



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: OUTSIDE LAW ENFORCEMENT AGENCY CONTACT WITH PATIENTS

POLICY NO. 451

CATEGORY: Patient Rights	EFFECTIVE DATE: 9/85
POLICY CONTACT: Keisha Belmaster	UPDATE/REVISION DATE: 1/22
REVIEWED BY COMMITTEE(S): Environment of Care	

PURPOSE:

To provide guidance to hospital staff regarding interactions with outside law enforcement not regularly assigned to Harbor-UCLA Medical Center to ensure patients receive necessary medical treatment and their privacy is protected.

POLICY:

Harbor-UCLA Medical Center will ensure that patients arriving to the hospital in outside law enforcement custody receive the medical and psychiatric services that meet their health care needs, while recognizing the responsibilities of the Law Enforcement (LE) personnel accompanying the patient.

All outside LE must sign in with hospital security and receive information orienting them to the hospital before entering the building. Outside LE assigned to the hospital to provide protection to an in-custody or other admitted patient must check in with the Los Angeles County Sheriff Department Harbor (Harbor LASD) station prior to taking up post within the hospital and receive orientation information upon arrival for their shift on the campus (see Attachment I, "Outside Law Enforcement Orientation" handout).

The Emergency Department Ambulance Entrance is considered the official entry point for outside LE.

Outside LE personnel are expected to follow hospital policies while present.


Weapons are not permitted in any Psychiatric units (Psychiatric Emergency Department, 1South and 8West inpatient units). All law enforcement must check their weapons prior to entering a Psychiatric unit.

With the exception of those patients who are in LE custody, both adult and pediatric patients have a right to refuse interviews and/or photographing by law-enforcement agencies. **No part of this policy applies to**

REVISED: 9/86, 8/89, 2/99, 2/02, 2/06, 6/10, 2/14, 8/17, 5/21, 1/22

REVIEWED: 9/86, 8/89, 10/92, 2/92, 2/99, 2/02, 2/05, 2/06, 1/08, 6/10, 2/14, 8/17, 1/22

APPROVED BY:


 Anish Mahajan, MD
 Chief Executive Officer
 Chief Medical Officer


 Griselda Gutierrez, MD
 Associate Chief Medical Officer


 Jason Black, MBA, DNP, RN
 Chief Nursing Officer



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psychiatric patients; for policies pertaining to this population, refer to Section 5328 of the Welfare and Institution Code.

Except in those circumstances permitted by law, such as for example when a patient's health is endangered, Harbor should not impede or curtail law enforcement investigations. Authority to influence the patient's decision or speak for, or in the place of a patient, is **never delegated** to Harbor or any of its employees.

The responsibility of Harbor-UCLA medical/clinical staff is to provide patients with medical care and they will not perform law enforcement custody functions.

In cases where law enforcement brings a patient to the hospital on a 5150 mental health/legal hold, the patient is to remain in the charge of the law enforcement officer until such time as a proper hand-off from law enforcement to the clinical team has occurred.

The physician is responsible for determining whether or not the immediate interview and/or photographing by law-enforcement will endanger the patient's health status. If the physician's medical opinion is that there should be a delay, it is the responsibility of the physician to determine when the patient's condition will permit proceeding with interviews and/or photographing and to communicate with law enforcement personnel regarding this determination.

The hospital's policy is to share as much information as legally permissible with the patient's immediate family or next of kin; however, staff will consult with law enforcement if there are any concerns regarding the release of such information, prior to its release.

In the interest of minimizing disruption of patient-care services and if the patient's condition permits, Harbor will attempt to expedite the investigation process and to provide privacy for conducting interviews during the investigation.

DEFINITIONS:

In Custody: Patients who are under arrest.

Direct Interest: Patients who are victims, suspects or witnesses of a crime.

Outside Law-enforcement Personnel: Duly appointed peace officers who are **not** part of the LASD personnel regularly-assigned to Harbor-UCLA as part of the on-site security force.

