

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 1:	Ethics, Rights and Responsibilities
PROCEDURE 1.15:	Arrest of Patients at Connecticut Valley Hospital
REVISED:	03/11/04; 03/01/07; 07/19/10; 04/2013; 08/19/16; 02/18
Governing Body Approval:	07/22/10; 04/25/13; 08/25/16; 04/18
REFERENCE:	<u>See also DMHAS Commissioner's Policy 6.23</u> <i>(Control + Click to Link above for Commissioner's Policy)</i>

PURPOSE: This procedure is intended as a CVH specific addendum to the [DMHAS Commissioner's Policy 6.23 Arrest of Clients](#).

SCOPE: All clinical staff involved in direct care of the patient.

POLICY:

It is the policy of Connecticut Valley Hospital (CVH) that hospital leadership and staff shall follow [DMHAS Commissioner's Policy 6.23 Arrest of Clients](#) when considering arresting a patient. Arrest is a criminal justice response to illegal behavior. Arrest is not a clinical tool, and must not be regarded as such. The hospital staff shall employ strategies and interventions in order to prevent patient violence and/or illegal behavior.

PROCEDURE:

I. Timeline for Reporting to CVH Police

All events which may lead to the arrest of a patient must be reported to the CVH Agency Police (if at Blue Hills please contact Capitol Region Agency Police) as soon as possible, but no later than the end of the shift when a staff member is first aware of the potentially criminal act. The Agency Police will notify the CEO, or designee. The Agency Police will conduct an investigation to determine whether probable cause exist to arrest or seek an arrest warrant.

The Chief or designee will discuss individual case reviews with the CEO prior to filing an arrest warrant application, and will report aggregate review findings to the CEO and to the Office of the Commissioner.

II. Procedure for Reporting to CVH Police

- A. For all other patient areas the CVH Agency Police contact number for reporting potentially criminal acts is Extension 5555. (If at Blue Hills please contact Capitol Region Agency Police at (860) 297-0861).

III. Prevention Strategies

Statements and actions made by clients in the course of investigation, even before an arrest, could have serious consequences. Treating clinicians must be aware that once

clients are engaged in the criminal justice system, they become defendants with specific legal rights, as well as significant stressors and risks.

- A. Recognizing that a minority of patients with psychiatric disabilities engage in violent or, illegal behavior, CVH provides a broad range of preventative and responsive interventions to limit such behavior. The following types of interventions are the primary response to problematic patient behavior.
 - 1. full array of clinical treatment interventions;
 - 2. full use of the therapeutic milieu;
 - 3. adherence to safety and security procedures;
 - 4. staff training;
 - 5. consultation; and
 - 6. Use of quality improvement data to assess and revise the treatment plan and therapeutic milieu.
- B. Give all patients written notice of patient's rights and responsibilities. Responsibilities include the expectation that patients will respect the rights of others (patients, staff, and visitors) and exhibit lawful behavior. Notice also includes a clear statement that the hospital or any individual may request arrest when patients violate the law.
- C. Inform all patients that if a complaint is filed, some information such as the fact of their presence in the hospital and the basis for the complaint will be released to the criminal justice authorities. [CGS 52-146f (1-2)]
- D. Clinical staff shall be responsible for informing the client that police have been contacted and reminding the client of the availability of advocacy services to help protect his/her legal rights and the right to wait for an attorney to before speaking to the DMHAS Public Safety Division (PSD).
- E. Arrest shall be used to address violent acts or other illegal behaviors that represent a serious threat to clients, staff and visitors, or significantly interfere with the therapeutic work of the facility or its safety or security, such as injury to a victim, sexual assault, distribution or sale of controlled substances, or repeated antisocial acts of a violent nature.

IV. Managing Patient Confidentiality

- A. Confidentiality is maintained. Medical Records (paper or electronic) and other privileged information may only be shared when:
 - 1. The patient has provided a written release of information; *or*
 - 2. Upon receipt of an appropriate court order. The Director of Health Information Management (HIM) (Medical Records) contacts the Attorney General's Office if there is any question about the propriety of a subpoena or other request for information.

V. Managing the Ongoing Treatment Responsibility

- A. Any serious incident, whether or not it results in an arrest, must trigger an automatic treatment plan review, and pending allegations that might interfere with the client's

community integration must be addressed by staff in a timely manner during discharge planning.

- B. The facility should seek to promote and assist the clients' recovery, and therefore, to continue its therapeutic work with the client.
- C. The treatment team aspires to maintain a clinically appropriate relationship with the patient and is cognizant of the potential for a multiplicity of emotional responses from the patient and the staff related to the incident.
- D. The treatment team may counsel the client about personal responsibility, societal expectations and the negative consequences to the client of violent or illegal behaviors.

If an incident is currently under investigation by DMHAS Public Safety Division (PSD), clinical staff should be respectful of the patient's legal right to remain silent regarding discussion of the matter.

VI. Protocols Regarding Arrest and Conviction

- A. The treatment team ensures continuity of care for the patient. After arrest or conviction, the court may transfer the patient to a jail or prison facility. In this event, treatment staff informs the sheriff or other transport personnel, and the receiving facility of:
 - 1. any concerns about the patient's well being;
 - 2. potential for self injury;
 - 3. clinical status; and
 - 4. current treatment regimen, especially medications.