to prevent a crime, or if a crime is being committed.
2. Deputies shall respond using law enforcement techniques according to Sheriff's policies and procedures. Deputies will determine the disposition of a subject according to the alleged crime and ascertain if medical care is needed. In the case of a patient, the deputies may return the patient to the care of the medical provider. If a patient remains in the Sheriff's custody, written notification is provided to the Los Angeles County Sheriff's Department personnel and appropriate medical and/or administrative staff by completing the Consent for Release of Medical Information for Patients in Police Custody (Form #M-811, 76C283R) (Appendix B) and placing the white copy in the patient's medical record.
3. In law enforcement situations where the use of force is required, the Sheriff's personnel will ensure that the incident and actions taken are documented on the Sheriff's Use of Force Report Form. In situations where use of force involves pepper spray, tasers or batons on a patient, appropriate clinical staff, Hospital Administration and the Sheriff's personnel will meet within 72 hours to: (a) review and evaluate the incident and the actions taken by clinical and law enforcement personnel, (b) ensure the incident was appropriately documented, and (c) record the results of this review and evaluation on the Administrative Review of the Sheriff acting in a Law Enforcement Capacity (See Appendix A), and to determine what can be done to minimize similar situations in the future.
4. Whenever the Sheriff responds in a law enforcement capacity to a situation involving a patient, clinical staff who are present will document the date/time and description of the incident necessitating the call, the actions taken by the deputies; and whether the deputies removed the patient from the hospital or returned the patient to the custody of medical staff.

EFFECTIVE DATE: 6/05

SUPERSEDES:


REVISED: 5/10, 3/13, 1/17, 8/20

REVIEWED: 12/08, 5/10, 3/13, 1/17, 8/20

REVIEWED COMMITTEE:

APPROVED BY: 
 Anish Mahajan, MD
 Acting Chief Executive Officer


 Anish Mahajan, MD
 Chief Medical Officer


 Nancy Blake, PhD, RN, NEA-BC, FAAN
 Chief Nursing Officer

HARBOR-UCLA MEDICAL CENTER

SUBJECT: LAW ENFORCEMENT USE OF FORCE ON HARBOR-UCLA CAMPUS

POLICY NO. 138 APPENDIX A

LOS ANGELES COUNTY • HARBOR-UCLA MEDICAL CENTER

ADMINISTRATIVE REVIEW:

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT ACTING IN A LAW ENFORCEMENT CAPACITY

EVALUATION: To be completed by Administrative Officer of the Day (AOD) (Required within 72 hours)

1. Name/MRUN# of Patient: _____ / _____

2. Date/Time of Incident: _____ / _____ 3. Date of Review: _____

4. List of Participants (Names/Title/Departments)

5. Description of events leading to the incident and actions taken by staff and law enforcement staff (estimated timeline and description of incident):

6. Identify appropriate measures to minimize the possibility of similar occurrences in the future:

7. Review of medical record finds that the documentation includes:
___ Date/time of event
___ Justification for LASD involvement
___ Actions taken by LASD personnel
___ Disposition of patient
___ Patient was evaluated for any injuries and appropriate treatment rendered if necessary

8. Any required follow up (e.g., documentation deficiencies, Use of Force Reporting Form):

**CONSENT FOR RELEASE OF MEDICAL INFORMATION
FOR PATIENTS IN POLICE CUSTODY**

I HERBY AUTHORIZE THE HARBOR-UCLA MEDICAL CENTER TO RELEASE THE INFORMATION BELOW TO:

NAME OF POLICE DEPARTMENT/SHERIFF DEPARTMENT RESPONSIBLE FOR REFERRING PATIENT

STATION NAME	STA. PHONE NO.	MCI NO.
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PATIENT INFORMATION (PLEASE PRINT):

PATIENT NAME LAST	FIRST	M.I.	DATE OF BIRTH	SEX	RACE
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BOOKING NUMBER	FILE/URN NUMBER
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PURPOSE OF EXAMINATION:

VISIT/ADMIT/DATE	DISCHARGE DATE
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VICTIM	IN CUSTODY
<input type="checkbox"/> SEXUAL ABUSE EVIDENCE COLLECTION <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> OTHER, SPECIFY: _____	<input type="checkbox"/> BLOOD ALCOHOL WITHDRAWAL <input type="checkbox"/> PREBOOKING EXAM <input type="checkbox"/> OTHER, SPECIFY: _____

PATIENT DESTINATION AFTER TREATMENT

OFFICER'S NAME	OFFICER'S EMPLOYEE NUMBER
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SIGNATURE OF OFFICER	DATE
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SIGNATURE OF PATIENT	DATE
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WITNESS SIGNATURE	DATE
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DIAGNOSIS:

MEDICATION:

RECOMMENDATIONS:

CONDITION ON RELEASE:

PHYSICIAN'S SIGNATURE	DATE	PATIENT IDENTIFICATION
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**CONSENT FOR RELEASE OF MEDICAL INFORMATION
FOR PATIENTS IN POLICE CUSTODY**

FILE IN MEDICAL RECORD
M-811 76C283R (6/04)

WHITE - Medical Record PINK - Outpatient Billing	CANARY - Officer's Record GOLDENROD - Patient's Copy
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