PROCEDURE:

I. PROVISION OF CARE TO PATIENTS IN CUSTODY OF LAW ENFORCEMENT

A. When it is determined that a patient within the custody of law enforcement requires medical treatment, the following will occur:

1. A patient who requires admission to the hospital and is medically stable for transport, as defined by EMTALA, should be transported to LAC+USC Medical Center (LAC+USC), where s/he can be admitted to the Jail Ward for treatment.
2. If it is determined by a physician that the patient is medically unstable for transport, the patient will be admitted to Harbor-UCLA.
3. If an in-custody patient is admitted to Harbor-UCLA, the clinical team must notify the Sheriff's Department immediately at ext. 64450.



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4. The arresting agency shall post an identified law enforcement officer outside the patient's room. The outside law enforcement officer will check in and receive orientation to the hospital from Harbor LASD, as described in Section II, "Check-In of Outside Law Enforcement", below.
5. At the request of the outside law enforcement officer, the clinical team will provide notification when the patient is able to be transported, is ready for discharge, or has expired.
6. Harbor LASD will notify Patient Registration in-custody patient's presence, and the Registration staff will document in the patient's medical record that the patient is in-custody.
7. Law enforcement restraints (e.g., handcuffs or ankle restraints) may be used to reduce the risk of the in-custody patient escaping or causing harm or injury to others; however, these restraints cannot be used when managing patients medically. If law enforcement believes the patient has a high risk of violence or flight, one handcuff may be attached temporarily to the patient's bed/gurney or a fixed object. Law enforcement **MUST** be present at all times in these situations.
8. The use of leather restraints by law enforcement, in lieu of handcuffs is not permitted. If the provider in charge determines that placing the patient in restraints could pose a medical risk to the patient, law enforcement will be asked to remove the restraints to facilitate medical care. If any disputes with outside LE regarding use of restraints arise, Harbor clinical staff should contact Harbor LASD to assist in resolution.

Under no circumstances shall the law enforcement officer leave an in-custody patient in law enforcement restraints unattended.

Outside law enforcement should not interfere with the delivery of medical care by the clinical team. Law enforcement personnel must remain in the immediate vicinity at all times, even if asked to step outside the treatment room, in order to take control of the in-custody patient, if needed.

Patients in police custody should not be admitted to Harbor-UCLA for elective procedures; these patients should be referred to the LAC+USC Jail Ward for elective treatments.

II. CHECK-IN OF OUTSIDE LAW ENFORCEMENT

A. INITIAL CHECK-IN

1. Prior to contacting any patient previously being admitted to the hospital or going into any patient care area, outside LE enforcement personnel must check in with the Security Officer at the entrance and, in the instances described below, with the Harbor LASD to verify the identification of the outside law enforcement personnel and the purpose of their visit.
2. Law enforcement officer(s) entering the building must check in with the Security Officer at the entry. The Security Officer will log the following information:
 - a. Name
 - b. Law enforcement jurisdiction
 - c. Arrival time (and when the law enforcement leaves, the time of departure)
 - d. Location to the unit/area where law enforcement will be posted
3. The Security Officer will call and notify Harbor LASD Dispatch of the presence and destination location (e.g., Adult Emergency Department (AED), Psychiatric Emergency Room (PER), inpatient unit) of the outside law enforcement.
4. Outside law enforcement personnel will be given an identification/visitor badge by Security to allow staff to differentiate them from Harbor LASD personnel.



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5. Harbor LASD personnel are to show their Harbor-provided identification/door access badge at the entrance to confirm their identity as a member of Harbor workforce.
6. All outside law enforcement coming to the hospital to provide security to an in-custody or high-profile patient (e.g., will be present for greater than two hours) must also check in with the LASD Office, located in Room 1-0-3A, on the first floor of the main hospital building. All outside law enforcement must notify Harbor LASD Dispatch upon the arrival, transfer, and discharge of their in-custody patient.
7. Harbor LASD will log the name, jurisdiction, and location where the outside law enforcement will be stationed (e.g., patient room number), whether the orientation brochure was provided, and that the unit Charge Nurse has been notified (see below).
8. Harbor LASD Dispatch will notify the unit Charge Nurse that the outside law enforcement is present, the name of the patient, and the room in which they will be stationed, and will document this information.
9. The Charge Nurse will, as soon as reasonably possible, make contact with the outside law enforcement personnel to ensure they have arrived to the unit and provide information on who to communicate with while on the unit.
10. Outside law enforcement personnel will be given an identification/visitor badge by Harbor LASD or Security to allow staff to differentiate them from Harbor-based personnel. Harbor-based LASD personnel should present their Harbor access badge at the entrance, so security personnel will know they are not visiting LASD personnel and do not have to provide them with orientation information or a visiting law enforcement badge.

Law enforcement guarding an in-custody patient must **NEVER** leave the patient alone or unattended. Proper relief must always be arranged.

Harbor LASD will accompany law enforcement personnel to the patient's ward if it is considered necessary or if law-enforcement personnel, nursing, or medical staff request their assistance.

Harbor LASD personnel will round and check in with the outside law enforcement at least once per shift.

Harbor LASD will notify the Nursing Office/House Supervisor of the patient, location, and law enforcement agency whenever an outside law enforcement officer is assigned to guard/monitor a patient admitted to an inpatient unit.

B. ORIENTATION

Upon arrival, all outside law enforcement will be provided with the hospital's "Orientation for Outside Law Enforcement" brochure, regardless of their destination. This document is designed to provide an overview of the key operational and safety issues necessary to ensure a safe environment for patients, visitors, and staff (Attachment I).

C. CHECK-OUT

Outside law enforcement who are stationed on an inpatient unit should inform the unit Charge Nurse when they leave the unit and check-out with LASD when they leave the hospital.

III. CARE OF IN-CUSTODY PATIENTS

A. GENERAL GUIDELINES FOR INPATIENT UNITS



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1. All outside law enforcement personnel are expected to check in with the security guard at the building entrance and, as described in Section II above, be logged in, receive a law enforcement visitor badge, and orientation brochure, and the Harbor-LASD notified. As noted in Section II above, outside LE who will be stationed on an inpatient unit must also check in with Harbor LASD.
2. On the inpatient units, the unit Charge Nurse, once notified by Harbor-LASD, should check in with the law enforcement officer(s), confirm the officer(s) received the orientation information, and provide any other necessary information regarding the clinical area.
3. If outside LE arrives to an inpatient unit and the Charge Nurse is unaware of their expected arrival/presence, the Charge Nurse should contact Harbor LASD to determine whether the LE has checked in. If not, Harbor LASD will send someone to the unit to obtain the outside LE information and provide the forensic orientation information, and then log the information as described in Section II.
4. With the exception of psychiatric patients, patient consent is not required for law enforcement interviews or photographing of in-custody patients. Consent must be obtained if LE wants to interview/photograph a psychiatric patient.
5. Except in cases where staff safety is of concern, law enforcement may be asked to leave the patient's room during the patient care to ensure patient privacy and confidentiality; however, they are expected to remain in the immediate vicinity and keep the patient in view throughout the provision of medical care or treatment.
6. Law enforcement must never leave an in-custody patient unattended; proper relief must always be arranged.
7. Any requests by the patient's family/friends to the clinical staff for contact with an in-custody patient shall be directed to the involved law enforcement agency and/or Harbor LASD.
8. If there are any issues that arise related to the presence and/or behavior of outside law enforcement, clinical staff should contact Harbor LASD for assistance. If outside law enforcement fails to comply with the policies herein after discussion, doing so is to be considered behavior that has the potential to interfere with patient care and should be referred to the Risk Management office.

B. IN-CUSTODY PATIENTS IN THE EMERGENCY DEPARTMENT

1. Once they have been logged in and provided a LE visitor badge, the outside LE should check-in with the ED Overall Charge Nurse or Area Charge Nurse, inform the Charge Nurse of their presence and reason for being in the ED.
2. For critical patients who require emergent medical intervention and stabilization, law enforcement will remove the patient's handcuffs, at the request of the attending physician. See Section I above for more detail about use of law enforcement restraints in patient care areas.
3. Law enforcement will be asked to stay outside of the patient room during the patient medical assessment; however, they are expected to remain in the immediate vicinity and keep the patient in view throughout the clinical examination.
4. Law enforcement will be cleared to detain the patient once the full evaluation and urgent treatment of the patient are complete, and at the discretion of the ED or admitting attending physician.
5. Requests for patient information by family members or visitors should be directed to law enforcement to obtain clarification as to what, if any, information can be relayed. While the



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hospital will cooperate with law enforcement, it is the hospital's policy to share as much information as legally permissible with the patient's immediate family or next of kin.

6. An identified law enforcement officer should be posted outside of the patient's room, if possible.

IV. PATIENTS NOT IN LAW ENFORCEMENT CUSTODY (DIRECT INTEREST)

A. GENERAL GUIDELINES

1. All outside law enforcement personnel are expected to check in with the Security and/or Harbor LASD as described in Section II above to be logged in, receive a law enforcement visitor badge, and orientation brochure. Harbor-LASD must be notified of the presence of outside law enforcement.
2. If outside law enforcement is seeking to interview a patient who is **not** in custody, they should contact the unit Charge Nurse and following the steps in Section IV.B. below.

B. DIRECT INTEREST PATIENT CONSENT TO INTERVIEW/PHOTOGRAPHY FOR INPATIENT UNITS

1. Except for those non-custodial patients who opt to make a deathbed statement, consent must be obtained from direct interest patients prior to being interviewed/photographed by LE. In those instances when a non-custodial patient chooses to make a deathbed statement, law-enforcement personnel may wait in a location proximate to the clinical area, identified by the clinical staff and will be notified of the patient's request. Entry into the area will be facilitated by Harbor-UCLA medical staff.
2. The unit Charge Nurse is responsible for facilitating compliance with all legal requirements associated with obtaining proper consent by the patient to be interviewed and/or photographed.
3. The Charge Nurse will contact the senior or attending physician on duty to determine whether the patient's health status would be jeopardized by being interviewed and/or photographed.
4. The physician is responsible for determining whether the immediate interview and/or photographing by law-enforcement will endanger the patient's health status. If the physician's medical opinion is that there should be a delay, it is the responsibility of the physician to determine when the patient's condition will permit proceeding with interviews and/or photographing and to communicate with law enforcement personnel regarding this determination.
5. The physician should document in the patient's medical record the medical condition necessitating postponement.
6. If the patient is stable to be interviewed, the Charge Nurse or senior or attending physician on duty must witness the patient's consent.
7. The witnessed consent, or exigent circumstances not requiring prior consent, must be documented in the patient's medical record.
8. If the law enforcement personnel believe immediate patient contact is required, they should contact Harbor LASD to facilitate communication with Harbor Hospital Administration/Administrator on Duty.

C. DIRECT INTEREST PATIENTS CONSENT TO INTERVIEW/PHOTOGRAPHY IN THE EMERGENCY DEPARTMENT



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In addition to the steps outlined in Section IVB above, the following further requirements apply in the Emergency Department.

1. Law enforcement will remain outside the room while the medical team completes the patient evaluation and should be directed by staff to a non-patient care area (e.g., a family waiting room) to wait while the patient is examined.
2. Law enforcement must inform the ED Overall Charge Nurse prior to contacting any patient for purposes of an interview or photographing. Patient consent is required for law enforcement interview or photography of patients who are not in custody.
3. Law enforcement must consult with the attending physician to determine whether the patient's health status would be jeopardized by being interviewed and/or photographed. If the physician's medical opinion is that there should be a delay, it is the responsibility of the physician to determine when the patient's condition will permit proceeding with interviews and/or photographing and to communicate with law enforcement personnel regarding this determination.
4. Once the patient has been fully evaluated and stabilized, the attending physician will evaluate and determine whether the immediate interview and/or photographing of the patient by law-enforcement will endanger the patient's health status. If the physician's medical opinion is that there should be a delay, it is the responsibility of the physician to determine when the patient's condition will permit proceeding with interviews and/or photographing and to communicate with law enforcement personnel regarding this determination.
5. If the physician determines the patient is stable and can be interviewed/photographed, the physician will inform the patient of the request by law enforcement and the health care staff will make the patient aware of a likely interview. If the patient refuses law enforcement contact, the hospital staff will inform the outside LE.

V. RELEASE OF INFORMATION

Under **NO** circumstances shall law-enforcement personnel inspect, or be permitted to view, any part of the patient's medical record while in the clinical environment. All patient medical records must be obtained from Harbor's Health Information Management (HIM) Department and the patient's medical record may be released only by HIM. Requests for patient medical records should be referred to HIM at (424) 306-4100.

Only the physician responsible for the patient's care shall discuss the patient's condition with law-enforcement personnel, and only information of the most general nature shall be provided and should not specific information about the patient.

VI. CASES REPORTABLE TO OTHER JURISDICTIONS

- A. The attending physician, or designee, required to notify Harbor LASD of all instances that meet the mandatory reporting criteria set forth in Policy No. 436 "Procedures in Cases to be Reported to or Investigated by Law Enforcement Authorities".
- B. Harbor LASD is responsible for notification to police authorities of the admission or treatment of any person suffering from injuries arising from a suspected criminal act, whether self-inflicted or due to violence on the part of another person, either admitted or apparent, including suspected criminal activity, and cases of child, elderly neglect or abuse.



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All cases that meet reporting requirements, whether brought in by law enforcement or not, must be reported to the Harbor LASD, regardless of whether Harbor is the first institution of contact.

ATTACHMENT I

Outside Law Enforcement Orientation Harbor-UCLA Medical Center

LASD Harbor Station – The Harbor Los Angeles County Sheriff's Department (LASD) office is on the 1st floor of the main hospital on room 1-0-3A. LASD's hospital dispatch call sign is 854D. County Services Bureau, Channel 15 HBRUCLA. All outside law enforcement (LE) officers shall notify Harbor LASD Dispatch upon arrival, transfer, and discharge of their in-custody patient by calling (424) 306-4450. All LE must check in with the Security Officer at the entrance prior to entering the building and will be issued a Visiting badge.

Response to Agitated Patients – For patients who are agitated or present a threat of harm to themselves or others, the hospital has a specific response code to summon assistance, known as "Code Gold". When a "Code Gold" is called, a specially trained Behavioral Response Team (BRT) reports to the announced location to manage the situation and deescalate the patient's behavior. Harbor LASD personnel respond along with the BRT to provide support, but only intervene under the direction of the BRT team leader and/or if the situation escalates to a criminal level.

LE's Intervention – LE are responsible for managing the in-custody patient, in accordance with their agency's policies and procedures until care is turned over to the medical staff. The unit Charge Nurse and Harbor LASD should be notified of all incidents that occur in the hospital. Harbor LASD should be notified of any issues involving visitors, other patients, and/or staff, as needed. If a patient is experiencing behavioral issues, notify the patient's nurse to initiate a Code Gold BRT, as described above.

Use of Law Enforcement Restraints in the Clinical Environment
E restraints (e.g., handcuffs or ankle restraints) are used by LE staff when transporting in-custody patients. These restraints may not be used when managing patients medically. Clinical (leather or slinkered cloth) restraints may be used by medical staff to protect patients when other less restrictive alternatives have been ineffective. The hospital has detailed policies regarding use of clinical restraints. Speak to the Charge Nurse if you have questions.

E officers are responsible for monitoring and maintaining the in-custody patient and determining when the patient's restraint device may be removed, in accordance with federal and state laws and regulations. This does not limit the hospital's responsibility for appropriate assessment and provision of care to the patient. If the clinical staff requests that handcuffs or other restraints be removed or examination and treatment, but you have concerns about potential violence or flight by the in-custody patient, please discuss this with the doctor/nurse or the unit Charge Nurse. Contact the Harbor LASD Sergeant for assistance resolving disagreements.

Emergency Medical Conditions – In the event the in-custody patient experiences medical distress or needs immediate medical

attention, the clinical staff will request LE officers to remove handcuffs or other restraints to facilitate provision of immediate medical care. LE should not interfere with the delivery of medical care to the patient and must remain in the immediate vicinity at all times to take control of the in-custody patient, if needed. If the LE officer believes the patient has a high risk of violence or flight, one handcuff may be attached temporarily to the patient's bed/gurney or a fixed object. LE must remain present at all times while the patient is handcuffed to a fixed object. Please discuss any concerns regarding a patient's behavior with the nurse or provider. Contact Harbor LASD Sergeant for assistance resolving disagreements.

Patient Information/Confidentiality – Under California law, except for persons under arrest, patients have the right to agree or object to being interviewed or photographed by LE. If the patient agrees, LE will be given access to the patient, except in cases where the patient's health could be jeopardized.

Medical record information may be obtained from the Health Information Management Department (424-306-4100), with a legally-compliant authorization, subpoena, court order, or search warrant. Violations of state or federal privacy laws can result in criminal and/or civil penalties and/or imprisonment. Requests for information from the media are to be referred to Hospital Administration at (424) 306-6580. After hours calls should be referred to Nursing Administration at (424) 306-6595.

LE officers may request a patient's personal information be listed confidentially in the hospital directory by requesting a "blackout" to the nurse. Blackout may be used to protect a crime victim, witness, suspect, or high-profile patient from retaliation or harm. A patient may also request.

Breaks and Meals – LE personnel guarding an in-custody patient must **NEVER** leave the patient alone or unattended. Always arrange proper relief.

Food and Other Non-Medical Items – The in-custody patient is not permitted to receive food or other non-medical items from a non-hospital source, unless approved by clinical staff and the LE staff guarding the patient.

Discharge and Continuing Care – At the time of discharge, LE staff is responsible for transporting the in-custody patient to the correctional facility or other discharge location. Discharge instructions, plan for continuing care, and/or follow-up instructions for the patient will be provided upon discharge. These instructions and related paperwork should follow the patient to the correctional facility and be turned over upon intake at the facility to ensure continuing care.

Nursing Contacts – Be familiar with the in-custody patient's assigned nurse(s) and the location of the Nurses' Station. The nurse will be your primary contact for information about the patient's

condition. If issues arise that cannot be addressed by the patient's nurse, contact the unit Charge Nurse for assistance.

Hospital Orientation – It is important to be aware of your physical surroundings. Hospital elevators are located in the center of the main hospital building. Stairs are located behind the main elevators and at the end of each floor. The cafeteria is located on the 1st floor of the main hospital. Doors should not be propped open. If you see anything that could become a safety hazard, please notify the patient's nurse.

All hospital staff, including physicians, are required to wear a hospital-issued identification badge. If you have any questions about someone entering the room of an in-custody patient, ask to see their badge to confirm their identity. If you have questions or concerns about individuals entering the patient's room, immediately contact the unit Charge Nurse or Harbor LASD.

Infection Prevention & Control – All individuals entering the hospital during the COVID-19 pandemic are required to wear a hospital-provided medical-grade mask. Hand hygiene is the most important way to prevent the spread of infection. Wash your hands with warm water and soap for a minimum of 15 seconds. Alcohol-based hand sanitizers are located throughout the hospital. Perform appropriate hand hygiene when entering/exiting patient's room or care area. Do not touch any soiled linens, dressings, or body fluids. If you experience signs/symptoms of a contagious disease and/or you may have a potential exposure, contact the patient's nurse for medical guidance or precautionary measures.

Fire Safety – Fire alarms are announced overhead as "**CODE RED**", followed by the location, to notify building occupants of a fire emergency. To report a fire, dial 113 or pull the closest manual pull station located in the hallway and notify the Charge Nurse. In the event you are instructed by the staff to move the in-custody patient, follow the policy of your agency regarding securing the patient unless it interferes with medical treatment.

"RACE" AND "PASS" – The hospital uses the following acronyms for fire safety. "**RACE**" (REMOVE, ALARM, CONTAIN, and EXTINGUISHE/VACUATE); in the event of a fire, remove patients, staff, and visitors from the immediate area, activate the alarm, contain the smoke/fire, and extinguish the fire and/or evacuate. Fire extinguishers are located throughout the hospital. If you need to you a fire extinguisher, "**PASS**" (PULL, AIM, SQUEEZE, and SWEEP) by pulling the pin off the fire extinguisher, aiming the extinguisher, squeezing the handle, and sweeping side-to-side.

Smoke Free Campus – Harbor is a smoke-free campus and smoking is not permitted anywhere on the campus, including campus grounds, parking lots and inside parked cars on the campus.

HUCLA Emergency Codes

INCIDENT	#TO CALL	PAGING CODE
Fire	Ext. 111	Code Red
Potential Disaster	Ext. 111	Code Triage Alert
External Disaster	Ext. 111	Code Triage External
Internal Disaster	Ext.111	Code Triage Internal
Hazardous material Spill/ Radiation Incident	Ext. 111	Code Orange
Infant Abduction	Ext. 111 Ext. 64450	Code Pink
Child Abduction	Ext. 111 Ext. 64450	Code Purple
Cardiopulmonary Arrest - Adult	Ext. 112	Code Blue
Cardiac or Pulmonary Arrest - Pediatric	Ext. 112	Code White
Bomb Threat	Ext. 111	Code Yellow
Mental Health/ Behavioral Response Team	Ext. 111	Code Gold
Patient Disposition	Ext. 64450	Code Green
Combative Person	Ext. 64450	Code Gray
Person with a weapon/Active Shooter/Hostage Situation	Ext. 111	Code Silver
Urgent Medical Assistance to Outpatients, Visitors, and Staff	Ext. 112	Code Assist
Rapid Response Team – Medicine	Ext. 111	Code Rapid Response
Rapid Response Team – Obstetrics	Ext. 111	Code Rapid Response
Rapid Response Team – Pediatrics	Ext. 111	Code Rapid Response
Rapid Response Team -- Surgery	Ext. 111	Code Rapid Response

This informational brochure is being provided to orient outside LE personnel guarding an individual in custody who is a patient at Harbor-UCLA Medical Center and to provide information about the hospital's policies and procedures. It is designed to provide an overview and is not intended to be a comprehensive guide. For additional information about a particular subject, you can speak to the patient's nurse or Harbor LASD.

Outside LE personnel are non-hospital-based law enforcement from an outside jurisdiction. This does not include LASD personnel working at Harbor-UCLA Medical Center as their regular assignment. Outside LE are responsible for transporting in-custody patients to and/or from Harbor and guarding the patient while seeking care at Harbor, in both the inpatient and outpatient settings.

This information is important to ensure patient safety and to maintain adherence with accrediting agencies, rules, and regulations in providing orientation to all forensic personnel.

Important Reminder

Law enforcement personnel are reminded that, by law they are required to remain in the immediate vicinity of the patient at all times and whenever a member of the hospital staff enters the in-custody patient's room.



Harbor-UCLA
MEDICAL CENTER



Orientation for Outside Law Enforcement

EMERGENCY PHONE NUMBERS

LASD Harbor-UCLA Medical Center Dispatch
(424) 306-4450